



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. _____ Name _____ Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1.
2. What is your full Address? 2.
3. Are you a British Subject? 3.
4. What is your age? 4. Years Months
5. What is your Trade or Calling? 5.
6. Are you Married? 6.
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7.

Army Form W. 8664
WILL. 739
 Name J. C. Andrews
 Regtl. No. 2385 Rank Private
ROYAL NEWFOUNDLAND REGIMENT.
 Regiment

Date of:— 31/7/17

Receipt 19/3/18

Transfer

Final disposal and to whom sent

8.

9.

10. { Name
 Corps

as embodied in the roll of service } 11.

.....do solemnly declare that the above answers that I am willing to fulfil the engagements made.

.....SIGNATURE OF RECRUIT.

.....Signature of Witness.

BY RECRUIT ON ATTESTATION.

.....do make oath, that I will be faithful and true to His Majesty, His Heirs and Successors, and that I will, as in duty bound, defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies.

BY ATTESTING OFFICER.

.....do hereby certify that if he made any false answer to any of the above questions he is 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.....day of.....191

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....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).....



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3385 Name John C Mews Corps 2nd

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. John C Mews
- 2. What is your full Address? 2. St. John's
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 20 Years 6 Months
- 5. What is your Trade or Calling? 5. None
- 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. None
- 8.
- 9.
- 10. { Name
Corps

as embodied in the form of service } II. Yes

.....do solemnly declare that the above answers that I am willing to fulfil the engagements made.

.....SIGNATURE OF RECRUIT.

.....Signature of Witness.

BY RECRUIT ON ATTESTATION.

.....do make oath, that I will be faithful and Fifth, to His Heirs and Successors, and that I will, as in duty His Heirs and Successors, in Person, Crown and Dignity against

..... ATTESTING OFFICER.

..... that if he made any false answer to any of the above questions

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..... day of..... 1911

Signature of Attesting Officer W. Strong Lt.

†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..... 1911

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).....

Army Form W 3684

WILL. 734

Name J. C. Mews

Regtl. No. 3385 Rank Private

ROYAL NEWFOUNDLAND REGIMENT.

Regiment.....

Date of:— 31/7/17

Receipt

Transfer

Final disposal and to whom sent

[M3714] W1025/PP147 1250m 10/17: 359 G.S.E. 2015



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

C Maws Corps *Weth*

QUESTIONS TO BE ASKED BY THE OFFICER TO THE RECRUIT BEFORE ENLISTMENT.

1. *John C. Maws*
2. *Weth*
3. *Weth*
4. *20* Years *6* Months
5. *Weth*
6. *Weth*
7. *Weth*
8. *Weth*
9. *Weth*
10. *Weth* } Name *Weth*
Corps *Weth*
11. *Weth* } II. *Weth*

9. Are you willing to be enlisted for General Service?
 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?
 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?

I, *John C. Maws*, 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *John C. Maws*, 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 *Weth* on this *January* day of *1915*.
 Signature of Attesting Officer *Strong Ct.*

†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 *Weth*.
 If enlisted by special authority, such will be attached to the original attestation.
 Date *1915*
 Place *Weth* } 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) *Weth* re-enlisted in the (Regiment) *Weth* on the (Date) *Weth*

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Conner Mews

Apparent age 20 years 6 months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 5 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Mews
Main St | Relationship Father
Bell St 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 " _____ [" "] _____ " _____									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 555 Name John C. ... Corps ...

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name?
2. What is your full Address?
3. Are you a British Subject?
4. What is your age?
5. What is your Trade or Calling?
6. Are you Married?
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vaccinated?
9. Are you willing to be enlisted for General Service?
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....
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? | 1.
2.
3.
4. <u>20</u> Years <u>6</u> Months
5.
6.
7.
8.
9.
10. { Name
Corps
11. <u>...</u> |
|--|---|

I, John C. ... 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.

.....SIGNATURE OF RECRUIT.
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John C. ... 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 4 day of January 1915

Signature of Attesting Officer ...

