



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3290 Name James Ashbourne Corps CofC

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. James A. Ashbourne
2. What is your full Address? 2. Blake Town
St. John's Bay
3. Are you a British Subject? 3. yes
4. What is your age? 4. 18 Years 1 1/2 Months
5. What is your Trade or Calling? 5. miner
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. yes

I, James A. Ashbourne 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 A. Ashbourne SIGNATURE OF RECRUIT.
W. H. Francis Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James A. Ashbourne 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 on this 1st day of December 1916 at St. John's

Signature of Attesting Officer Charles Cape Cpt.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } Approving Officer.
Place..... }

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

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



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

CofC

No. *3290* Name *James Osbourne* Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <i>James A. Osbourne</i> |
| 2. What is your full Address? | 2. <i>Blake Town
Funtty Bay</i> |
| 3. Are you a British Subject? | 3. <i>yes</i> |
| 4. What is your age? | 4. <i>18</i> Years <i>1 1/2</i> Months |
| 5. What is your Trade or Calling? | 5. <i>miner</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>yes</i> |
| 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. <i>yes</i> |

I, *James A. Osbourne* 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.

E. Decker

James A. Osbourne SIGNATURE OF RECRUIT.
H. H. Fraser Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *James A. Osbourne* 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 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 *1st* day of *December* 191*6*.
Signature of Attesting Officer *Chas. N. Ayle Cpt*

†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*6*
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).....



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of

James Osbourne

aged

18 yrs. 1/2 months

conducted at

A & B

Date:

Dec 1st /16

Recruiting Officer:

TEST

FINDING

1 *no*

2 *no*

3 *no*

4 *no*

5 *no*

6 *no*

7 *yes*

8 *yes*

9 *no*

This man was under operation in May

10 *n*

11 *n*

12 *n*

13 *n*

14 *n*

15 *n*

16 *n*

17 *n*

18 *n*

19 *6/36 ft 6/18 ft.*

20 *n*

21 *n*

22 *n*

23 *n*

24 *n*

25 *n*

26 *Has been operated on for Struma B.K.*

27 *n*

28 *n*

29 *n*

30 *n*

31 *n*

32 *n*

33 *n*

34 *5'4"*

35 *121 lbs*

36 *33 - 37"*

37 *phen. month*

38 *patents in James Osbourne Blake Lown*

39 *none*

3290

[Signature]

Signature of Medical Examiner:

[Signature]

C.R. 3290

Report of Medical Officer on No. 3290 Pte. J. A. Osbourne
of Blaketown, T. B., enlisted at St. John's, Dec. 1st.
1916. aged 18 years. Sailed with draft from St. John's
Jan. 31st. arrived in Windsor Feb. 3rd. 1917

This soldier reported on sick parade shortly after arrival suffering from a pain in the Groin. On questioning patient he stated he had been operated on for Hernia at North Sydney less than two months before he enlisted at St. John's. He injured himself by falling while doing ordinary drill. The disability is due to the effect of the operation for Hernia. Patient did not disclose the fact that he had been operated on for Hernia. I had patient removed to the Peyzant Memorial Hospital on Feb. 12th. for observation. He has suffered acute pain periodically. I am of opinion that before patient will be fit for any ordinary Military Service, a further operation will be necessary. I would recommend that this man be returned to Headquarters to be further dealt with there. I am of opinion that present condition of patient was ~~not~~ not caused by ordinary Military Service but has been aggravated by same.

L. Paterson

MAJOR & M.O.,
1ST. NEWFOUNDLAND REGIMENT,
WINDSOR, N. S.,

3290

C.R.

**Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. Apl. 18th, 1917.**

3290 Pte. James A. Osbourne.

**Discharged and struck off the Strength from Apl. 18th,
Med. Unfit.**

C.R. 3290

Extract from Roll of Officers
N. C. Q'S and men DISCHARGED from
the ROYAL newfoundland regiment

Regtl.	rank	name	date	reason.
3290	Pte.	Osbourne Jas.a	18/4/17	MED. UNFIT.

C.R. 3290

Extract from Daily Orders By Major Montgomerie, Commanding
Draft, at Wisor, N.S. Mar. 11th, 1917.

