



FIRST NEWFOUNDLAND REGIMENT 4273.

ATTESTATION OF

No. 4273 Name Bond Jones Corps S A

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Bond Jones</u> |
| 2. What is your full Address? | 2. <u>Western Island</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years .. <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Steward</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Bond Jones do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

11. 28-12-14 Bond Jones SIGNATURE OF RECRUIT.
R. J. Bennett Signature of Witness:

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bond Jones do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....

on this 28 day of Dec 1914
 Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the;.....

If enlisted by special authority, such will be attached to the original attestation.

Date Dec 28 1914
 Place S. Johns } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Burd Jones.

Apparent age 19 years 11 months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 35 inches
Range of expansion 2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Kenneth Jones.
Moncton N.S. | Relationship Father.

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>28-12-17</u>									
Joined at <u>Mt. Pleasant</u> on <u>December 28-1917</u>									
<u>Discharged July 8/1919</u>									
<u>Embarked Mt. Pleasant from to Halifax N.S. 28-12-17.</u>									
<u>Embarked for B.C. 31-8-18</u> <u>joined Base depot 3-9-18.</u>									
<u>Joined Battle in the field 5-9-18.</u> <u>transferred from Base 22-7-19</u>									
<u>Arrives Newmarket 22-5-19</u> <u>to fight for Amiens 22-5-19</u>									
<u>Arrives Campagna 1-6-1919</u>									
<u>Demobilization Mt. Pleasant 8-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-7-19 (date of discharge) 1 year 193 days

Pensions _____

C.R. 4273

Extract from Daily Orders Part II Unit The Royal Rifle
St. John's, 11-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 8-7-19.

4273 Pte. Bond Jones.

C.R. 4273

Extract from Daily Orders Part 11 Unit The Royal WFLD. Regt.
St. John's, June 24th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.C. Discharge Depot with effect from 24-6-19.

4273 Pte. B. Jones

C.R. 4273

Extract from Daily Orders Part 11 Depot, St. John's,
Date 13/6/19.

4273, Pte. B. Jones.

Reported at Headquarters 1/6/19.
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 4273

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Reux Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4273 Pte. B. Jones.

R. 4223
~~SECRET~~

Extract from Daily Orders part II, by Lt. Co., B. J. Barton.
Commanding 2nd., Battalion of the Newfoundland Regiment
WINCHETSEE dated 4-11-18

The undernoted having reported back from the 1st., Batt.
is taken on the strength and posted to "H" Co.,
as from 6-11-18.

#4223 Pte. S. King.

C.R. 4276

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 5/9/18.

The following arrived to-day and is posted to the
following Company.

G. COMPANY.

4273, Pte. B. Jones.

C.R. 4273

Extract from Nominal Roll Draft #51, to B.E.F. Embarked
Folkestone, 31-8-18.

J
4273 Pte. Jones B.

Jones

C.R. 4273

Extract from Nominal Roll Embarked St. John's for Overseas.
May, 1918.

4273 Pte. James B.

C.R. 4273

Extract of Daily Orders part 11, from Unit Royal
4/1st Newfoundland Regiment, Headquarters. dated
December 29, 1917.

#4273 Pte. S. Jones.

Attested for General Service with the 1st Newfoundland
Regiment with effect from 28/12/17.

✓

C.R. 4273

May 1st, 1918.

Dear Mrs. Jones:-

I regret to inform you that your son 4273 Pte. Bond Jones was admitted to the Hazleley Down Hospital on 26/4/18 suffering from measles.

This report was received by mail from our Record Office, London, and if it was at all serious we would receive news by cable.

Yours faithfully,



Lieut.

for Lieut. Col. C. H. C.

Mr. Kenneth Jones,

Merstons Harbor, N.D.B.

B. Jones

4273

P. & P. 6

Medical Report on an Invalid.

Station Hagley DownDate 30-4-19

1. Unit Royal Newfoundland Land.
2. Regimental No. 4273
3. Rank Pte
4. Name Jones B.
5. Age last birthday 21
6. Enlisted { on 26/12/17
at 50 Johns
7. Former Trade or Occupation } Fisherman.
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na }

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

No complaints of no reasonability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

no

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

no

16. Was an operation performed? If so, what?

no

17. If not, was an operation advised and declined?

no

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

no

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatration

M. R. [Signature]

Hayward

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazelton Down.*

Date *30/4/19.*

Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

TO,- The Chief Paymaster,
Royal Newfoundland Regiment,
59 Victoria Street,
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4273	Pte	Jones. B.	\$2.50	

I have the honour to be, Sir,
~~Yours faithfully,~~
Your obedient servant.

