



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5507 Name James Oake Corps Mech.

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. What is your name? | 1. <u>James Oake</u> |
| 2. What is your full Address? | 2. <u>Leitwellan, NFB.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>1</u> Months |
| 5. What is your Trade or Calling? | 5. <u>no</u> <u>Shuman</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>Yes</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, James Oake 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.

James Oake SIGNATURE OF RECRUIT.
James Oake Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

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

on this 19th day of May 1915

Signature of Attesting Officer W. S. Sicks Lieut

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1915 } Approving Officer.
 Place.....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5507

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

Name James Oke
 Apparent age 23 years 13 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Oake
Cutwell Ave, N.S.B. Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names

Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for 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>29-5-18</u>									
Joined at <u>Meles</u> on <u>Monday 29-1918</u>									
<u>Exchanged on August 8 1919</u>									
<u>Embarked Meles St. Helena to Halifax N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-1919</u>									
<u>Arrived Halifax 1-7-1919</u>									
<u>Demobilization Meles 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge) <u>1</u> years <u>72</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 5507

Extract from daily orders Part II Royal Newfoundland Regiment
depot St. John's dated Aug. 18th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/o Records from noted date

8-8-19.

5507 Pte. J. Oake.

C.R. 5507

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 25-7-19.

5507 Pte. J.Oake.

C.R. 5507

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

#5507 Pte. J. Oake

Attested for General Service with the Royal Mfld. Regt.
from 29.5.18

C.R. 5507

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5507 Pte. J.Oake.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 507

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

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

#5507 Pte. James Oake.

No. 226/47/P&A.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. Royal Nfld. Reg't,
Hazeley Down Camp,
Winchester.

5th January, 1919

8-1-1919

Subject: 5507, Pte. J. Oake,

Receipt hereunder.

With reference to the following telegram (119) from the Hon. Minister of Militia, received

J. J. Barton

LIEUT. COLONEL.

Officer Commanding NEWFOUNDLAND REG'T.
Royal Newfoundland Regiment

"Pay to 5507 Oake, £3.2.0.

Draft £3.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of three Pounds
two shillings on account of cable remittance from Newfoundland.

J. H. Marshall Capt
Chief Paymaster & O. 1/c Records.

J. Oake
No. 5507 Rank Pte

H. Maunders

J. Dake

C.R. 5507

APR 2
6

No. 2759/364.



FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

79 067449
17/2/19

17th February 1919

5507. Pte Oake. J.

February 19th 1919

With reference to the following telegram from the Minister of Militia / / (31)

Receipt hereunder.

Cham

"Pay to- 5507. Oake:

LIEUT. COLONEL,
Officer Commanding 2nd Battalion
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£7.4.0

Cheque £ 7.4.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Seven pounds four Shillings in respect of telegraphic remittance from the Minister of Militia.

B. J. ...
Chief Paymaster & O. i/c Records.

J Oake
No. 3507 Rank private
Witness M. Bockett

226/47/P&A.

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Hazeley Down Camp,
Winchester.

5th January, 1947

5507, Pte. J. Oake,

119

"Pay to 5507 Oake, £3.2.0.

3.2.0.

226

Wale, James

5507

Ray Sept.

August 8th 1919.

#5507. Mte. J. Oake,
Cutwell Arm. N.D.B.

Dear Sir:

Enclosed please find Discharge Certificate
3622.

Yours truly,

Capt. &
Officer i/o Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5507 Rank Plt Name Dake J
 Intended place of residence Cubwell Arm

2. Occupation Infantry
 Classification of soldier E Medical Category A1

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 thought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 11 1919

L. M. St.
 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 11 1919

J. Dake
 Signature of soldier

Am. Johnston
 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 11 1919

James Dake
 Signature of soldier

W. P. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-6-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 437

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 25 1919

N. R. Cooper Capt
 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 August 8/1919

J. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

Ord B 2079/13622

3
20
31
8
92

The Royal Newfoundland Regiment *and*

DEMOBILIZATION OF

Reg. No. 2007 Rank Private Name James J. Wake
 Date of Enlistment 29.5.18 Address Cutwell Road District St. John's
 Occupation Fisherman Classification for Discharge F Medical Category A
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19 O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am James Wake 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 \$6.00
 (b) Clothing Supplied Amel Crustis

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2403 to his home at Eastwell Am and Release Certificate No. 3447 issued.

Date 11-7-19 J. H. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19 J. H. Snowball
Depot Paymaster.

Discharge approved for 20-7-19

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. <u>2 Form B</u>
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K.	do 4th.	" 5.
B 179b	B 103	ME 2		" 6.
B 179c	B 120	M 93		

Date 11-7-19 J. H. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919 H. R. Cooper Capt
O. C. Discharge Depot.

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

The Royal Newfoundland Regiment

Class for Demobilization: 8.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10. 7. 19

Regimental No. 5507

Name U. Ke. James

Address Cutwell Island

Present Medical Category A.T.

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

Members of Board

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

S. Paterson
Senior Medical Officer

S. G. Gordon
M. O. Depot

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.

W. J. F.

Signature of Man.

Reg. No. 5307

J. H. Shaveloff

Signature of the Vocational Officer or His Representative.

Place

St Johns

Date

11-7-19

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

MEDICAL HISTORY

OF

Surname Oake Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Cuteaux Am. Nfld. County Me.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	191	day of
Examined	29	May	1918	
Declared Age	23	years		
Trade or Occupation	fisherman			
Height	5	feet 6		
Weight	139	lbs.		
Chest Measurement	Girth when fully expanded			
	38	inches		
Physical Development	Range of Expansion			
		4		
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	Major			
Enlisted	at	Sydney	at	
Joined on Enlistment	on	day of May 1918	on	day of 191
Transferred to	Corps.	Regtl. No.	Corps	Regtl. No.
	Royal Me. Regiment.	5507		
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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 Signatures
30-5-18	Vacc. <i>SD</i>
13-6-18	T A B <i>SD</i>
4-7-18	T A B <i>SD</i>
11-7-18	T A B <i>SD</i>
	<p>It is hereby certified that this soldier has been found to be suffering from Medical <i>B</i> and <i>C</i> and has been certified as <i>B</i> for Discharge on Demobilisation. Medical category <i>B</i></p> <p><i>10-7-19</i> Date of Issue</p> <p><i>[Signature]</i> Director of Medical Services</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

Play on the 20



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 *W. S. James*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3007.*

Intended address *Cutwell Arm. S. J. G. H.*

Height on discharge *5 feet 7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *Med.*

Christian name of Father *John*

Christian name of Mother *Martha*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Port Anson. 1896 June 29th*

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)

James Wake

(Rank) *PL*

Station

ST. JOHN'S.

Date

7. 7. 19

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



Station

Date

Medical Officer of Hospital,
Unit, or Command Depot.

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 Artillery (Lancs) } Former Trade or Occupation } Fisherman
2. Regtl. No. 5507 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name Oake James (a) Former Regts. or Corps with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. 23
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. 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? }

No Complaints of No disability

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.)

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—

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

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

Repatriation
W. E. Proctor. Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Down*

Date *11/14/19*

* 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.

RECEIVED
21 AUG. 1918
COUNTY LAB.

Outfit Number..... 0

Result of the examination of the specimen of... *throat swab* ... taken from

Reg. No. *5507* Rank... *Pte* Name... *Oake James*

Corps

Result... *diphtheria bacilli not found*

Aug 22nd 191... *8*

R. A. Hyatt

Specialist Sanitary Officer.

TO BE LEFT BLANK.

August 16, 1919

Mr. James Oake,
Cutwells Arm, H.D.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of 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 *W. M. C.*

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

Christian name *James*..... 2. Surname..... *McCabe*

3. Rank..... *Pvt.*..... 4. Regtl. No. *5507*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Catwells Army Camp*
N.D.P.

6. Date of enlistment in the Regiment..... *June 25/18*

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

8. Relationship of such dependents.....

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

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

11. Were you on active service only in 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..... *from June 25/18*

to July 11/19..... 12

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?

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.

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

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

19. Are you now serving in the Reserves? If not give:- (a) Date of discharge..... *July 11/19* (b) Reason for discharge..... *Resubstitution*

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.

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.

James Wake

Signature of Applicant:

Place of Residence:

*Catwell, Army, U.S.A.,
St. Johns, Nfld.*

Declared before me at:

This

11th

day of

July

1919

at

*St. John's, Nfld.
John McCloskey*

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
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
.....
.....
.....
Certified correct.		



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Oake, Regl. No. 5507

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty 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 August 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
11481	Mother	Mrs Joseph (Martha) Oake	Long Island Twillingate	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.) Watson Lieut.
 Officer Commanding
 E Company

(Sig.) James Oake
 (Rank) P/15

St John's

July 27 1918

RECEIPT.

C.R. 5507

FOR ISSUE OF BRITISH WAR MEMOIR-1914-1919.

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

NAME..... *James Wake*

DATE..... *Nov 19 / 19*.....

PRICE..... *Butwell Arm N.D.B.*.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company C. B. D. W. S. L. H. C. I. E. N. T.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5507</u>	Age on	<u>23</u> years months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>Segehur</u> <u>29-8-18</u>	Religion	
Joined	Date	Period of	with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Norfolk Camp</u>	<u>14-1-19</u>	<u>Pte</u>		<u>Inattention on parade</u>	<u>Cpl Bunney</u>	<u>2 days CB.</u>	<u>15-1-19</u>	<u>Capt W. L. Long</u>	<u>M.H.</u>
				<u>Demobilized</u>	<u>St John</u>	<u>8 1/2</u>	<u>19</u>		

To be carried over.

25507

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 25507 Rank Pvt. Name Waker, J.
 Date of Enlistment 29-5-18 Address Cartmel Park District St. John's
 Occupation Postman Classification for Discharge F Medical Category A1
 Recommendation S.M.B. Disability Rating

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 10-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am James Waker 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 [Signature]

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2403 to his home at Eastwold Ave and Release Certificate No. 3447 issued.

Date 11-7-19

J. A. Smarckoff
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

J. A. Smarckoff
Depot Paymaster

Discharge approved for 25-7-19

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.	
B 178a.	/ D 400A	/ B 1915	/	do 2nd.	" 3.	2 Form B
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 11-7-19

J. A. Smarckoff
Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

JUL 25 1919

Date

A. R. Cooke Capt.
O. C. Discharge Depot.

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

Date Aug 7/19

[Signature]

Reg. No. *5507* Rank *1st Lt* Name *Lake J*
Attested Address *Twillingate*
Allotment Allottee
Date of Allotment Returned from Overseas
Returned on S.S. Cause

10 7 19
25 7 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

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 } *Johnston*
2. Regtl. No. *5150* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name... *Duke Jones* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *28*
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. *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? }

No Complaints of no disability

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.)

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?

Repatriation

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

W.E. Preuner *Capt. R. W. M.*
 Medical Officer in charge of case.

Station *Magdalen Bow*

Date *4/4/19*

* 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.