

3902



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3902 Name John Manuel Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| 1. What is your name? | 1. <u>John Manuel</u> |
| 2. What is your full Address? | 2. <u>Northam Avenue</u>
<u>Bathurst</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Student</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> |

DURATION OF THE WAR

I, John Manuel 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.

Jack Manuel SIGNATURE OF RECRUIT.

F10-7-17

Brendan Sinnott Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Manuel 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 St. John's on this 10th day of July 1917

Signature of Attesting Officer W. H. ...

†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 1917 } Approving Officer.
Place

† 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 John Manuel
 Apparent age 19 years 2 months. Height 5' feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Manuel
Northern Ave Boston 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 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>10-7-17</u>					<u>Lance Cpt 16-1-19.</u>				
Joined at <u>John's</u> <u>July 10th 17</u>									
Discharged July 1919									
Embarked <u>John's St. Koppel Co. Halifax N.S.</u> <u>3rd 19</u> Contacted					<u>for B.C.S. 31.5-18</u> <u>Disembarked France 30th 18</u> <u>James Barry 4-4-18.</u>				
Transferred from <u>Louise</u> <u>22nd 19</u> <u>Arrived Winchester 23-4-19</u> <u>To RFB for</u>					<u>demobilization 22.5-19</u> <u>Arrived Southampton 1.6-1919.</u>				
<u>Demobilization John's 8-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-7-19 [date of discharge] 1 years 364 days
 " " Pensions " " " " " " " " " " " "

C.R. 3902

Extract from Daily Orders Part II Royal Newfoundland Regiment,
in France, dated 28-2-19.

LEAVE.

Leave to U.K. from 21-2-19 to 8-3-19.

3902, L/Cpl. J. Manuel

C.R. 3902

Extract from Daily Orders Part II Unit ^{the} Royal Rifles,
Regt. St. John's, 11-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 11-7-19.

3902 L/C John Manuel.

C.R. 3902

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 16th, 1919.

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

3902 L/Cpl. John Manuel.

CR. 3902

Extract from Daily Orders Part A1 Depot, St. John's,

Date 13/6/19.

3902, L/C. John Manuel

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

ex "Corsican"

3902

C.R.

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

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

3902 L/Cpl. J. Manuel.

Extract from Nominal Roll from 1st. Battalion

C.R. 3902

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT.
IN FRANCE DATED 31/1/19.

Appointed L/Cpl.

#3902 Pte. J. Manuel.

16/1/19.

C.R. 3802

Extract from Serial Roll of Draft No. 53 from 2nd Bn.
R. Field. Regt. to 1st Bn. R.K.F. embarked Southampton
1-10-18.

3802 Pte. J.H. Butt.

C.R. 3902

Extract from Nominal Roll "██████████" Embarked St. John's for
Overseas, per S.S. "Florizel" Oct. 3, 1917.

3902 Pts. J. Manuel.

C.R. 3902

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, July 10th, 1917.

3902 Pte. J. Manuel.

Attested this day posted to F. Coy, assigned number as shown

J. Manuel.

3902.

P. + P. U

No. 3641

NEWFOUNDLAND CONTINGENT

ALLOTMENTS

I, John Manuel Regtl No. 3902
 hereby agree, until further notification by me, and in similar official
 form, to make an Allotment of _____ dollars and Seventy cents
 per diem, from my Pay, to and for the benefit of the undermentioned Per-
 son and or Persons, such payment to be made on proof of identity of, and
 production of the relative Identity Certificates by the Person and or Per-
 sons concerned, viz:- see 1/17

Identity Certif. No.	Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (each person)
3155	Mother	Mary Wellane Manuel	North Arm North Arm Bedford	70.

Note:- This form must be completed by the Officer-Commanding-Company, signed by the volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) Waley of Co
 Officer Commanding
 Company.
LeJohns

(Sig.) J Manuel

191

(Rank)

NOTED
 C. Q. M. S.
 Date _____ Coy _____

FORM K

No 3641



4 1ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, John Mannick, Regl. No. 3407

hereby agree, until further notification by me, and in similar official form to make an Allotment of 1 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz.:

Allotment begins Oct. 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3152	Wife	Mary (Mrs) Mannick	Northern Arm Bathurst	70
Total Allotment, \$				70

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding
 4 Company
[Signature]
 1917

(Sig.) [Signature]
 (Rank) Private

N8756/356

A boy 899981/2

N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding, Depot,
1st Batt. Pyl. Nfld. Regiment
Winchester.

20th May 1919

May 21st 1919.