Date

June 28/18

B Jones

Jones, B

4273

Hay Sept.

July 8, 1919

#4273 Pte. Bond James,

Moreton's Hr., R.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2772.

Yours truly

Captain
Paymaster & O.i/c Records.

July 11, 1919

#4273 Pte. Bond Jones,

Moretons Hr., N.D.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & U.I/c records.

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th, 1918.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Bond* P. Surname *Jones*

3. Rank *Plt* 4. Regt. No. *4273*

5. Address in full to which future payments of gratuity are to be forwarded, *Moretown St. N.S.B.*

6. Date of enlistment in the Regiment. *Dec 26/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas,*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Dec. 26/17 to*

June 10/19 1. 2.

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.? *No*. If not give? - (a) Date of discharge. *June 10/19*

(b) Reason for discharge. *Temporary Neurosis*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France, Belgium + Germany - From Aug 2/18 to Sept 1919 - Yes

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under Oath.

B Jones

Signature of Applicant:

Place of Residence:

Moreton's Str. N.B.B.

Declared before me at:

St. John's, Nfld.

This

10th

day of

June

19*.19.*

John McCarthy
J.P.

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trats, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid Paid Paid
Soldier. Dependent.

War Service
Gratuity.

Net amount
due

.....
.....
.....

Certified correct.

Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4.2.7.3 Rank Pvt Name James B
 Intended place of residence Moncton N.B.

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of..... **DEMOBILIZATION:**.....

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date ST. JOHN'S
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date JUN 1 0 1919
ST. JOHN'S
 Signature of soldier B. Jones
 Signature of witness M. B. Lovelace

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
JUN 1 0 1919
 Signature of soldier B. Jones
 Signature of witness James O'Brien

STATEMENT OF SERVICE

7. Enlisted for service 2.8.12-17 No of days on Military
 Discharged from service JUN 24 1919 Plus 1400 days Service 5.5.8.....

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date JUN 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's Nfld
 Date July 8/1919
 Office in Charge
 The Royal Newfoundland Regiment

W.B. 19/5772

COPY

The Royal Newfoundland Regiment

Class for Demobilization:—

E

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date **9-6-19**

Regimental No **4273**

Name **Jones, B.**

Rank

Address **Moretons Hr.**

Present Medical Category **A1**

Recommended for:— (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board

R. H. Smith Capt.
O. C. Discharge Depot.

(sgnd) **L. Paterson**

Senior Medical Officer

" **F. W. Burden**

M. O. Depot

Military Service: **558 days**

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4273 Rank Private Name James B. [unclear]
 Date of Enlistment 28-12-17 Address Mapletoys W. District [unclear]
 Occupation Fisherman Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 9-6-19

[Signature]
O i.c. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation 6 years

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 6 months

(b) Clothing Supplied 10-6-19

Date 10-6-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1682 to his home at Moretowns Ave and Release Certificate No. 2581 issued.

Date 10-6-19 *J.A. Snow Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-7-19

Date 10-6-19 *J.A. Snow Capt.*
Depot Paymaster

Discharge approved for 24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E-178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Form B

Date 10-6-19 *J.A. Snow Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 24 1919 *R.H. Jait Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

B Jones

Signature of Man.

Reg. No. 4278

J. A. Snowbapt

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 10 1919

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To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname

Jones

Christian Name

Bond

Table I.—GENERAL TABLE.

Birthplace:—Parish

Mordlin St.

County

Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	28th day of	25th 1917	day of	191
Declared Age	19 years	11 1/2	years	days
Trade or Occupation	Fisherman			
Height	5 feet	6 inches	feet	inches
Weight	119 lbs.			lbs.
Chest Measurement	Girth when fully expanded	33 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V	5/6	R.E.—V	
	L.E.—V	5/6	L.E.—V	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lambert Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>St. John's</i>	at	
	on	28th day of	on	day of
		1917		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<i>Royal Nfld Regt 11273</i>			
Became non-effective by	on	day of	on	day of
		191		191
[Signature]				
[Rank]				

o hospital or to the sick list in case of Warrant Officers treated in quarters.

Number
Days in
Hospital

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

24

Treatment. Isolation. Sect. Med. Record. Discharged to duty

H. K. Larson Capt RSMC

Medical Report on an Invalid.Station Hazelton Down CampDate 30. 4. 19.