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915

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 Courtney News
 Apparent age 30 years 6 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 5 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James News
Main St | Relationship Father
Bell Co. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>4-1-17</u>									
Joined at <u>St John's</u> on <u>January 4th 17</u>									<u>Sub Lt</u> 9-3-17. <u>Corpl</u> 17-9-17. <u>Recpt</u> 27-4-18
<u>Discharged & Married 18/1919</u>									
<u>Embarked St John's S.S. train to Halifax 17th 17</u>									<u>Embarked for St. J. 3rd 17</u>
<u>Re-embarked Poulguen 3-6-19. Joined Barracks in the field 19-6-17. Wounded 9th 17</u>									
<u>Admitted 89th St John's Coy. S.S. base 9th 17. Invalided to Convalescent 21-10-17. Admitted 1st 17</u>									
<u>London General Hospital 23-10-17. Transferred to 3rd London Gen Hospital 30th 17. Sentry</u>									
<u>then posted to 2nd London General Hospital 11-2-18. In company for discharge 30th 19. Arrived</u>									
<u>Reformed 7-2-1919.</u>									
<u>Re-embarked St John's 18-3-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>18-3-19</u> (date of discharge) <u>2</u> years <u>74</u> days									
" " " Pensions " " " " " " " " " " " "									

C.R. 3385

Wabana Oct. 21 1919

Dear Sir:

Being unable to call at the Militia Dept.
for my issue of service riband, I would be much
obliged if you would forward the same to me.

Yours truly

3385 Sgt J.C. Mews.

J. C. Mews

*Riband posted Oct 23/19
J.*

C.R. 3385

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ST. JOHN'S DATED MARCH 20th/19

The Discharge of the undernoted on Demobilization
has been CONFIRMED by Officer i/c Records on noted
date

#3385 Sgt. John News.

18/3/19.

C.R. 3385

Extract from Daily Orders part II,
Depot St. John's dated March 6th., 1919.

The discharge of the undernoted on demob-
ilization has been APPROVED by C. C. Discharge
Depot on 4-3-19.

#5385 Sergt. John Mews.

C.R. 3385

Extract from Preliminary Report of Medical Board held on Friday
Feb. 21st 1919.

3385 Sgt. J. C. Mews.

Recommended Discharge as *from the army* ~~Permanently Unfit.~~ E.

C.R. 3385

Extract from Daily Orders Part 21 Unit The Royal Nfld.
Regt. St. John's, 11-2-19.

The Undersigned Returned from Overseas and Reported to
Regt. 7-2-19.

Reprinted on A.P. 2179.

^{Sgt}
3385 Sgt. John Mews.

C.R. 3385

Extract from Nominal Roll of the Royal Field. Regt.
Embarked by S.S. Corsican, Jan. 30th, 1919.

3385 Sgt. Mews.

C.R. 3385

Extract from Casualties from Pay and Record Office, London
dates Feb. 2nd 1918.

3385 Cpl. Mews, J.C.

Discharged Hosp. 2/2/18, Furlor to 11/2/18. fir for I Duty.

Authority
A.Fs W.3016 from Hospitals.

C.R. 3385

Extract of Dasualties received from Pay & Record
Office, London, dated February 2, 1918.

O.C. 3rd London General Hospital, S.W. 18, reports:-

#3385 Cpl. J.C.Mews.

Discharged from Hospital 2/2/18 and granted furlough
to 11/2/18, fit for 1, Duty.

Auth:- A.Fs. W. 3016 from Hospitals. ✓

C.R. 3385

Extract of Casualties received from Pay & Record Office
London, dated January 31, 1918.

O.C. 1st London General Hospital, S.W. 18 reports:

#3385 Cpl. J.E. Mews. ✓

Transferred to 3rd London General Hospital 30/1/18.

Auth: Memo from 1st L.G.H. Hospital.

C.R.

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

Line
Number

Rcd

By

Sent

by

Check

Dated

October 24, 1917.

To

Mr. James L. Mews,

Bell Island.

Record Office, London, today reports No. 3385,
Corp. John C. Mews, is now at First London General
Hospital.

R.A. SQUIRES

Colonial Secretary

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 _____

Line Number	Rcd	By	Sent	by	Check

Dated October 20, 1917.

To Mr. James L. Mews,

Bell Island.

Regret to inform you that Record Office

London, officially reports No. 3385, L. Corp.

John C. Mews, was at Second Canadian General Hospital,
LeTrepport, October eleventh, suffering from severe shell
wound right knee.

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

JOHN R. BENNETT, R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.F 4080

3385 L/Cpl. John C. Mews.

Ext of Casualty list received Oct 20, 1917.

Shell Wound Right Knee, ~~and~~ severe. 2nd Canadian
General Hospital, Le Treport Oct 11. ✓

3385, L/Cpl. J. Mews.

C.R. 5042

Extract from "Daily Orders" Part 2, 1/1st. Newfoundland
Regiment, September 30th, 1917.

Promoted Corporal 17/9/17.

C.R. 3385

Extract from Nominal Roll of Draft No.24; from 2/1st Newfoundland Regiment
Newton on Apr. to 1/1st Newfoundland Regiment, D.S.E. 1/6/17.

3385 L/C J.C.Mews.

MR.

C.R. 3385

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

Mar. 17th, 1917.

3385 PL/Cpl. Mews.

C.R.

3385

Extract from Daily orders Part 11 Unit the Royal Nfld.
Regt., St. John's, Jan.4th, 1917.

3385 Pte. J.C.Mews.

Attested this day, posted to "E"Co'y and assigned number
as shown.

J. L. News

C.R. 3385

--	--	--	--	--	--

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 Land* } Former Trade or Occupation }
2. Regtl. No. *3385* 3. Rank... *Sgt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Mews* } (Surname) } *J. L.* } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at..... 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.

12. Place of origin of disability.

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.

Lawrence

*wounded in France 9-10-17
 L.S.W. Right Knee
 wound not healed*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war yes
 - (ii.) Previous active service no
 - (iii.) Climate in pre-war service no
 - (iv.) Ordinary military service before the war no
 - (v.) Serious negligence or misconduct on the man's part. } no
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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? Scar above & in long on
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
Protrusion surface Right Leg over Popliteal Space
not painful on Pressure
complaints of pain after walking long distance

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

20. Do you recommend— Repatriation
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invalidated at Foreign Stations.

J. Solis, M.D.
 ROYAL NEWFOUNDLAND REG.

Station Hoguel, Que.
 Date 17.1.19

Medical Officer in charge of case.

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- | | (a) Attributable to | (b) Aggravated by |
|--|---------------------|-------------------|
| (i) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the part of the soldier | | |
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

N^o 31374 1ST. NEWFOUNDLAND REGIMENT 2.

ALLOTMENTS

I, John C. News., Regl. No. 3385.

hereby agree, until further notification by me and in similar official form to make an Allotment of _____ Dollars and sixty 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 Feb 1 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3322	Wife	Mrs James. S. (Elizabeth) News	Bull Island C. B.	60
Total Allotment, \$				<u>60</u>

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.) Charl. A. Aye Capt.Officer Commanding
86 Company(Sig.) J. C. News.(Rank) Pvt.St John's.
Jan 26 1917

Hanover Park
Oct 30th

Dear Sir:

Could you have this
Cablegram forwarded to "Newfoundland"
at my expense. As I have not the
means of forwarding it myself at
present:

Yours Respectfully
Cpl. J. C. Mews.
1st Newfoundland Regiment

BRANCH

1 ST NEWFOUNDLAND REG'T	
PAY & RECORD OFFICE	
Regt. No.	5391
31 OCT 1917	
Comd.	
Adj. J.	
Asst. J.	
File No.	

Rdo.

11/17

(Cablegram)



Mr. Jas. L. Mews.
West Wabana.
Newfoundland.

Convalescent VADH Hanover
Park Peckham S.E.

Jack.

J. Mews

A large, stylized handwritten flourish or signature mark, possibly a stylized 'J' or 'M', extending across the bottom of the page.

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT



*Of 2 £
Aw. 5/10 7/10
Reph no 4372*

To: Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. (1).

Please remit to John C. Mews

the sum of two pounds shillings, on
account of any balance that may be due to me.

(£ 2 -).

Regtl No. 3385 Rank Corporal

Name John C. Mews

Approved J. J. [Signature] M.D.
Officer i/c.,

Hanover Park Auxiliary Hospital.

Dated at pt

8th November 1917

No. 13650/1
From:

NEWFOUNDLAND CONTINGENT

N.F.P./79

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

To:

Officer Commanding,
1st London Gen. Hos. / RDA.
Camberwell, S. E.

11th December 1917

December 14 1917

Subject: 3385, Cpl. J. O. Mews

Receipt hereunder.

With reference to the following telegram (7511) from the Hon. Minister of Militia, received

Officer Comdg. 1st Battn
1st Newfoundland Regiment

7/12/17

Pay to 3385, Mews £1:0:0

Xmas gift from Dominion Fire Brigade

Received the sum of £1

Draft £1:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

on account of
cable remittance from Newfoundland.

[Signature]
Chief Paymaster & O. i/c Records.

[Signature]
No. 3385 Rank Private

NOTE: - Receipt is not required.

4-12-17

To the paymaster.

Dear Sir:

Will you let me have
£2. (two pounds) of the pay. to my credit.

Yours respectfully.

3385 St. Andrews

Newfoundland
Regiment.

Harson M. P. 286

OK £ 2 = 0 = 0

AW. 4/12/17

Receipt. no. 4616



7-1-18

From

3385 Cpl. J. C. Mews

1. Newfoundland Regt approved.

To The Paymaster
1. Newfoundland Regt.

H. J. J. J. J. J.
no. 46

Sir.

Please remit from the credit
of #3385 Cpl. J. C. Mews. the sum of
£2 (two pounds).

OK J. C. Mews

& oblige

yours truly

J. C. Mews

7/1/18. Recd No 5108

No.
1084

Jay

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES

CABLEGRAM



SENT

FOR STAMPS

Prefix _____ Code _____

At _____

WORDS

CHARGE

To _____

By _____

14

2 1/2

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL
POST OFFICE TELEGRAPH STATIONS.

1/11/17

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM JAMES L MEWS
WEST WABANA (Newfoundland)

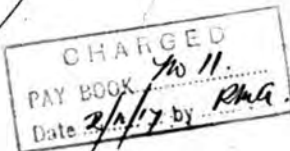
CONVALESCENT VAD HOSPITAL HANOVER PARK PECKHAM SE

JACK MEWS



14
2 1/2
28
7
35
3/11.

*Change to
cpt. 3385 Mews.*



(Authorised)

H.

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58 Victoria St. S.W. I.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No. 3385 Rank

Pl
Coapl Name

Memo J.

Pay	F.A.	Wkg	Total	N.P.P/33
110	10		120	
Less Allotment			60	
Net Rate			60	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate: £ s d						
		From	To	Rate		£	s		d						
<i>E.I.M. nfd</i>			2	11	Balance		8	17			1	15	11	✓	
<i>R.M. a.</i>			9	2											
Acquittance Rolls			8	4	Pay @ Net Rate	9	17	16	9	100	55	55	00	11 6 0	✓
Hospital Advances			2	5											
A.B. S4.						17	17	1	2	138	60	82	80	19 0 3	✓
P.&.R.C. Payments			6	0	Ration allow.									1 0 0	✓
Cheque 1508.	1 ² / ₁₈		14	0	10 days @ 2/-										
					15 5 9										
					14 3 - 9 ✓										

31-2-2 ✓

~~16-185~~

CHECKED.
 17/18
[Signature]

Hewes John

3385

Ray Sept

March 18, 1919

#3385 Sorgt. John C. Mows,

Bell Island, C.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1276."

Yours tr ly,

Paymaster & O.i/c Records
Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3388 Rank Serjt. Name Mews John

Intended place of residence Bell Island, St. John's East

2. Occupation Surveyor

Classification of soldier B Medical Category E

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 MAR 4 1919 H. Mews
In 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

4. 3. 19

J. D. Mews
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 ^{not} in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S

4. 3. 19

J. D. Mews
Signature of soldier
W. J. Gabry
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 4-1-18 to 1 wife No of days on Military

Discharged from service 4-3-19 Plus 14 days Service 70803

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

MAR 4 1919

R. H. Lait
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.

Date March 18/1919 M. Rowley Capt.
Officer in Charge Records
The Royal Newfoundland Regiment

A. B. 2079/1919

28
48
18
74

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 355 Rank Sergeant Name Mews, John
 Date of Enlistment 1-1-19 Address Bill's [unclear] District [unclear]
 Occupation Surgeon Classification for Discharge B Medical Category AF
 Recommendation S.M.B. Physically unfit Disability Rating 20% Grants!
 Passed to Demobilization Officer with following documents:—

N.F. P36	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 3-3-19 H Mews Trust
 in O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 4-3-19 Joseph H. Lawrence

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.00
 (b) Clothing Supplied Joseph H. Lawrence

Date 4-3-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *2057203* to his home
 at *Blue Sea* and Release Certificate No. *1365* issued.

Date *4-3-19*

CR 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 *18-3-19*

Date *4-3-19*

H M Wrs Lt
 Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT

Discharge approved for *4-3-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med'	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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 *4-3-19*

CR Dicks Capt
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
 Officer i/c Records.
 Board of Pension Commissioners.
 with following additional documents.

Eligible for War Service Gratuity

MAR 4 1919

Date

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

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

Date

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

MEDICAL HISTORY

OF

Surname Mews

Christian Name John



Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>4th</u> day of <u>Jan</u> 191 <u>6</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>St John's Hfld</u>		at _____	
Declared Age	<u>20</u> years <u>6 months</u>		_____ years	_____ days
Trade or Occupation	<u>surveyor</u>		_____	_____
Height	<u>5</u> feet <u>5 1/2</u> inches		_____ feet	_____ inches
Weight	<u>118</u> lbs.		_____ lbs.	_____ lbs.
Chest Measurement	Grith when fully expanded ... <u>36 1/2</u> inches		_____ inches	
	Range of Expansion .. <u>5 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>2 scars</u>	_____	_____
When Vaccinated	<u>4 months ago</u>		_____	
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>T.W. Byrden</u>		_____	
(Rank)	<u>Lieut</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's Hfld.</u>		at _____	
	on <u>4</u> day of <u>Jan</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>3^d Hfld Reg</u>	<u>3385</u>	_____	_____
Transferred to	<u>Newfoundland</u>		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	
(Rank)	_____		_____	



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
London General Sp	22	10	17	26	10	17	Shell W ^r R ^r knee	4	superficial and in popliteal space	K. M. May
London Genl Hosp	26	10	17	30	1	18	Shell 2 ^d R ^r knee	96	Transferred to 3 rd London Gen. Hospital	Hansson
London Genl Hosp	30	1	18	2	2	18	doe	3	wound healed in admission	Stammers Capt R.A.M.C.

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
1 st London General Sp	22	10	17	26	10	17	Shell W' R' knee	4	superficial and in popliteal space	K. M. Hay
Navarra Pk Hosp	26	10	17	30	1	18	Shell 2 nd Lt. Price	96	Transferred to 3 rd London Gen. Hospital wound healed in admission	Stearns
3 rd London Gen Hosp	30	1	18	2	2	18	do	3		Stearns Capt RAMES

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.


Date	Brief Details, and Signature
10-1-17	Macc. <u>Sw.B.</u>
17-1-17	} T.A.B. } <u>Sw.B.</u>
24-1-17	
16-2-17	
1918	<p>Boarded at Hoyalley Down embarked ATO with ^{Person} Major R. ... Capt. R. ...</p>
	<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u> 22.8.19 <small>Date of S.M.B.</small>  <small>Discharge Inspector</small></p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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 take course in Mechanical Drafting.

H. Butler

Signature of the Vocational Officer or his Representative.

J. C. Mew

Signature of Man.

Reg. No.

3385

Place

St John's

Date

Mar 4

191



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 West Kent*
2. Regtl. No. *3885* 3. Rank... *Sgt*
4. Name *M. F. W. S.* *J. C.*
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade }
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(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.
12. Place of origin of disability.
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.

*Wounded in France 9/11/14
SSW right knee. Wound
how healed.*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

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

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., 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 ?
Scar about 5" long on posterior surface right leg over popliteal space. Not painful on pressure. Complains of pain after walking long distance.
- (A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

20. Do you recommend—*Rehabilitation*
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Provincy. mo.
 PROV. NEWFOUNDLAND REG.

Station *H.W. Camp* ..
 Date *17-1-19* ..

Medical Officer in charge of case.

* 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

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *S.S.W. left thigh leg.*
 - (b) The present condition thereof. *Wounds healed, some protrusion through the fascia. Feels some weakness after walking*

22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by
- (i) Service during the present war .. *Y/A* ..
 - (ii) Previous active service
 - (iii) Climate in pre-war service
 - (iv) Ordinary military service before the war
 - (v) Serious negligence or misconduct on the part of the soldier .. *40* ..
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. *S.S.W.* ..

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). 20% six months
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? Yes
- OR
- (b) In what other grade do the Board place him? E
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)? /

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signature: *[Signature]*

Station *St Johns*

Date *26.21.19*

President or Chairman.

Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *St Johns*

Date *FEB. 21. 1919*

[Signature]
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

Prof
SMB



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 Mews.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3385*

Intended address *Bell Island*

Height on discharge *5* Feet *5*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Green*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *Elizabeth*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *S. Johns 30.6.1897*

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 Mews

(Rank) *Sgt*

Station

Date

20.4.19

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.

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

Station

Date

Casualty Form—Active Service.



6 orpl.
 Regiment or Corps 1st Bn 4th
 Rank Private Surname Heems Christian Name John
 Religion Method Age on Enlistment 20 years 6 months.
 Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) H. 1. 17
 Date of promotion to present rank 17.9.17 Date of appointment to lance rank 9.2.17
 Extended { } Re-engaged { } Qualification (b) { }
 or Corps Trade and Rate { }
 Occupation Surveyor B Heemsley 2nd Lieut 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 <u>Lochstone</u>	<u>3.6.17</u>	
			Disembarked... <u>Boulogne</u>	<u>3.6.17</u>	
			Joined Battalion	<u>19 JUN 1917</u>	<u>B 213</u>
<u>22.9.17</u>	<u>OC, Unit</u>	<u>Promoted Corporal</u>		<u>17.9.17</u>	<u>B 213</u>
	<u>OC Unit</u>	<u>Wounded in Action</u>		<u>9 OCT 1917</u>	<u>B 213</u>
<u>9-10-17</u>	<u>sgt J J</u>	<u>Ad Shrewsbury train</u>	<u>CB S</u>	<u>9-10-17</u>	<u>ED 1933</u>
	<u>2nd Lt J J</u>	<u>" " "</u>	<u>Leipzig</u>	<u>11-10-17</u>	<u>Ad 15058</u>
	<u>Mr Pannam</u>	<u>Wounded in Action</u>	<u>England</u>	<u>22 OCT 1917</u>	<u>W 3083</u>
					<u>2nd Lt</u>
					<u>1st MAJOR</u>
					<u>Infantry Section</u>
					<u>G.H.Q. 3rd Echelon</u>

[Handwritten signature]



(*) 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.
 (†) Signaller, Shoeing-Smith, &c.

WWB/LO

May 15, 1919.

To:-- Capt. Howley, O. I. C. Records,
From:-- Vocational Officer.

John C. Mews, 3385, 86 Pleasant Street, CITY. After to-day Bell Island.

The man named in the margin has completed his course in *Machin*
Drawing and Designing.

B. W. McCall.
Vocational Officer.

apt. 18
[Signature]

NOVA SCOTIA STEEL & COAL COMPANY, LIMITED
WEST WABANA
NEWFOUNDLAND

5600

West Wabana

June 25th 1919.

Officer i/c Pay & Records.
Department of Militia
St Johns.

Dear Sir.

I wish to bring to your notice that my WAR SAVINGS
GRATUITY due the 15th of each month has not been received
for May & June to date, Hoping this will have your immediate
attention.

I remain

yours truly

John C. Mews

EX

3385

Sgt J.C. Mews

May 15

Mailed July 15

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 question 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... *Mews*
3. Rank... *Sergeant* 4. Regtl. No. *3385*
5. Address in full to which future payments of gratuity are to be forwarded... *West Malara Bell Island Conception Bay*
6. Date of enlistment in the Regiment... *Jan 4th 1917*
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 dependent... *not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not Applicable*
11. Were you on active service only in Hfld. If so, give dates, and particulars of such service... *not applicable*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *Overseas with Regiment from Jan 4/17 to Feb 7/19 - 16 months 21 days Overseas Royal Naval Reserve 421 days*
*789
421
1210 Total*

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

1862X Royal Naval Reserve.....

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.....

£100.80 - clothes, wages and board allowance
plus at hospital

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?.....

not applicable

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

March 4th 1919

Remobilization

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.....

Egypt Dec. 1915 to Sept. 1916 (Royal Navy)
France May 1917 to June 1917
Belgium June 1917 - Oct. 1917

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

NO

(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 C. Meus*
 Place of Residence: *West Walana Bell Island.*
 Declared before me at: *St John's, Nfld*
 This *4th* day of *March 19.19*

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	5.00	.....	350.00
.....
.....
Certified Correct.					Paymaster.

Nº 3137



4 1st. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, John C. News, Regl. No. 3385

hereby agree, until further notification by me and in similar official form to make an Allotment of Dollars and sixty 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 Feb 1 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3378	Mother	Mrs James V. (Elizabeth) News	Bull Island C. B	60
Total Allotment, \$				60

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.) Charles R. Aye Capt.

Officer Commanding
80 Company

(Sig.) J. C. News

(Rank) Pvt.

St Johns
Jan 26 1917

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰-

May 15 19 19

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay, W. S. Y.
balance

J. P. News

Regtl. No. 3385

Rank

Sgt.

Ch. No. 19888	Initials. Lew
Pay Ledger 23	Initials. Lew
Gen. Ledger	Initials.

J. P. News

No. 3385

Rank

Pt

Name

John C. News.

Ab. on leave

March 22nd, 1919

Capt. Howley,
O. I. U. Records.

Please pay to Mr. J. C. Mews, No 3385
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

M.C.R.

\$9.33

Pension \$10.63
Allowance 40

Total 50.63

J. C. Mews

L. P. Mitchell
Vocational Officer.

NO. 14529
DATE
BY
FOR

MAY 8 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. C. Mews, No 3385
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10.63

J. C. Mews

W. W. Mitchell
Vocational Officer

MAY 10 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. J. C. Mews, No. 3385
the sum of Nine dollars and thirty three cents.
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension	\$10.63
Allowance	9.33

G. W. Mitchell
Vocational Officer

J. C. Mews

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mrs A. Christiani
Pleasant. Ht

Billeting Soldiers as undermentioned

from Feb 20th /19 to Feb 28th /19

<u>3385 - Sgt. J. Mearns</u>	<u>9</u>	<u>40</u>
------------------------------	----------	-----------

Certified correct for \$ 9. 40

Joseph H. Snowling
Billeting Officer.

April 5th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to M r. J. C. Mews, No 3385
the sum of nine dollars and thirty three cents
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10.63
Allowance 40

Total 50.63

J. C. Mews

G. W. Mitchell.
Vocational Officer.

April 12th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Mr. J. C. Mews, #3385**
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10.63
Allowance 40.00

Total 50.63

W. W. Mitchell
Vocational Officer

J. C. Mews

APR 26 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Mr. J. C. Mews, No 3385**
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$10.63

J. C. Mews

W. W. Mitchell
Vocational Officer

April 19th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Mr. J. C. Mews, No 3385**
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension **\$10.63**
Allowance **40**

Total **50.63**

W. W. Mitchell
Vocational Officer

J. C. Mews

3387

C.R.

Extract from Daily Orders Part 21 Unit The Royal Field
Regt., St. John's, March 9th, 1917.

3387 Pte. J.C. Mews.

To be A/L/Cpl. from 9-3-17.

C.R. 3385

RECEIPT.

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. 3385..NAME. J.C. News.....

DATE. Jan 15 1920

PLACE. Bell Island.....

C.R. 3385

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL 1914-1919

I certify that I have received a issue of 5 inches
of Riband of British War Medal-1914-1919.

Name..... *John C. Mews*

(Date)..... *24/10/19*

(Place)..... *West Walsana CB*



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



SEP 1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

John C. Mews

in respect of his service as No. 3385 Rank Cpl.

Name J. C. Mews

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Oct 1st 1921

Signature John C. Mews

~~Date~~ 2 as above

Address Main St Bell Island

[P.T.O.]

ON HIS MAJESTY'S SERVICE



To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here



July 6th, 1921. 1917.

The accompanying King's Certificate, on his discharge,

(John Mews), is forwarded herewith to

John Mews,

in respect of his service as No. 3385 Rank Sergt.,

Name John Mews, Corps Royal Field Regt.,

Receipt of the same should be acknowledged hereon.

Received Certificate # 1163

Signature John C. Mews  

Date July 16th 1921

Address Bell Island O.B.



Forms
B-121
79.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of 1st Newfoundland

Number of Sheet Serial
Signature of O. C. Company Frank Ayelet

Regimental Number and Name
No. 3385 Mitchell

Joined _____ Date _____
 Joined _____ Date _____
 Joined _____ Date _____
 Joined _____ Date _____

Enlistment
Age on 20 years 6 months

Place and Date of Enlistment St. John's
14.1.17.

Period of { with Colours 2¹/₂ years.
with Reserve 3⁶/₅ years.

Trade Surveyor
Religion Method.
Place of Birth _____

Good Conduct Badges, Service pay or proficiency pay
appointed Sgt. March 9th 1917.
to be Sgt., Confirmed Corp. 27-4-18

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 18³/₁₉</u>									
To be carried over									

Army Form B. 121.

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.**..... 7. Former Trade or Occupation }
2. Regtl. No. **5385**.. 3. Rank... **SGT.**..... 7a. If the soldier claims previous service in Army, he should state—
4. Name **NEWS J.C.**..... (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service (b) Date of Discharge ;
(c) on duty (d) off duty ? (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(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."

G.S.W. RT. KIKE.

11. Date of origin of disability.
12. Place of origin of disability.
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. **WOUNDED IN FRANCE 9/10/17. G.S.W. RT. KIKE WD. NOW HEALED.**

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | YES. | |
| (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? }

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? **SCAR ABOUT 5 IN. LONG ON POSTERIOR SURFACE**
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) **RT. LEGOVER POPETIAL SPACE. NOT PAINFUL ON PRESSURE. COMPLAINS OF PAIN AFTER WALKING LONG DISTANCE**

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

20. Do you recommend— **REPATRIATION.**

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

J. B. O'RIELLY. M.O.

Medical Officer in charge of case.

Station

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. **G.S.W. RIGHT LEG.**

(b) The present condition thereof.

WOUNDS HEALED, SOME PROTRUSION THROUGH THE FASCIA. FEELS SOME WEAKNESS AFTER WALKING.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	YES. .. .. .	.....
(ii.) Previous active service.. .. .	.....	.....
(iii.) Climate in pre-war service .. .. .	.....	.....
(iv.) Ordinary military service before the war ..	.....	.....
(v.) Serious negligence or misconduct on the part of the soldier	NO. .. .. .	.....
Give details :		

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

G.S.W.

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

20% 6 MONTHS.

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

YES.

Opinion of Military Member in case of disagreement.

OR

(b) In what other grade do the Board place him?
(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

"B"

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

YES.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
(b) Transport from railway station to his home?
(c) The constant attendance of another person in his own home?

Signatures:—

N.S. FRASER.

J.S. TAIT.

L. PATERSON.

President or Chairman.
MAJOR.
Members.

Station **ST. JOHN'S.**

Date **FEB. 21ST. 1919.**

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station **DIRECTOR OF MEDICAL SERVICE**

(SGD) CLUNY MACPHERSON. MAJOR

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Date **FEB 21. 1919**

Discharge Approved under Para. 392 () King's Regulations.
OR
Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date

O.C. Discharge Centre.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **3385** Rank **Sergt** Name **Mews, John**

Intended place of residence **Bell Island**

2. Occupation **Surveyor**

Classification of soldier **B** Medical Category **E**

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

DEMOBILIZATION.

Eligible for War Service Gratuity

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

Place **ST. JOHN'S**
MAR 4 1919
 Date

W. J. Eaton
 for 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**
MAR 4 1919

(sgnd) **J. A. Mews**
 Signature of soldier
 " **G. 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 **ST. JOHN'S**
MAR 4 1919

(sgnd) **J. A. Mews**
 Signature of soldier
 " **W. J. Eaton**
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **4-1-17** No of days on Military
 Discharged from service **4-3-19 plus 14 days** Service **BOZ**

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**
MAR 4 1919
 Date

R. H. Sait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

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

Place

Officer i/c Records
 The Royal Newfoundland Regiment

Date

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5550 Rank Serjt Name Alfred James
 Date of Enlistment July 17 Address 211 Bay District St. John's
 Occupation Journalist Classification for Discharge B Medical Category F1
 Recommendation S.M.B. physically unfit Disability Rating 20% (6 months)
 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 5-3-19 for H. Mews Serjt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 4-3-19 Joseph H. Mews Serjt

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Mews Serjt

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 82027203 to his home at Blue Bell and Release Certificate No. 1363 issued.

Date 4-3-19

W. B. Dick
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 18-3-19

Date 4-3-19

H. M. News Jr.
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY

Discharge approved for 4-3-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2
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 4-3-19

W. B. Dick
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

MAR 4 1919

Eligible for War Service Gratuity

Date

R. H. [Signature]
O. C. Discharge Depot.

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

March 7/1919

[Signature]
[Signature]

Reg. No. 3381 Rank Sgt Name Mews. Jon. G.
Attested Address Bill Island.
Allotment Allottee
Date of Allotment Returned from Overseas 2-19.
Embarked for Overseas Cause Discharge

21-2-19. Rec. Dis - from Army. E.

MAR 4 1919 PASSED TO DEMOBILIZATION OFFICER

14.3.19.

DISCHARGE APPROVED ON DEMOBILISATION.

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY OFFICE

LONDON

3385 A/Sgt. Mews, J.

Dr. Bal. £ 1: 8: 3

THIS TRANSFERRED TO PAY OFFICE 7-4-19

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3388' ... Rank ... Sgt ... Name ... Mews John ...
 Former Occupation ... Surveyor ... Address ... Bell Sals ... District ... St. Johns ...
 Class B Medical Category ... E Disability Rating ... 20% ... back ...
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as *Mechanical Drafting* His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date ... 14-3-19
 To be forwarded Orderly Room in Duplicate.



Loach
 Demobilization Officer