3902 L/Cpl. J. Manuel

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 ():

Walter C. Cope
Officer Commdg. 1st Batt'n.

"Pay to- 3902 J. Manuel
£10. 3. 6.

Cheque £ 10. 3. 6 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Ten pounds ^{40. 3. 6} three shillings & six pence in respect of telegraphic remittance from the Minister of Militia.

A. A. P. ...

Chief Paymaster & O. i/c records.

J. Manuel
No. 3902 Rank L/C.

Witness: J. N. Dickson

No. 3902 Rank Pvt Name Manuel J

Pay	F.A.	Wkg	Total
100	10		110
Less Allotment			20
Net Rate			40

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
						From	To			\$	¢	£	s
Balance					Balance 12/4/18						1	13	8
Acquittance Rolls		16	5	2	Pay @ Net Rate	12/4/18	12/27/19	31	6	40	28	19	6
Hospital Advances					Rallee						1	4	6
A.B. 64. ¹⁰⁵ Dranes 65 Marks		4	0	6							28	17	8
P.&R.O. Payments		2 1	9 14	8									
Cash R 1383 ²⁸⁷ / ₁₉		6	15	0	Exp. Bal. 4 Def in pay as ltr.	16/19	82/19	38	5	190		7	10
Cash R 15668 ³ / ₁₉		16	0	0	Exp. Bal. 116	23/19	83/19	14	45	190		15	11
											30	11	5

CSH
22/19
£ 22-9-4
£ 28-15-4

PAYOR P.H.
 BY AUTHORITY
 BY THE 720 RECORD OFFICE
 BALANCE
 MEMORANDUM

No. _____

NEWFOUNDLAND CONTINGENT

N.F.P/55.

067513/4

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

To:

3902

Pte J Manuel
Royal Wld Regt
58 Victoria St

Feb. 22nd 1919.

Reference:

Remittance from Wld.

Herewith

Postal Drafts amounting Ten
Pounds, six shillings.

Please acknowledge receipt hereon.

(Sig.) J. E. Manuel

(Date) _____

W. Hunt
Chief Paymaster & O. i/c Records.

No. 2425/86.

From:

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

NEWFOUNDLAND

3/6/19
CORPORATE RECORDS
NEWFOUNDLAND CONTINGENT,
To B.S. M.C.P. Commanding
1st Bn. Nfld Regt.
LONDON
B.E.F.

N.F.F. /80.
RECORDS OFFICE
58, VICTORIA ST.
LONDON S.W. 1.
FEB 1919
PAY OFFICE

12th February 1919

20-07-1919

3902. L/Cpl Manuel. J.

With reference to the following telegram from the Minister of Militia, / / (15.)

"Pay to-3902. Manuel. J.

£10.6.0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. C. Russell Maj.

Chief Paymaster & O.i/c Records

3902 Hope Manuel

This man wishes this amount retained to the credit of his account please

S. G. Matthews **LIEUT. COL.**
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Student*
2. Regtl. No. *39020* 3. Rank. *plto* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Manuel John* } (a) Former Regts. or Corps ; }
 (Surname) (Christian Names) } with Regtl. Nos.
5. Age last birthday. *19*
6. Posted for duty on *10-7-17* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | } <i>na</i> | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

See Complaints of no disability

16. Was an operation performed? If so, when and what was its nature?

na

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

na

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na

Repatriciation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. E. Proennier . Capt R.A.M.C.

Medical Officer in charge of case.

Station *Hazley House*

Date *29/4/19*

* 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

a

No 3902 Name *Plé Manuel J.* Sqn., Batty., } *6 A* Corps *2/1 Royal Newfld* Date of enlistment } *10. 7. 17* G.C. Badges } Service or Proficiency Pay }

Date of last entry in } No. and date } Period not reckoning towards } Sheet No. Signature O.C. } Company, etc. } *G. J. Lyall* Character } *2nd Lieut*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Manuel, J

3902

Receipt

July 11, 1919

#3902 L/C. John Hamel,

Baino Hr., P.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

Paymaster & U.i/c Records. Captain,

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. 1919.

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..... *Jack* 2. Surname..... *Manuel*

3. Rank..... *Lt. Cpl.* 4. Regtl. No..... *3902*

5. Address in full to which future payments of gratuity are to be forwarded..... *Same As, P.B.*

6. Date of enlistment in the Regiment..... *July 10/17*

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 July 10/17 to June 10/19*

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.....

..... *No*

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?..... *No*

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... *June 10/19*

(b) Reason for discharge..... *Temporary Demobilization*

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 Mar. 27/18 to April 1919

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.

J. Manuel

Signature of Applicant:

Place of Residence:

Declared before me at:

This

10th, day of *June* 19*.19.*

*Barron W. A. B.,
St. Johns, Nfld.*

John W. McCarthy

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

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
.....
Certified correct.				Paymaster

May 9, 1919

The Operator,
Placentia.

Dear Madam:

I beg to acknowledge receipt of your letter of May 2nd. enclosing \$50.75, and beg to state that I have cabled £10. 3. 6 the equivalent of \$50.00 to 3902, Pte. J.

Yours truly,

Lieut.
For Paymaster.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 38 Sent by M Rec'd by Am Check 13 No. _____

Place from Placentia 2nd

To Minister of Militia.



Please cable ten pounds
3902 pte J Manuel
Hazelby Camp England
from father.

Operator

July 8, 1919

#3902 L/C. John Manual,

Botwood.

Dear Sir:-

Please find enclosed Discharge Certificate

#2805

Yours truly

Captain
Raymaster & C. I. C. Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3902 Rank 4C Name Mmanuel John
 Intended place of residence Bolwoods

2. Occupation Student
 Classification of soldier E Medical Category AI

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
 Date JUN 10 1919 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 10 1919
St. John's
 Signature of soldier Mmanuel
 Signature of witness M. Leinster

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
JUN 10 1919
St. John's
 Signature of soldier Mmanuel
 Signature of witness W. G. Eaton, Ques

STATEMENT OF SERVICE

7. Enlisted for service 10-7-17 No of days on Military
 Discharged from service JUN 24 1919 Plus 14 days Service 129

APPROVAL OF DISCHARGE

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

Place
St. John's
JUN 24 1919
 Date
 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
 Date July 8/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

at Bolwoods

The Royal Newfoundland Regiment

Class for Demobilization:—

Ri

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

9.6.19

Regimental No *3902*

Name *Mannell John* Rank

Address *Baine St*

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board.

Members of Board

R.H. East Capt

O.C. Discharge Depot.

J. P. Brown

Senior Medical Officer

See Borden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5902 Rank L/C Name Manuel John
 Date of Enlistment 10-17-17 Address Botwood District Trullayake
 Occupation Student Classification for Discharge E Medical Category 1A
 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	5
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 98				

Date 9-6-19 H. Mins
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

J. Manuel

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable A60.00
- (b) Clothing Supplied

Alb. Smith

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R.1664 to his home at Bolwood and Release Certificate No. 2593 issued.

Date 10-6-19 *J.A. Snowleft*
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 *H. M. ...*
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
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
B179c	B 120	M 93		

2 Form B

Date 10-6-19 *J.A. Snowleft*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 24 1919

Date *R.H. Sait 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

J. Manuel

Signature of Man.

J. R. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. *3902*

Place *ST. JOHN'S*

Date 191.....

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

MEDICAL HISTORY

OF

Surname Manuel Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Botwood County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>10</u> day of <u>July</u> 191 <u>7</u> at <u>Headquarters</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>18</u> years <u>2</u> days		_____ years _____ days	
Trade or Occupation	<u>Student</u>		_____	
Height	<u>5</u> feet <u>6 1/2</u> inches		_____ feet _____ inches	
Weight	<u>123</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>36</u> inches		_____ inches	
	Range of Expansion .. <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V=_____ L.E.—V=_____	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease	_____		_____	
(b) Slight defects but not sufficient to Cause rejection	_____		_____	
Approved by (Signature)	<u>Edmond Petersen</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u> on <u>10</u> day of <u>July</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	<u>1st F.L.D.</u>	Corps.	_____
	Regtl. No.	<u>3902</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland* } Former Trade or Occupation } *Student*
2. Regtl. No. *3902* 3. Rank..... *1st Lt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Manuel* *John* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *19*.....
6. Posted for duty on... *10-7-17* at... *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--------------------------------------------------------------------|---------------------|-------------------|
| (i.) Service during the present war | na | |
| (ii.) Previous active service.. .. . | na | |
| (iii.) Climate in pre-war service | na | |
| (iv.) Ordinary military service before the war | na | |
| (v.) Serious negligence or misconduct on the man's part. } | na | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

he complains of no Disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. J. P. Wrenner Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley D. Camp*

Date *29-4-19*

* 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

Casualty Form—Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank *Pte* Surname *Mandell* Christian Name *J*
 Religion *Meth* Age on Enlistment *18* years *2* months
 Enlisted (a) *10.7.17* Terms of Service (a) *duration* Service reckons from (a) *10.2.17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Student* *Lt. Col. of and 2nd Lt.* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...	27 MAR 1918		
		Disembarked...	29 MAR 1918		
		Joined Battalion	24.4.18		
		Appointed <i>2000</i>			B.213. 24/1/19
		Granted leave to US	2/12/19 to	8/3/19	B.213. 22/2/19
		Arrived in UK		25/9/19.	