1. Unit Royal Newfoundland 7. Former Trade } Fisherman
or Occupation }
2. Regimental No. 4273
3. Rank Pte. 7A. If with previous service in Army, state—
4. Name Jones B. (a) Former Unit ;
5. Age last birthday 21. (b) Regimental No. ;
6. Enlisted { on 26. 12. 17 (c) Date of Discharge ;
at St John (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).**nil*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *nil*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *nil*
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

~

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

~

16. Was an operation performed? If so, what?

~

17. If not, was an operation advised and declined?

~

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

~

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

~

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W.M. Major D.A.D.S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *H. D. Camp*

Officer in charge of Hospital.

Date *30. 4. 19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Bond Jones*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4273*
 Intended address *Moston's Hr*

Height on discharge *5* Feet *6*
 Color of hair on discharge *Dark*
 Complexion *Ruddy*
 Color of eyes *Brown*
 Descriptive Marks _____
 Figure on discharge *Medium*
 Christian name of Father *Kenneth*
 Christian name of Mother *Hannah*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth *Moston's Harbour 9th Jan 1898*
 Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Bond Jones*

Station **ST. JOHN'S.**

Date *6/6/19.*

Pte.
(Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



Outfit Number.....48

Result of the examination of the specimen of.....*Tubercle*.....taken from

Reg. No. *4273* Rank *Pte* Name *James*

Corps *Newfoundland Regt*

Result *Tubercle bacilli not found*

May 8th 1918

R. A. Hyatt

Captain, R.A.M.C.(T.),

Specialist Sanitary Officer.

TO BE LEFT BLANK.

The Department of Militia:

The sum of

fifteen Dollars

ACCOUNT

for \$88.90

Tranz
Ful

Dollars is due

Mr. for

Reg. No.

4273

Rank

Pte

Name

Jones B. to Miles West

from

Lewersville

to

Martinsburg

Account for \$15.00/100

Address Martinsburg

2-9-19

J. A. Snow

Captain

Demobilization Officer



Moretons Harbour

June 24th 1919

Yo Captain of Snow

Dear sir

I am writing to ask you if you could forfeit me with the sum of \$15 Dollars for home travelling expenses when reaching the station on Sunday June 8th I discovered my pass was lost and had to pay ~~for~~ for a ticket to Seiwisport and \$5 for the hire of a motor boat from Seiwisport to Moretons ^{harbour} thanking you I remain yours truly

W. B. Jones
24-6-19 H 273
Moretons Harbour
W. B. J.

September 17, 1919

Pte. B. Jones
Moreton's Rr.

Dear Sir:

I enclose herewith
cheque for \$15.00 , amount of refund
due you on account of travelling ex-
penses to your home in June last.

Yours truly,

Major
Paymaster

IM/
Enc. 1

C.R. 4273

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Name. *Bend Jones*

Date.

Janth 1927

Place.

Malton Harbour

Receipt for Army Book 64

No. 4273 Name B. Jones

To Certify that I have received the AB 64 of the above named soldier.

Name B. Jones

Date Sep 28th 1920

Place Moretons Harbour

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

5/12

5/12

24273

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4273 Rank Plt Name James B. Jones
 Date of Enlistment 29-12-17 Address Maple St. St. John's District St. John's
 Occupation Fisherman Classification for Discharge 4 Medical Category A.I.S.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form L.	do 3rd.	" 4
B 179a	D 400C	Form K.	do 4th.	" 5
B 179b	B 103	ME 2	"	" 6
B 179c	B 120	M 93		

Date 9-6-19 O. C. Discharge Depot J. H. New

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. B Jones

Particulars passed to Vocational Officer for information and action.

Date
10-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$600
- (b) Clothing Supplied James B. Jones Capt

Date 10-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1682 to his home at Moretowns Rd and Release Certificate No. 2581 issued.

Date

10-6-19

J.A. Snow Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-7-19

Date

10-6-19

R.M. [unclear] Lt
Depot Paymaster.

Discharge approved for

24-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

2 Forms B

Date

10-6-19

J.A. Snow Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN. 24 1919

R.H. [unclear] Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

June 30/19

[Signature]
for O.C. Discharge Depot.

Reg. No. *4273.* Rank *Plt* Name *Jones. B.*
Attested Address *Woburn St,*
Allotment Allottee
Date of Allotment Returned from Overseas *29.8.19.*
Returned on S.S. *Corsican* Cause *Discharge*

9.6.19
24.6.19

PASSENGER MOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION