



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3765 Name John Mc Donald Corps R.L.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. John Mc Donald
2. What is your full Address? ..... 2. 1000th River  
Pray de la Riviere
3. Are you a British Subject? ..... 3. ....
4. What is your age? ..... 4. 19 Years 9 Months
5. What is your Trade or Calling? ..... 5. Lumberman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. yes
9. Are you willing to be enlisted for General Service? ..... } 9. yes
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. yes

I, John Mc Donald 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.

John Mc Donald SIGNATURE OF RECRUIT.

W. H. Jones Signature of Witness.

11-5-17

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Mc Donald 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 11th day of May 1917

Signature of Attesting Officer Light Lieut

### †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.....191..... } 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 Mc Donald

Apparent age 19 years 9 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 3 1/2 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Mc Donald

John Rivers Bay St Louis 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

3765



# FIRST NEWFOUNDLAND REGIMENT

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No. 3765 Name John Mc Donald Corps R.L.

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1. What is your name? ..... 1. John Mc Donald
2. What is your full Address? ..... 2. St. John River  
Pointe de l'Espoir
3. Are you a British Subject? ..... 3. ....
4. What is your age? ..... 4. 19 Years 9 Months
5. What is your Trade or Calling? ..... 5. Lumberman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
9. Are you willing to be enlisted for General Service? ..... } 9. Yes
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? ..... } II. Yes

I, John Mc Donald 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.

John Mc Donald SIGNATURE OF RECRUIT.

John Mc Donald Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Mc Donald 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 11<sup>th</sup> day of May 1917

Signature of Attesting Officer Chft Lieut

### †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.....191..... }  
Place..... } 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 John Mc Donald  
 Apparent age 19 years 9 months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Mc Donald  
Leann Rivers May St. Exps 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>H-8-17</u>									
Joined at <u>St. John's</u> on <u>August 4</u> <sup>18</sup> / <sub>17</sub>									
									<u>Embarked St. John's N.S.</u>
									<u>Hooped to Halifax N.S. 4</u> <sup>8</sup> / <sub>17</sub>
									<u>Embarked for V.B.C. 4-2-18</u>
									<u>Discharged by Order Jan 16/19</u>
									<u>Discharged by Order Jan 16/19</u>
									<u>Embarked Rouen 6-2-18</u>
									<u>Joined Battle in the field 20-2-18</u>
									<u>Admitted 62 Oct. Souths 17-4-18</u>
									<u>Admitted 55th No 2 Boulogne 18-4-18</u>
									<u>Transferred to England 22-5-18</u>
									<u>Admitted 3rd Bn W and worth 22-5-18</u>
									<u>Posted to Winchester 21-8-18</u>
									<u>for demobilization 12-12-18</u>
									<u>Arrived Leamington 21-12-18</u>
									<u>Demobilization St. John's 16-1-19</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 16-1-19 [date of discharge] 1 years 251 days  
 " " Pensions " " " " " " " " " " " "

C.R. 376~~5~~5

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Florinel" Oct. 4, 1917.

3  
3765 Pte. J. MacDonald.

C.R. 3765

Extract from Daily Orders part 11, Depot St. John's dated Jan. 17th., 1919.

the discharge of the undernoted on demobilisation have been CONFIRMED  
by Officer i/c records.

. #3765 Pte. John MacDonald.

16-1-19.

C.R. 3765

Extract of Daily Orders Part II, dated Jan. 3rd 1919.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot on noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

3765 Pte. John McDonald.

Discharged 2-1-19

C.R. 3765'

Extract from Medical Board held December 26th, 1918.

3765 Pte. J. MacDonald.

Recommended Discharge as Permanently Unfit.



C.R. 3765

Extract from Daily Orders part 11. Depot St. John's dated Dec. 23/18

The undernoted returned from Overseas and reported at depot 21-12-18.

#3765 Pte. J. McDonald.

C.R. 3765

Extract from Honial Roll of repatriation draft No. 79 from  
the 2nd., Battalion of the Newfoundland Regiment, embarked  
Per S.S. CORNICAN at Esplanade Docks. 12/12/18.

#3765 Pte. L. McDonald.

CR. 3765

Extract from Orders BY. Lt. Col. Barton, D.S.O. Commanding  
2nd Battalion Royal Wfld. Rgt. 22-8-18.

The following having reported back from the 1st Bn. ~~XXX~~  
is taken on the strength and posted to "H" Company.

3765 Pte. J. MacDonald. from 21-8-18.

C.R. 3765

Extract from Casualties received from the P. & R. O.  
London dated 13th August 1918.

#3765 Pte. J. McDonald.

was discharged from the 3rd. London General Hospital, S. W.,  
18, on 12/8/18 and granted furlough to 21/8/18 Marked 111  
Employment. Boarded and found fit for Category B. iii.

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C.R. 3765

**Extract of REEVE ASSOCIATION VISITING COMMITTEE REPORT dated June 3rd. 1918.**

3765 Pte. John McDonald

Royal Nfld. Regt..... ..Progressing favourably.

C.R. 3765  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated May 27th, 1918

To John McDonald, Conn River, Bay D'espoit

Regret to inform you that Record Office, London, officially reports No.3765, Private John McDonald at Wandsworth suffering from debility

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

W.F. Rendell, Lieut. Col.  
C.S.O

for Minister of Militia.

FOR TYPEWRITER

C.R. 3765

Extract from Telegram despatched ~~to~~ received from  
Synoptical, London, dated May 25, 1918

Wandsworth Debility 3765 McDonald.

C.R. 3765

Extract from Daily Orders part 11, from Uni The Royal  
Nfld. Regt. In the field, dated 8-6-18

#3765 Pte. J. McDonald.

Invalided to England 23-5-18 sick.