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3902 Rank L/Cpl.

Name Manuel A.

Warned for demobilization on
JUN 10 1919



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 *John Manuel*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *3902*
 Intended address *Baine Str.*
 Height on discharge *5 Feet 6*
 Color of hair on discharge *Dark*
 Complexion *Ruddy*
 Color of eyes *Grey*
 Descriptive Marks _____
 Figure on discharge *Medium*
 Christian name of Father *William*
 Christian name of Mother *Mary*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *Northern Arm. Botwood 24/5/1900*
 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) *J. Manuel*

J/6.
(Rank)

Station **ST. JOHN'S.**

Date *6/6/19*

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



FORM K

No. 3641



4 1ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, John Manuel, Regl. No. 3902

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Seventy Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz :

Allotment begins Oct. 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3155	Wife	Mary (Wife) Manuel	Northon Arm B. Clivedon	70
			Total Allotment, \$	<u>70</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding

[Signature] 9th Company
Sep 25 1917

(Sig.) John Manuel
 (Rank) Private

3371

Northern Cross
Via Boston
Nov 28/18

The Regimental Pay Department Office
St. John

Dear Sir

As we are moving from
this place to Bay, Be. Leau
via Borneo to Placentia Bay, for
future please send my sons
allotment to this latter address
& Obige

#3902 Pte Jack E. Emanuel

Yours Truly
Mrs Mary (Wm) Emanuel.

~~OTP~~

January 12th 1920

Major Howley
O. I. C. Records

J.P.A.

Please pay to Jack Manuel, 3902
the sum of seven dollars and eighty three cents
in payment of books purchased in connection with his course
and charge same to the Civil Re-establishment Committee

\$7.83

W. Blackall,

Vocational Officer

ACCOUNT	
CHK NO.	25925 <i>J.M.</i>
INT. LABEL	
PAY LEDGE	INITIALS
GEN LABEL	INITIALS

J. Manuel

11645



Mount Allison University
Sackville N.B.

Nov 21st/20

Department of Militia
St. Johns.

Dear Sirs,

It is now nearly eighteen months since I returned from overseas, and I have not yet received my discharge papers. As I was taking a course which was granted by the re-established committee, I thought that was the reason that my papers were held back, but about six months have elapsed since I finished that course, and I have not yet seen the papers, so I think it's about time I had these papers in my possession. Hoping that you will look into the matter, and forward me my discharge papers as quickly as possible.

I remain
Yours Truly
#3902 E. Manuel

Sent Dec 7/20 [initials]

RECEIPT.

C.R.

3902

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. 3902... NAME... J. Manuel...

DATE. 16/2/20

PLACE. Northern Arm. Botwood.

Receipt for Army Book 64

No. 3902 Name J Manuel

To Certify that I have received the ²AB 64 of the above
named soldier.

Name Jack Manuel

Date 20/8/20

Place Bay de Léau

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of 1st. Newfoundland

Number of Sheets First

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3902 Manuel J.</u>	Age on	<u>18</u> years <u>2</u> months	<u>Student</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date		<u>St. John's</u> <u>10-7-17</u>	
Joined		Date	Period of	with Colours <u>364</u> years. with Reserve <u>365</u> years.	
Joined		Date			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
	/			<u>Demobilized St. John's 8/19</u>					

To be carried over

Army Form B. 121.

53902

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3902 Rank L/C Name Manuel, John
 Date of Enlistment 10-7-17 Address Bethwood District Inverlyon
 Occupation Student Classification for Discharge E Medical Category 1A
 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 J. Manuel
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Manuel

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied _____

Alfred [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 111664 to his home at Bethesda and Release Certificate No. 2593 issued.

Date 10-6-19 *J.A. Newcomb*
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 10-7-19

Date 10-6-19 *H. M. ...*
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
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 108	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 10-6-19 *J.A. Newcomb*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 24 1919 *J.A. Newcomb*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date June 17/19 *J.A. Newcomb*

Reg. No. *3902* Rank *LC* Name *Manuel John*

Attested Address *Northern Arm*

Allotment Allottee

Date of Allotment Returned from Overseas *29.5.19*

Returned on S.S. *Corsican* Cause *Discharge*

9.6.19
24.6.19

PASSED TO DEMOBILISATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.