



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5496 Name William H. Mina Corp 6018

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Wm. H. Mina</u>              |
| 2. What is your full Address? .....  | 2. <u>100 St. John's Bay</u>       |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Wm. H. Mina 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

Wm. H. Mina SIGNATURE OF RECRUIT

James Signature of Witness.

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

I, Wm. H. Mina 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 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 25th day of May 1918

Signature of Attesting Officer W.S. Dick

### †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 ..... 1918

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**

5496

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

Name Wm. H. Mena.  
 Apparent age 21 years          months. Height 5 feet 10 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks         

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Edward H. Mena.  
Morris Point, Bonne Bay. 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>28-5-18</u>									
Joined at <u>Mexico</u> on <u>28-10-18</u>									
<u>Discharged July 18, 1919</u>									
<u>Embarked Mexico S. S. Columbus to Halifax N.S. 22-7-18</u>									
<u>Embarked for B.C. 23-11-18</u>									
<u>Re-embarked France 35-11-18</u>									
<u>Joined Batten 5-19. Transfers from Rouen 12 to Arras Winchester 23-19</u>									
<u>Left for demobilization 22-6-19. Arrived home at 1-6-1919</u>									
<u>Demobilization Mexico 18-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-1919 (date of discharge) years 52 days  
 Pensions " " " " " " " " " " " "

Reg. No. 5496 Rank Pfc <sup>Headquarters</sup> Name Minor, Eloy  
Attested 28-5-18 Address Pointe Bonne Bay  
Allotment 60 Allottee Mrs Edward Jina Mother  
Date of Allotment 1-8-18 Returned from Overseas.....  
Embarked for Overseas JUL 22 1918 Cause.....

30/8 Waco

13/8 1st Inoc 2nd Inoc 4-7-18, 3rd Inoc 10-7-18

4/8 18-6-18 to 26-6-18

From leave reported for July 2-7-18

C.R. 5496

Extract from Daily Orders Part 11 Unit The Royal Bn.  
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by G.C. Discharge Depot with effect from 2-7-19.

5496 Pte. W.H. Mina.

C.R.

5496

Extract from Petty Orders Part 11 Depot. St. John's,

Date

June 18th 1919.

5496, Pte. W. Mina.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R.

5496

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 20-4-19.

The undermentioned of the 1st. Battalion left  
Rover Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 28/4/19 and reached  
Hazeley Down Camp 28/4/19.

#5496 Pte. W. Miner.

C.R. 5496

Extract from Nominal Roll of draft No. 56, of the 2nd., Battalion  
of the Royal Newfoundland Regiment, Winchester to the 1st.,  
Battalion of the Royal Newfoundland Regiment, B. E. F.,  
Embarked Southampton 23/11/18.

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#5496 Pte. W. Mina.

C.R. 5496

Extract from Daily Orders part 11, from Unit The Royal EFLB  
Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5496 Pte. William Mina.



C.R. 5496

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 30th, 1918.

#5496 Pte. W. Minax

Attested for General Service with the Royal Nfld. Regt.  
from 28.5.18

C.R. 5496

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt. St. John's, July 25/19.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from 18-7-19.

5496 Pte. Wm. Mina.



W. Kina

C.R. 5496

~~Sept~~

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 Greenhowland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5496* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Miner* *William* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *May 24/18* at *St. Johns* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

### Statement of Case.

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

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

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

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

*The Complaints of no disability*

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

20. Do you recommend—

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

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

*Repatriation*  
*Sgt. W. E. Prounce*  
*1400 Capt. R. M. C.*

Station ... *Hazelton Down* ...  
 Date ... *30/1/49* ...

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Mina, Regl. No. 5496  
 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 <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 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4850	Mother	<u>Mr Edward (Mary Ann) Mina</u>	<u>Bonns Bay St Barbs</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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

(Sig.) Swatson Linn  
 Officer Commanding  
 Company  
St John  
July 5 1918

(Sig.) Wm X Mina  
 His name & address  
 (Rank) Private

B  
No. 5344/251

From: NEWFOUNDLAND CONTINGENT

N.F.P./80.

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

To: Officer Commanding,  
1/Bn. Royal Newfoundland Regiment,  
B.E.F.

5th April 1919

Deposited 1/4/19  
4411  
5496 Pte. Mina W. H.

With reference to the following telegram from the Minister of Militia, / / ( 118 )

"Pay to- 5496 Mina

£6. 3. 0.

Kindly advise whether this remittance should be

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

*A. P. Hunt*  
Chief Paymaster & O. i/c Records

*April 17<sup>th</sup> 1919*  
*Reference opposite,*  
*this man wishes*  
*this amount placed*  
*to his credit of his*  
*account please*  
*A. J. Newman*  
*Capt. R. D. T. Col*  
**LIEUT. COL**  
**COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT**



Mina, W

5496

Ray Sept

7624

Norris Point  
Bonne Bay  
Nfld

Nov 22<sup>nd</sup> /19

Melitta Dege  
St John's

Dear Sirs

I have only yet received  
one of my overseas cheques yet.

Please have them sent on to me  
as soon as possible.

Yours truly

# 5496 <sup>4916</sup> William Miner.

M Dec 2/19.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5496 Rank Ste. Name Mina W.A.  
 Intended place of residence Bonne Bay

2. Occupation Insiderman  
 Classification of soldier F. Medical Category 9 I

3. The above named man is discharged in consequence of

## DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 2 1919

L. M. H.  
 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, ST. JOHN'S

Date JUL 2 1919

Wm. T. Mina  
 Signature of soldier

Wm. T. Mina  
 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, ST. JOHN'S

Date JUL 2 1919

Wm. T. Mina  
 Signature of soldier

J. W. Clancy  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 28-5-18 No. of days on Military  
 Discharged from service 4-7-19 Plus 14 days Service 413

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

JUL 4 1919

R. H. East Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

July 18 1919

Wm. T. Mina  
 Officer in Charge  
 The Royal Newfoundland Regiment

a 4132079/3113

July 21, 1919

#5496 Pte. William Mins,

Bonne Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #3113.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: 2.7.19

Regimental No 5496

Name: Turner William Rank: P/O

Address: Bonne Bay

Present Medical Category: A+

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

Members of Board

R. H. East Major  
O.C. Discharge Depot.

P. Paterson  
Senior Medical Officer

S. W. Borden  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5496 Rank Plt Name Maria W. A.  
 Date of Enlistment 28-5-18 Address 1000 St. Johns St. District St. John's  
 Occupation Interpreter Classification for Discharge E7 Medical Category H1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	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	3
B 179	D 400H	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 2-7-19 1000 St. Johns St.  
 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 \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 2-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R2147* to his home at *Bonne Bay* and Release Certificate No. *1918* issued *Chilbrust*

Date *2-7-19*

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 *15-7-19*

Date *2-7-19*

*J. M. Lewis*  
Depot Paymaster.

Discharged approved for *4-7-19*

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

N.F. P39	B 268	B 121	N.F. Med	D.F. 1	<i>Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 108	ME 2		" 6	
B179c	B 120	M 93			

Date *2-7-19*

*J. A. Snow Capt.*

O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date **JUL 4 1919**

*R. H. Jett* MAJOR

O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*Alvin W.*

Signature of Man.

*W. B. Constan*

Signature of the Vocational Officer or his Representative.

Reg. No. 5796

ST. JOHN'S.

Place

Date

9-7-19

191



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

# MEDICAL HISTORY

OF

Surname

*Mina*

Christian Name

*William A.*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Norman Point, Bonne Bay, County*

*Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>25<sup>th</sup></i>	<i>May</i>		191 <i>8</i>
Declared Age	<i>21</i>	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i>	feet <i>10.</i>		inches
Weight		<i>143.</i>		lbs.
Chest Measurement	Girth when fully expanded		<i>35 1/2.</i>	inches
	Range of Expansion		<i>4 1/2.</i>	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<i>6/10</i>	R.E.—V=	
	L.E.—V=	<i>6/12</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>[Signature]</i>			
(Rank)	<i>Major</i>			Medical Officer.
Enlisted	at	<i>Sigonis</i>	at	
	on	<i>28<sup>th</sup></i>	on	day of <i>May</i> 191 <i>8</i>
		Corps.		Regtl. No.
Joined on Enlistment	<i>Royal Nfld.</i>			
	<i>Regiment.</i>	<i>5496.</i>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service for 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 Newbold Land Coy. Former Trade or Occupation } Seaman
2. Regtl. No. 5496 3. Rank plc 7a. If the soldier claims previous service in Army, he should state—
4. Name Mines William (a) Former Regts. or Corps; with Regtl. Nos.  
(Surname) (Christian Names)
5. Age last birthday 21 .....
6. Posted for duty on May 24/18 at A. Johns in category (or grade) .....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(c) Opinion of Court

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

### Statement of Case.

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

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

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

na.

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

na.

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

15. What is his present condition ?

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

na.  
The Complaints of no Disability

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

na

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

na.

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

na.

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

na.

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Rehabilitation

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

H. E. Procter Cpt. R.A.M.C.

Station Wingate, Down

Medical Officer in charge of case.

Date 30/4/19

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

July 24, 1919

#5496 Pte. W. Mina,  
Norris Point,  
Bonne Bay.

Dear Sir:-

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

Captain & Paymaster.

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..... *M* ..... 2. Surname..... *Minor* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *57496* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Woods' Point Bonne Bay* .....
6. Date of enlistment in the Regiment..... *May 26/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No* .....
8. Relationship of such dependents..... *50* .....
9. Address in full of such dependents..... *50* .....
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 field, if so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in field or Overseas..... *Fourteen months* .....
- ..... 1.  $\frac{1}{2}$  .....

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

*no*

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

*no*

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

*no*

16. Have you, during the present war, served in the Imperial Forces...

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*no*

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

*no*

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

*Jan. 16/19*

*(b) Reason for discharge  
Kensington*

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

*France Belgium & Germany*

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.

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.

(Witness) Douglas

Signature of Applicant:

*W. H. Menet*

Place of Residence:

*Levee Point Bourne Son*

Declared before me at:

*St. Johns River*

This

*2*

day of

19...*19*...

*John W. Carthy*

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

POST DISCHARGE PAY.				Not amount due
Date paid	Paid	Paid	War Service Disability.	
		Soldier. Dependents.		due
.....	:	:	:	.....
.....	:	:	:	.....
.....	:	:	:	.....
Certified correct.			Paymaster	





Norris Point  
Bonnie Bay  
March. 31<sup>st</sup> 1892

Dept of Militia  
St Johns.

Dear Sirs.

I have just returned home and  
I find heavily all the returned boys  
of the war have Service Badges.  
But my brother nor I have not  
got them.

My number is 5496 Wm Maynard  
and my brother John Maynard has  
not got his either. Will you  
please see that we get them  
and oblige

Yours truly

William Maynard.

Copy forwarded  
May 1/21  
[Signature]

B & M  
803  
m  
JTM

Cheque mailed JUL 4 - 1918  
June 19th, 1918.

To be sent to Prince's Ruin,  
C.P.A.

The Royal Newfoundland Regiment,

To #5496, Pte. Wm. Miner,

Correct For \$3<sup>25</sup>  
A.D.R.  
Lieut  
\$3.25

DISTRICT  
May 25-18.  
NEWFOUNDLAND  
COMMANING

To board at Summerville, \$1.50, board at  
Gurling, \$1.75, while waiting passage to  
St. John's.

(As per vouchers) 19-6/18.

OK. Miner

Curling

May 26/18

Send to 1496 Wm (Minas?) Pomeis

Int. W. Jay road to Ains  
to James Patson

1 day's board & lodgings = \$1.75

Paid.

OK.

Amick

J.P.A.

ST. JOHN'S, JUL 2-1919

# Royal Newfoundland Regiment.

Billeting Account;

To Pte H Miner

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

5496 Pte H Miner C.R. 31 00

H. Miner

ACCOUNT	<u>B.M.</u>
NO. OF	<u>2089</u>
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 31.00

[Signature]  
Billeting Officer.

[Signature]  
C.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/<sub>100</sub>

July 22 1919

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. *W. L. G.*  
~~balance~~

Mailed to Morris P. Bonnet Bay

Ch. No. 3633	Initials <i>JD</i>
Pay Ledger 480	Initials <i>WR</i>
Gen. Ledger	Initials

Regtl. No. July 23/1919 Rank *[Signature]*

No. 5496

Rank

Pf

Name

W. Mena

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.

C.R. 5496

NAME.....

William Miner

DATE.....

Dec 5 / 19

PLACE.....

Worcester







## 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 *Mina William H.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5496*

Intended address *Bonne Bay*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Edward*

Christian name of Mother *Mary*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Red Bay, Lab. July 12, 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) *W. William H. Mina* (Rank) *Rt*  
*W. i. l. H. Mina*  
 Date *1-7-19*

Station \_\_\_\_\_ Date \_\_\_\_\_

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.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5496 Rank Plt. Name Wm. W. A. Minna  
 Date of Enlistment 28.5.18 Address 100 St. Johns St. St. John's District St. John's  
 Occupation Postman Classification for Discharge E1 Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	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	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 2-7-19 P.O. C. Discharge Depot. St. John's

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Wm. W. A. Minna*  
*not* with *St. John's*  
*Chapman*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date 2-7-19 O i.c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2147 to his home at Bonne Bay and Release Certificate No. 1798 issued.

*Attest*  
*Christie*

Date 2-7-19

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 15

Date 2-7-19

Depot Paymaster

Discharge approved for 4-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.P. P36	B 288	B 121	S.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 2-7-19

*J.A. Snow Capt.*

O. C. Discharge Depot.

**APPROVED.**

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

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 4 1919

*R.H. Sait* MAJOR

O. C. Discharge Depot.

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

Date July 18/19

*Amelbach / c*  
*Records*

Reg. No. *5496* Rank *Plt* Name *Mina Wm A.*

Attested ..... Address *Norris Pl*

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

Date of Allotment ..... Returned from Overseas *29.5.19*

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

*2.7.19*

**PASSED TO DEMOBILIZATION OFFICER**

*4.7.19*

**DISCHARGE APPROVED ON DEMOBILISATION.**

no Record  
e.p.c.

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE JAN 11 1973

NAME MAYNARD William HS  
NOM A/K MINA W.H.S.  
MANOR W.H.S.

Service No. 5496 Royal NFDL Reg  
Matricule No

PC No.  
CCP No

WVA No.  
AAC No 205181

Information Received from: Bistrict Authority WVA Dist NF  
Information reçue de:

Date of Death Not Stated  
Date du Décès

Place Not Stated  
Endroit

Distribution: WSR-DASG  
VI - ASS  
~~XXXXXX~~  
HO - BC

*[Signature]*  
Pour le chef,  
for Chief, Central Registry Division.  
Dépôt central des dossiers.