C.R. 3765

Extract from Code Telegram from Secretary of State  
Received June 1st, 1918. to Governor June 3, 1918.

The following from Reeve, Association Visiting  
Committee reports the condition of the following  
man in Hospital:

#3765 Pte. McDonald.

Progressing favourably.

**C. 2.—Casualties.**

**3rd London General HOSPITAL, at Wandsworth, S.W. 18.**



1173

Affiliated to \_\_\_\_\_

NOMINAL ROLL of Sick and Wounded from the \* France Expeditionary Force  
admitted on 23/5/18 from Hospital Ship St. Andrew, Southampton  
or Dover.

\* Here insert which Expeditionary Force.

NOTE.—These rolls should be forwarded direct to the War Office, Alexandra House, Kingsway, W.C., *not later than the day after admission*; envelopes to be marked C. 2, Casualties; rolls are not to be telegraphed in advance.

Regtl. No.	Rank	Name (Surname first)	Corps	Disease or Injury (State whether sick or wounded, and whether slight, severe or dangerous)
3765	Pte	McDonald, J.	R. Nfld R.	Debility
		(Sgd) H. FAGAN, Major, R.A.M.C.T., Registrar.		

NOTE.—Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office.

C.R. 3765

Extract of Sick and Wounded N.C.Os. and Men of the Expeditionary Force-----  
France, List No: H.A. 22287. Dated Apl. 29th. 1918.

3765 Pte. J. McDonald

Royal Newfoundland Regiment..... Tonsillitis, ICT Foot Slt.....  
Adm. 55 Gen. Hos. Boulogne 18 April 1918.



C.R. 3765

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

Rd (ROYAL NAVAL) DIVISION.

LIST No.H.A.22398.

R/6074	A.B. Telling.WH.	RND."Drake" Btn.	Rheum.Fever. Sev.	Adm.11 Sty.H.Rouen.21st April'18.
S/2229	Pte. Burdon.T.O.	" 63/Div.Trn.	D.A.H. Sev.	Adm.11 Sty.H.Rouen.21st April'18.
25509	" Dunbar.J.	17/Welsh.R.att.	P.U.O. "	Adm.11 Sty.H.Rouen.21st April'18.
R/3193	A.S. Bittlestone.A.	63/RND."Drake" Bn.		
		RND.Nelson.Btn.	Seborrhoea. Sev.	Adm.11 Sty.H.Rouen.21st April'18.
1907	" Howard.F.	att.1/R.M.L.I.		
26062	Pte. Buckley.T.	RND."Hawke" Btn.	Psoriasis. "	Adm.11 Sty.H.Rouen.21st April'18.
		17/Welsh.Rgt.att.	Rheum.Fever. "	Adm.11 Sty.H.Rouen.21st April'18.
7265	L/C. Brooks.W.	RND."Drake" Btn.		
		63/MGC.RND.	P.U.O. (T.F) Mild.	Adm.11 Sty.H.Rouen.21st April'18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No.H.A.22398.

3762	Pte. Mc.Donald.J.	1st R.Newfold. Rgt.	Susp.Diphtheria.Sev.	Adm.14 Sty.H.Boulogne.21st April'18.
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919

CORK - RECORD OFFICE.

LIST No.H.A.22398.

3531	Pte. McLoughlin.J.	2nd Leins.	V.D.G. Mild.	Adm.1 Sty.H.Rouen.21st April'18.
8191	" Molly.W.	2nd Do.	Stricture.NV.	Dis.to Camp Adjutant ex 1 Sty.H.Rouen.21'Apr'18.

DUBLIN RECORD OFFICE.

LIST No.H.A.22398.

20874	Pte. Mallon.J.	1st R.Ir.Rfs.	Balanitis.	Dis.to Rouen ex 1 Sty.H.21st April'18.
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CAVALRY CANTERBURY.

LIST No.H.A.22398.

1/12664	Pte. Street.E.	5th Lancers.	V.D.G. . . . .	Dis.to Dep.ex 1 Sty.H.Rouen.21st April'18.
D/14972	" Clementson.G.	7th Drag.Gds.	GSW.Leg.R.	<u>DIED</u> .in 11 Sty.H.Rouen.at.10-45 a.m. 21st April'18.

C.R. 3765

Extract from Nominal Roll of Draft No. 36, 200 Other Ranks, from  
2nd. (Reserve) Battn. Royal Newfoundland Regt, and proceeded to  
join the 1st. Battn, Royal Wfld., Regt., B. E. F.  
Embarked Southampton 4/2/18.

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#3765 Pte. J. McDonald.

Extract from Nominal Roll Embarked St. John's for Overseas  
per S. S. Florizel Aug. 4, 1917.

3765. Pte. John. Mc.Donald.

C.R. 3765

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, May 11th, 1917.

3765 Pte. J. MacDonald.

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

J. M. Donald

C.R. 3765

J.M.D.



Medical Report on an Invalid.

Station Hazelton Down Camp  
 Date 28/11/18

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <u>Royal Newfoundland</u> | 7. Former Trade }<br>or Occupation }         |
| 2. Regimental No. <u>3765</u>     | 7A. If with previous service in Army, state— |
| 3. Rank <u>Plt</u>                | (a) Former Unit;                             |
| 4. Name <u>MCDONALD, J</u>        | (b) Regimental No.;                          |
| 5. Age last birthday              | (c) Date of Discharge;                       |
| 6. Enlisted { on                  | (d) Cause of Discharge.                      |
| at                                |  |

8. Disability in respect of which invaliding is Proposed.

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

*Debility from diphtheritic*

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. 19-4-18
10. Place of origin of disability. Belgium
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. was treated in Wandsworth + boarded B.M.

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.

*attrib to active service conditions.*

*na*

*na*

*General debility & weakness complain  
of slowness of breath on slight exertion  
Complain of pain in Back*

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.*

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 (1)*

*DR. J. G. H. G. H. G. H.*

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station \_\_\_\_\_

Date \_\_\_\_\_

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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;  
(ii.) Climate;  
(iii.) Ordinary military service;  
(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or  
(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;  
(b) Hospital;  
(c) Convalescent home;  
(d) Asylum; or  
(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station \_\_\_\_\_

Date \_\_\_\_\_

Approved.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
President.

\_\_\_\_\_  
Members.

\_\_\_\_\_  
Administrative Medical Officer.

LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19. 26/5/17

Regtl No. 3765 Rank Pte Name McDonald Unit Royal Field Rgt. who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT CR.

PERIOD:	PARTICULARS	DR.					CR.					
		\$	£	s	d		\$	£	s	d		
From 23/11/18 To 11/12/18	Balance Dr. from						Balance Cr. from					
	Allotment 19 days @ 50¢	19	50	11	19	1	Pay 19 days @ \$ 1.00	119	00			
	Cash Payments:						Field Allow 19 days @ \$ 10.00	11	90	1		
	18 Pay,				15	0	Other Allowes days @ \$	120	90	4	5	
	2nd "				1	9						
	Other Debits:						Other Credits:					
	B. Damages					6	Copy sent M. J. M.					
	Misc Stopp.				1	5	21302/209 P. & A. 23/12/18.					
	Total Debits			14	5	11	Total Credits			14	5	11
	Balance due by Paymaster			14	5	11	Balance due to Paymaster			14	5	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Wier Chester. Dec 11th 1918.  
(Place) (Date)

J. R. ...  
O.C. "F." Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. t5 11

Pay & Record Office, London,



1st. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I, John W. Donald, Regl. No. 3765

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

Allotment begins Aug 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
109	Wife	Mary Donald	Camp Hill St. John's	50
Total Allotment, \$				50

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  
[Signature] Company

(Sig.) [Signature]  
(Rank) [Rank]

No 3345



# 1st. NEWFOUNDLAND REGIMENT 6

## ALLOTMENTS

I, John McDonald, Regl. No. 3765

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 <sup>and</sup> or          Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or          Persons concerned, viz.:

Allotment begins August 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3109		Satley John McDonald	St. John's Nfld	50
			Total Allotment, \$	50

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  
[Signature] Company  
July 31 1917

(Sig.) [Signature]  
(Rank) Private

**NOTIFICATION by the Officer i/c Records to the  
O.C. Unit of a Soldier placed in Class P. or P.(T.) of  
the Reserve, in case of his transfer to the Reserve.**

(To be completed and dispatched without delay.)

To the Officer Commanding

The Medical Board before whom this Soldier appeared are of opinion that his disabilities have been caused or aggravated by military service, and his documents have been sent to Chelsea for the consideration of his claim to a pension.

In the event of his transfer to the Reserve, he will be placed in Class P. or P.(T).\*

\* Strike out Class not applicable.

Soldier's Surname McDonald

Christian Names James John

Reg. No. and Rank 3765 (in full) 2763 Private

Regt. or Corps 1st RE Newfoundland  
(If T.F., this should be stated)

A. J. [Signature]  
Officer i/c Records.

Station \_\_\_\_\_

Date 10th August 1918

N.B.—This Army Form will be left blank and sent with Army Form W. 3498(B) to the Officer i/c Records.

**NOTIFICATION by President of Medical Board in the case of a soldier brought before the Board pending transfer to Class P. or P.(T.) Reserve.**

(To be completed and dispatched on the day on which the Medical Board is held.)

To the Officer i/c Records,

The Soldier named below has this day appeared before an Army Medical Board at this station, and his documents are forwarded for transmission to Chelsea for the consideration of his claim to pension.

*Note.*—His transfer to Class P. or P.(T.) Reserve will take effect from 21 days after the approval of the General Officer Commanding-in-Chief, and will be notified to you by the Officer i/c Records concerned.

Soldier's surname McDonald

Christian names James John

Regt. No. and Rank <sup>3765 (in full)</sup> 2765 Private

Regt. or Corps 1<sup>st</sup> Re Newfoundland  
(If T.F. this should be stated.)

On transfer to the Reserve he will be placed in Class P. or P.(T.), and you will immediately furnish his address to C.A.P.I.O., 33, Baker Street, London, W.

A. W. Jordan Major R.A.M.C.

3rd London General Hospital, <sup>President of Board.</sup>

Station WANDSWORTH, S.W.

Date 10<sup>th</sup> August 1918

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(I) in substitution for a man fit for General Service.

3768  
No. 2462 Rank Private Regiment R Newfoundland  
Name Mc Donald. ~~John~~  
(Surname first)

1. State what special qualifications you have for employment in civil life.

*Laurier*

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed.

*on own account*



3. What is the nature and locality of the employment you desire?

Surgeon

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date

<sup>9.</sup>  
July 31/1915

Signature

John M. Donald

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (ii), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

*C. G. Stade*  
*W. W. W. W.*

Only for use with Men returned from an Expeditionary Force  
or from Garrisons Abroad.

Army Form W. 3016.

(In Books of 200.)

No. ....

Date .....

admitted 23/5/18  
12-9-18

\*(1) To the Officer i/c Records

58 Victoria Street SW,

\*(2) The Officer Commanding

Depot Winchester

\*(3) The Paymaster

58 Victoria St.

Station,

\* Strike out that which is inapplicable.

Regimental No. ....

37/65

Rank and Name .....

McDonald, J.  
R. Med

Regiment or Corps .....

has been granted  
a furlough from }

Aug 12<sup>th</sup> to Aug 21<sup>st</sup>

His address while  
on leave will be }

58 Victoria Street SW

I consider he  
is fit for

\* [Redacted] Boarded & found  
\* [Redacted] fit for service  
10 III

\* Strike out that  
which is  
inapplicable.

\*III. EMPLOYMENT.

Officer in charge .....

W. M. [Redacted] Registrar, R.A.M.C.I.

Hospital.

Registrar, R.A.M.C.I.

Station.

3rd London General Hospital,  
WANDSWORTH, S. W.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

To Paymaster

10737/75/4/7/18

Pay & Record Office

68 Victoria Street

Please pay me the sum of £ 2.  
(two Pounds) and deduct same from  
My account

3765. Ple. J. Mc Donald

1<sup>st</sup> R. Newfoundland Regt

NEWFOUNDLAND GOVERNMENT,  
PAY & RECORD OFFICE.

5986

OK. £2-0-0 h/c.  
3/7/18

approved

NEWFOUNDLAND GOVERNMENT  
68, VICTORIA ST.  
LONDON, S.W. 1  
3/7/18  
\* PAY & RECORD OFFICE \*

10737/75

Red Cross

Esher

4th July

8

3765

Pte

J. McDonald

2:0:0

KB  
9/7/18

To Paymaster

10178/68

Pay. & Record Office

68. Victoria Street

Dear Sir

Please oblige me with the sum

of £1 (one pound) and oblige

3765 Pl. J Mc Donald

1<sup>st</sup> R. Newfoundland Regt

A.K. £1-0-0 W.C.  
W.C. 18

NEWFOUNDLAND REGT. CENT. OFFICE,  
PAY & RECORD OFFICE

Ref. Nos. 10178/68/26/4/18

Rec'd 26 ✓ 5795

Ack'd

Ref. Nos. 10178/68/26/4/18

approved Hil Salbot

Esler Red + Hoop

B. & E.  
P.S.

10178/68

Red Cross  
Egher.

26th June 8

J. MacDonald,

3765

Pte

1:0:0

MB  
26/6/68

D.K. - Recd. 20/7/18  
110-0

To Paymaster

KB 17/6/18.

Pay & Record Office  
68, Victoria Street

RECEIVED  
18 JUN 1918  
PAY & RECORD OFFICE

Please Pay me £1. (One Pound)  
and deduct same from my  
account

376<sup>5</sup> Lt. M. McDonald

1st R. New Zealand Regt

376<sup>5</sup>

WANDSWORTH \* 3/10  
17 JUN 1918  
3rd LONDON GENERAL HOSPITAL

FILE  
KB, 18/6/18

9 d. alt. 9ms  
capt. 9ms

Major Registrar

3rd London General Hospital,

Wandsworth, S.W. 18.

17 JUN 1918

376/5

Phu-

P 1-0-0  
21/11/18

22/11/18

Receipt

7856

of  
I was



Mr Donald

General Hosp  
Broad Street Ed.

amount

Credit: AB  
26/6/18

Mr Donald

affirmed  
I shall  
capit

376/5

Rep. Mr

VAN

Handwritten scribbles and initials



No 3765 Rank Pte Name Macdonald G

Pay	F.A.	Wkg	Total	N.F.D. 73
1.00	.10		1.10	
Less Allotment			50	
Net Rate			60	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To			\$	¢	
Balance					Balance		15-2-18					1 12 1 ✓
Acquittance Rolls		3	2	4	Pay @ Net Rate	16-2-18	12-8-18	178	60 <sup>e</sup>	106	80	21 18 11 ✓
Hospital Advances		2	1	0	A. Allow	12-8-18	21-8-18	10	7 <sup>1</sup> / <sub>2</sub>			1 0 10 ✓
A.B. 64.					Pay + A.	13-8-18	17-8-18	5	60	300		12 4 ✓
P.&.R.O. Payments		5	0	0								
A.B. 64				4								
50.63. 2 <sup>s</sup>				2								
Cash 849 <sup>s</sup>	17-9-18	14			£ <del>44</del> 2. 6 <sup>s</sup>							
Card	17-8-18	13	0		£ 0. 14. 10							

~~£ 24 11 10~~  
75 4 2 =

~~£ 110 7 1/2~~  
A.B. 64  
17-8-18  
£ 24  
17-8-18

McDonald, John

3765

Pay capt.

April 16, 1920

Mr. John McDonald,  
Conn River,  
Bay d'Espoir.

Dear Sir:-

You have apparently overlooked a notice which appeared in the local papers, January 1919, to the effect that the Government has authorized the payment of war service Gratuity to members of the Royal Field Regiment on the same basis as that paid in Canada, and you have not yet made any claim for the amount due you.

3461  
3765  
5697

There is a certain amount lying at your credit here, which will be forwarded to you when you return the enclosed form, which must be completed in the presence of a Magistrate or Justice of the Peace.

Yours truly

Major

Paymaster.

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

# ANGLO-AMERICAN TELEGRAPH COMPANY, LIMITED

CONNECTING WITH  
THE WESTERN UNION TELEGRAPH COMPANY

CLASS OF SERVICE	SYMBOL
Day Message	
Day Letter	Blue
Night Message	Nite
Night Letter	N L

If none of these three symbols appears after the check (number of words) this is a day message. Otherwise its character is indicated by the symbol appearing after the check.

OK 27 CONN RIVER 8PD

187'

ST. JOHN'S N.H.  
MAR 27 1919

DEPARTMENT OF MILITIA

CHANGE CHEQUE SIGN THEM PTE 3765 JOHN MCDONALD

JOHN MCDONALD

*This man  
was discharged 6/6/19*

*no more  
St. John's  
[Signature]*

108

*discharged 16/6/19*

LAST PAY CERTIFICATE

DUPLICATE  
MAIL COPY  
Posted

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3765 Rank Private Name McDonald Unit R. Newfoundland Regt who was repatriated  
to Newfoundland on 12/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.

CR.

	PARTICULARS			PARTICULARS			PARTICULARS				
	£	s	d	£	s	d	£	s	d		
PERIOD From 23/11/18 To 11/12/18 CHECKED 10/12/18	Balance Dr. from			Balance Cr. from							
	Allotment 19 days @ 50¢	9	50	1	19	1	19	00			
	Cash Payments:				Pay 19 days @ \$1.00			19	00		
	1st Pay				Field Allow 19 days @ \$.10			1	90		
	2nd "			1	15	0	20	90	4	5	
	Other Debits:				Other Allowes days @ \$					11	
	Barrack Damages				Other Credits:						
	Misc. Stoppages										
	1			1							
	6										
5											
Total Debits			4	5	11	Total Credits			4	5	11
Balance due by Paymaster:			4	5	11	Balance due to Paymaster			4	5	11
			4	5	11				4	5	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

"F" Company

Winchester. December 11th. 1918

(Place) (Date)

(Signed) J. Nunns, Captain.

O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Dec. 19th 1918.

A.D. Munns Maj.  
Chief Paymaster & Officer i/c Records.

LOST  
BOND  
BOOKS

January 16th., 1919

#3765 Pte. John McDonald,  
Conn River,  
Fortune Dist.

Dear Sir:-

Please find enclosed "discharge  
Certificate No. 559."

Yours faithfully,

Captain,  
Paymaster & O.i/c Records

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3765 Rank Pvt. Name John Mc Donald  
 Intended place of residence Con n River, Fortuna Dist  
 2. Occupation Summerman  
 Classification of soldier B. Medical Category F.

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

**ELIGIBLE for POST DISCHARGE PAY**

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 W. H. C. Capt.  
 Date DEC 27 1918 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 St John's 27.12.18.  
John Mc Donald Signature of soldier  
C. B. Dicks Capt. Signature of witness

## 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 Dec 27 1918 John Mc Donald Signature of soldier  
St John's J. Raymond Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 11.5.17. No of days on Military  
 Discharged from service 2.1.1919 plus 14 days Service 6.16

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S. R. H. Saint Capt.  
 Date JAN 2 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 W. H. C. Capt.  
 Date January 16/1919 Officer in Charge of Records  
 The Royal Newfoundland Regiment  
2079/559

21  
20  
27  
20  
21  
20  
21  
16  
2-1

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3765 Rank Plt Name McDonald, John  
 Date of Enlistment 11.5.17 Address Grand River District Fortune  
 Occupation Labourer Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 20%  
 Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....		do 2nd.....	" 3.....	3
B 179.....	2 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 27 Nov 18 .....  

*John H. McDonald*  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*John H. McDonald*  
 Particulars passed to Vocational Officer for information and action.

Date.....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable..... *Joseph H. Crawford*
- (b) Clothing Supplied.....

Date 27 Nov 18 ..... O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *971* ..... to his home  
 at *Down River* ..... and Release Certificate No. *633* ..... issued.

Date *27-12-18* .....  
*C. S. Dicks Capt.*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly *16-12-19* balanced and all matters in connection  
 therewith settled. He has received pay and allowances to *17-12-18* .....

Date *17-12-18* .....  
*W. H. C. Capt.*  
 Depot Paymaster.

Discharge approved for *Jan 2 1919* .....

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
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 *27. 12. 18.* .....  
*C. S. Dicks Capt.*  
 Demobilization Officer.

APPROVED.

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

with following additional documents.

**ELIGIBLE for POST DISCHARGE PA**

Date *JAN 2 1919* .....  
*R. H. Sait Capt.*  
 O. C. Discharge Depot.

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

Date *Jan 6/1919* .....

ORIGINAL

## LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 3765 Rank Private Name McDonald Unit R. Newfoundland Regt who was repatriated  
to Newfoundland on 12/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

## STATEMENT OF ACCOUNT

DR.

CR.

	PARTICULARS			PARTICULARS			CR.					
	£	s	d	£	s	d	£	s	d			
PERIOD: From 23/11/18 To 11/12/18	Balance Dr. from						Balance Cr. from					
	Allotment 19 days @ 50¢	9	50	1	19	1	Pay 19 days @ \$1.00	19	00			
	Cash Payments:						Field Allce 19 days @ \$.10	1	90			
	1st Pay				15	0		20	90	4		
	2nd "			1	9	11	Other Allces days @ \$			5		
	Other Debits:						Other Credits:			11		
	Barrack Damages					6						
	Misc. Stoppages				1	5						
	Total Debits			4	5	11	Total Credits			4	5	11
	Balance due by Paymaster			4	5	11	Balance due to Paymaster			4	5	11

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

"F" Company

Winchester. December 11th. 1918

(Place)

(Date)

(Signed) J. Nunns, Captain.

O.C. "F" Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay &amp; Record Office, London,

Dec. 19th. 1918

OK  
WJ

Chief Paymaster &amp; Officer i/c Records.

# 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 work at lumbering*

*E. Wilson*  
*Wilson*

*John <sup>his</sup> + Macdonald*  
*Moat*  
Signature of Man.

Reg. No. *3765*

*Amirko*

Signature of the Vocational Officer or his Representative.

Place

*St. John's*

Date

*27-12-18*

191

## Medical Report on an Invalid.

Station Haseley Down Camp,Date 20/11/18

- |  |  |
|--|--|
| <p>1. Unit <b>Royal Newfoundland</b></p> <p>2. Regimental No. <b>5765</b></p> <p>3. Rank <b>Private</b></p> <p>4. Name <b>MACDONALD JOHN</b></p> <p>5. Age last birthday <b>19</b></p> <p>6. Enlisted { on <b>May 5th., 1917</b><br/>at <b>St. John's, Nfld.</b></p> | <p>7. Former Trade {<br/>or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

### 8. Disability in respect of which invaliding is Proposed.

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

**DEBILITY. POST DIPHTHERITIC**

#### 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. **19/4/18**
10. Place of origin of disability. **Belgium**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **Was treated in Wandsworth and Bearded Bill**

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.

**Attributable to active service conditions**

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.*

**General debility and weakness. Complaints of shortness of breath on exertion. Complaints of pain in back**

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 (1)**

**(Sgd) J. ST. P. KNIGHT, Capt. R.A.M.C.**

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

**Breath not so short now. False  
24. Has presystolic murmur**

**Yes**

**Exposure to infection**

**20%**

**Yes**

Signatures:—

Station St. John's, Nfld.,

Date Dec. 26th., 1918

(Sgd) H. S. FRASER President.

A. C. TAIT

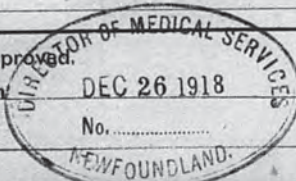
L. PATERSON, Major Members.

Approved.

Station DEC 26 1918

Date No. ....

(Sgd) CLUNY MACPHERSON, Major  
Administrative Medical Officer.





## 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 *McDonald John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3765*

Intended address *Bay de Cospois*

Height on discharge *5'* Feet *7"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *— Lt Thumb.*

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *-*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth *Bay de Cospois 3rd Sept 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) *John McDonald* *Witness*  
*W. J. [Signature]*  
(Rank) *Pte*

Station *St John's* Date *24 Dec 1918*

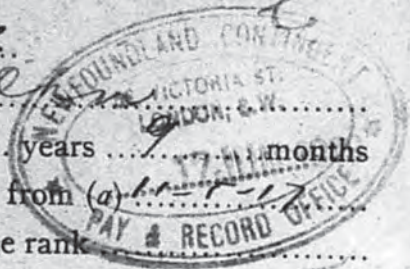
I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital,  
Unit, or Command Depot.

Station *St John's Nfld* Date *24 Dec 1918*

**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland  
 Rank Pte Surname McDonald Christian Name John  
 Religion R.C. Age on Enlistment 19 years 17 months  
 Enlisted (a) 11-5-17 Terms of Service (a) Duration Service reckons from (a) 11-5-17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation Lumberman Signature of Officer. [Signature]



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 ...		<u>3 FEB 1918</u>	
		Disembarked...		<u>6 FEB 1918</u>	
<u>20<sup>th</sup></u>	<u>62 B.B.I.</u>	<u>Adm (Tonsillets - 1CT foot)</u>		<u>17-4-18</u>	<u>A'36.</u>
<u>✓</u>	<u>55 G.H.</u>	<u>Adm (Tonsillets 1CT foot)</u>	<u>Guaya</u>	<u>18-4-18</u>	<u>HA 22 287</u>
<u>✓</u>	<u>14 O.A.</u>	<u>Adm Diphtheria ser</u>		<u>21-4-18</u>	<u>HA 22 198</u>
	<u>"St. Andrew"</u>	<u>10 England</u>			<u>HA 3003</u>
		<u>n 7 Filgate</u>			
		<u>C. 1/6 No. 1</u>			
		<u>Infantry Section</u>			
		<u>C.M.G. 3rd Echelon</u>			

*[Handwritten signature/initials]*

(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.



LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.I./19. 26/5/17.

Regtl No. 3761 Rank Pte Name McDonald J Unit Royal Yfed Regt who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT OR.

PARTICULARS	£			s			d			
	£	s	d	£	s	d	£	s	d	
Balance Dr. from							Balance Cr. from			
Allotment 19 days @ 50¢	9	50		1	19	1	Pay 19 days @ \$ 1.00	19	00	
Cash Payments:							Field Allow 19 days @ \$ <sup>10</sup> / <sub>100</sub>	1	90	
1 <sup>st</sup> Pay					15	0	Other Allowes      days @ \$	20	90	4 5 11
2 <sup>nd</sup> do				1	9	11	Other Credits:			
Other Debits:										
B & Amages.										
New Stop.					1	5				
Total Debits				4	5	11	Total Credits			
Balance due by Paymaster							Balance due to Paymaster			4 5 11

PERIOD: From 23/11/18 To 20/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Wm Chester (Place) Dec 11<sup>th</sup> 1918 (Date)

J. Kinnear  
O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary. t5 11

Pay & Record Office, London,  
\_\_\_\_\_ 191

OK  
wm

Chief Paymaster & Officer i/c Records.

No. 3345



4 **1ST. NEWFOUNDLAND REGIMENT** 6

ALLOTMENTS

I, John H Donald, Regl. No. 3765

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins August 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3109		John H Donald	Company Bay de Ste Pie	50
Total Allotment, \$				50

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  
[Signature] Company  
1917

(Sig.) [Signature]  
(Rank) [Signature]

LM-

July 9, 1920

John McDonald,  
Conn River,  
Bay d'Espoir.

Dear Sir:

I enclose herewith Four cheques for \$70.00 each,  
representing amount of War Service Gratuity due you.

Yours truly,

Major  
Paymaster.

Enc.4

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... *John* ..... 2. Surname... *McDonald* .....

3. Rank... *Private* ..... 4. Regtl. No... *3765* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Comme River, Burnt Woods* .....

..... *Bay d'Espoir (Fortune District)*  
(*Forget*) .....

6. Date of enlistment in the Regiment.....

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

..... *Not applicable* .....

8. Relationship of such dependents... *Not applicable* .....

9. Address in full of such dependents... *Not applicable* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....

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

... *2 years* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Three years* .....

..... *1.3* .....

10981.

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

*Only one enlistment*

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.

*I received \$6.50 Post Discharge Pay, I think from Paymaster Bowley only*

15. Have you been issued with a War Service Badge? *Yes*

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? *Not applicable*

19. Are you now serving in the Regt.? *No* If not give:-(a) Date of discharge *War was over* (b) Reason for Discharge

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.

*Eastern front Belgium, Monchy, middle River, Elaptes*

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.

Signature of Applicant: *John x McDonald*  
 Place of Residence: *Conne River, (Bunt Woods)*  
 Declared before me at: *Gaultois*  
 This *26<sup>th</sup>* day of *June* 19*20*.....

*W.R. Andrews*  
 Signature of Barrister of the : *Justice of the Peace*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *Gaultois*

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

Post Office Department, Newfoundland

July 19 1900

Post Office at Hd Bay Despair.

~~Dear Sir.~~  
Am sending you the address of  
Mr. John Macdonald (3765) His  
address is Mr. John Macdonald.  
Bon. River. turns words.  
Please excuse me for not sending  
you this before: yours to M. Lucy Sutton  
Hd Bay Despair

1131  
Medical Report on an Invalid.

Station Hasleby Down Camp,

Date 20/11/18

- |  |  |
|--|--|
| 1. Unit <b>Royal Newfoundland</b>      | 7. Former Trade }<br>or Occupation }         |
| 2. Regimental No. <b>3785</b>          | 7A. If with previous service in Army, state— |
| 3. Rank <b>Private</b>                 | (a) Former Unit;                             |
| 4. Name <b>MACDONALD JOHN</b>          | (b) Regimental No.;                          |
| 5. Age last birthday <b>19</b>         | (c) Date of Discharge;                       |
| 6. Enlisted { on <b>May 5th., 1917</b> | (d) Cause of Discharge.                      |
| at <b>St. John's, Nfld.</b>            |  |

**8. Disability in respect of which invaliding is Proposed.**

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

**DEBILITY. POST DIPHTHERITIC**

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. **19/4/18**
10. Place of origin of disability. **Belgium**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **Was treated in Wandsworth and Boarded Bill**

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.

**Attributable to active service conditions**



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.*

**General debility and weakness. Complaints of shortness of breath on exertion. Complaints of pain in back**

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 (1)**

**(Sgd) J. ST. P. KNIGHT, Capt. R.A.M.C.**

Officer in medical charge of case.

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

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

**Breath not so short now. Pulse 84. Has presystolic murmur**

**Yes**

**Exposure to infection**

**30%**

**Yes**

Signatures:—

Station St. John's, Nfld.,  
Date Dec. 26th., 1918

(Sgd) H. S. FRASER President.

A. C. TAIT

L. PATERSON, Major

} Members.

Approved

Station DEC 26 1918  
Date No. ....

(Sgd) OLIVY MACPHERSON, Major

Administrative Medical Officer.



NOTE—This Certificate is to be issued without any alterations in the manuscript

WARNING.—If this Certificate is lost a duplicate cannot be issued. You should therefore on no account part with it or forward it by post when applying for a situation.

Certificate of discharge of No. 3765 Rank Private

Name McDonald, John  
Surname. Christian Names in full.

Unit\* and Regiment or Corps from which discharged The Royal Newfoundland Regt  
\* The unit of the Regiment or Corps such as Field Co. R.E., H.T., or M.T., A.S.C., etc., is invariably to be stated.

Regiment or Corps to which first posted The Royal Newfoundland Regt

Also previously served in.....

Only Regiments or Corps in which the soldier served since August 4th, 1914, are to be stated. It is inapplicable this space is to be ruled through in ink and initialled.

Specialist Qualifications (Military).....

Medals, Clasp, Decorations and Mentions in dispatches { \*.....  
Wound Stripes\* nil  
To be inserted in words.

Has served Overseas on Active Service

Enlisted at St John's, Nfld. on May 11<sup>th</sup> 1917  
\*Each space is to be filled in and the word "nil" inserted where necessary.  
†To be struck out in ink if not applicable.

He is discharged in consequence of Demobilization and medical unfitness

after serving\* one year\* 251 days with the Colours, and  
\* nil years\* nil days in the Army Reserve or Territorial Force } Strike out whichever inapplicable.

\*Each space is to be filled in and the word "nil" inserted where necessary; number of years to be written in words.

†Service with Territorial Force to be shown only in cases of soldiers serving on a T.F. attachment

Date of discharge January 16<sup>th</sup> 1919  
McDowley, Capt } Signature and Rank.  
Officer i/c. St John's, Nfld. } Records. (Place).

Description of the above-named soldier when he left the Colours.

Year of Birth 1900 Marks or Scars.....  
Height 5 ft. 7 in.  
Complexion fair  
Eyes brown Hair black

**Medical Report on an Invalid.**

Station Hazley Down Camp  
 Date 28/11/18

1. Unit Royal Newfoundland Former Trade }  
 or Occupation }  
 2. Regimental No. 3765  
 3. Rank Pte  
 4. Name MACDONALD  
 5. Age last birthday  
 6. Enlisted { on  
 at
- 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).

*Debility. Post-siphtheritic*

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. 19-4-18  
 10. Place of origin of disability. Belgium  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. was treated in hospital and Boarded B.M.

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.

*Attributed to Actual Service Conditions*

*N.H*

*N.A*

*General debility & weakness.  
Complains of shortness  
of breath on exertion.  
Complains of pain  
in back*

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.*

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 (1)*

*M.R. Capt. no.*

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station \_\_\_\_\_

ROYAL NEWFOUNDLAND REG.

Officer in charge of Hospital.

Date \_\_\_\_\_

\*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

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

*Heath just so short now  
pulse 84  
Her presystolic murmur*

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

*Yes*

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

*exposure to infection*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

*20%*

26. If an operation was advised and declined, was the refusal unreasonable?

27. Do the Board recommend—

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

*Yes*

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a—

- (a) Sanatorium ;
- (b) Hospital ;
- (c) Convalescent home ;
- (d) Asylum ; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

Station L Johns

Date Dec 26/18

[Signature] President.  
[Signature] Members.  
[Signature] Members.

Approved

Station \_\_\_\_\_

Date \_\_\_\_\_

[Signature]  
 Administrative Medical Officer.



COPY

# 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 work at Lumbering

witness (sgnd) E.F. Peters  
his

(sgnd) John X MacDonal  
mark

Signature of Man.

(sgnd) C. B. Dicks, Capt.

Reg. No. 3765

~~XXXXXXXXXXXX~~

Signature of the Vocational Officer or his Representative.

Place St John's

Date 27-12-18 191

# The Royal Newfoundland Regiment

COPY

## PROCEEDINGS ON DISCHARGE

1. No. 3765 Rank Pte. Name John MacDonald  
 Intended place of residence Conn River, Fortune

2. Occupation Lumberman  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of Demobilization  
ELIGIBLE FOR POST DISCHARGE PAY

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 (sgnd) C. C. DULEY, Capt.  
 for Commanding Discharge Depot  
 Date Dec. 27, 1918 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 St John's his (sgnd) John X MacDonald  
 Signature of soldier  
27-12-18 " C. N. Dicks, Capt.  
 Signature of witness

### 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 his (sgnd) John X MacDonald  
 Signature of soldier  
Dec. 27, 1918 " J. Daymond, Sgt.  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 11-5-17 No of days on Military  
 Discharged from service 2-1-19 plus 14 days Service 616

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S (sgnd) R. H. TAIT, Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date Jan. 2, 1918

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place .....  
 Date .....  
 Officer i/c Records  
 The Royal Newfoundland Regiment



C.R. 3765

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.

3765 <sup>ex pt</sup> Name ..... John McDonald,

Date ..... March 17, 1920,

Place ..... Connel River,

H B

RECEIPT.

C.R. 3765

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. 3765. NAME Pte. J. W. McDonald

DATE March 17, 1920  
PLACE Conne River

J. B.

OCT 5 1921  
1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

**John McDonald**

in respect of his service as No. **3765** Rank **Pte.**

Name **J. McDonald** **Royal Nfld. Regt.**  
~~1st Battalion~~

Receipt of the same should be acknowledged hereon.

Received

Signature

Date

Address

[P.T.O.]

1901

Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S, Nfld.***

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Fold Here

old Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**The Royal Nfld Regt.**

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**Dept of Militia,**

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**St. John's Nfld.**

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Fold Here

July 8th. 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 1278), is forwarded herewith to

John McDonald,

in respect of his service as No. 3765 Rank Pvt.,

Name John McDonald Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received

*the Certificate*

Signature

*J. McDonald* <sup>H6</sup>

Date

*July 18 1921*

Address

*Home Run*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
29.

Regiment of *1<sup>st</sup> Newfoundland.*

Number of Sheets *First*  
Signature of O. C. Company *Wesley Dyer Capt.*

Regimental Number and Name		Enlistment	Trade
No.	<i>3765 McDonald John</i>	Age on <i>19</i> years <i>9</i> months	<i>Lumberman</i>
Joined	Date	Place and Date of Enlistment } <i>St Johns 11-5-17</i>	Religion <i>R.C.</i>
Joined	Date		
Joined	Date	Period of { with Colours, <i>25 1/2</i> years. with Reserve, <i>36 1/2</i> years.	Place of Birth
Joined	Date		

Good Conduct Badges, Service pay or proficiency pay

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
<i>Hazelton Barracks Camp</i>	<i>28 8/18</i>	<i>Pte.</i>		<i>Absent from 8.15 am parade</i>	<i>S/Lt. Reeves</i>	<i>2 Days C.B.</i>	<i>28-8-18</i>	<i>Capt. L. Conroy</i>	<i>Law.</i>
<i>D:</i>	<i>28 8/18</i>	<i>"</i>		<i>Absent from Sappers' calls from 5<sup>30</sup> to 9<sup>30</sup> pm</i>	<i>S/Lt. Dragg</i>	<i>48 Hrs. Detention</i>	<i>29-8-18</i>	<i>Major J. M. Richards</i>	<i>Law.</i>
				<i>Demobilized St. Johns, 16 1/19</i>					

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

3/16/5

## DEMOBILIZATION OF

Reg. No. 375 Rank Plt Name McDonald John  
 Date of Enlistment 11.5.17 Address Lower River District Larkspur  
 Occupation Lumberman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 20%  
 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 <u>3</u>
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 27.11.18 W. M. C. O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. 46.00

(b) ~~Clothing Supplied~~

Date 27-12-18

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 971 to his home at John River and Release Certificate No. 633 issued.

Date 27-12-18

C. S. Dicks 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 16-1-19

Date 17-12-18

M. Bowley Capt.  
Depot Paymaster.

Discharge approved for Jan. 2<sup>nd</sup> 1919

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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.		

Date 27. 12. 18.

C. S. Dicks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE**

**JAN 2 1919**

Date .....

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

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

Date Jan. 6/1919

M. Bowley Capt.  
O.C.P. 1-0-18

Reg. No. *3765* Rank *Pte* Name *McDonald J*

Attested ..... Address *Conne Street*

Allotment..... Allottee .....

Date of Allotment..... Returned from Overseas *21.12.18*

Embarked for Overseas ..... Cause *Discharge*

*27-12-18*

**PASSED TO DEMOBILIZATION OFFICER**

*26-12-18*

*Rec Discharge as Permanently Unfit*

*27-19*

**DISCHARGE APPROVED ON DEMOBILISATION.**