3290 Pte. J.S. O'Abourne.

Having been invalided to Newfoundland is struck off the Strength
from 10-5-17.

C.R. 3290

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's. Dec 1st, 1916.

3290 Pte. Jas.A.Osbourne.

Attached to the Strength from Dec 1st, 1916.

J. A. Osbourne

C.R. 3290

1880

R

R

R

R

R

R

R

FORM K

N^o 3130



41^{ST.} NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James A. Osbourne, Regl. No. 3290 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 15/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3315	Yours	James Osbourne	Blaketown T. 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.) Chas R. ...
 Officer Commanding
 Co. 8
 Company
St. Johns
Jan 26
 1917

(Sig.) James A. Osbourne
 (Rank) Pvt.

Osbourn, Jas A

3290

Pay Sept.

No. 3290

Name Osborne J

10/3/17

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Mar 31	By Pay 21 days @ 117			23 10	23 10
Apr 18	do 18 do			19 80	42 90
Mar 31	To allotment 21 days @ 60		12 60		30 30
Apr 18	To Pay		20 00		10 30
19	Was Tenure Certificate		10 30		
	do				
	Clothing			35 00	35 00
1919 May 7	To Pay		35 00		
			77 90	77 90	

PAY LEDGER No. 200
 Date 21/2/21 by [Signature]

\$15 [Signature]

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	<u>3290</u>	Army Rank	<u>Private</u>
Name	<u>James A. Deborne</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps	<u>First Newfoundland Regiment</u>		
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge	<u>April 18th 1917</u>		
Place of discharge	<u>St. John's, Nfld</u>		
1. <u>Description at the time of discharge.</u>			
Age	<u>16</u> years	<u>7</u> months	Descriptive marks.
Height	<u>5</u> feet	<u>4</u> inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	<u>fair</u>		
Eyes	<u>grey</u>		
Hair	<u>black</u>		
Trade	<u>turner</u>		
Intended place of residence <small>(To be given as fully as practicable)</small>	_____		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character:— <u>Good</u>			
4. Character awarded in accordance with King's Regulations:—			

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 459 was awarded in this case.			
			Initials of Commanding Officer.

To be filled in on the soldier quitting the Colours.

Army Form B. 2068 has been issued to*

* Strike out if not applicable.

[OVER]

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances
(including clothing allowances) and all just demands up to the present
date.

Place Blateloun Frank James A. Gorman Sig. of Soldier.

Date April 24/1917 Sig. of Witness.

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

MEDICAL HISTORY

OF

Surname O'Shaune

Christian Name James

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 12 th day of Dec 1916	at St. John's	on _____ day of _____ 191	at _____
Declared Age	18 years 11 mos days		years _____ days _____	
Trade or Occupation	Miner			
Height	5 feet 4 inches		feet _____ inches _____	
Weight	121 lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded	37 inches	inches _____	
	Range of expansion	4 inches	inches _____	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/18	R.E.—V=	
	L.E.—V=	6/18 L	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)	<i>Lamont Paterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. John's		at _____	
	on 1 st day of Dec 1916		on _____ day of _____ 191	
Joined on Enlistment	Corps. _____	Regtl. No. 5290	Corps. _____	Regtl. No. _____
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Paysant Memorial Winton Rd.	12	2	17	9	3	17	Injury following operation for Hæmorrhoid	45	Patient under observation. Suffered acute pain at times in inguinal region. Discharged from hospital for further treatment at Regimental Medical Quarters St. Johns.	<i>[Signature]</i> M.O. - change - 1008

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, ac.: 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
Dec 15/16 10-1-17 18-6-17 27-1-17	Vaccination } TAB 3 SP SP SP

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
S.S. Glouzel Windsor NS	May 31 Feb 3" 1917	1917 Feb 3" 1917 Mar 10			



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 *Osborne James Alfred*

Regiment from which discharged *1st. Newfoundland*

Regimental number *3290*

Intended address *Blaketown. O.B.*

Height on discharge *5 Feet 4*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

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. *Blaketown - 26 Oct. 1899*

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 Alfred Osborne*

Station *St John's*

Date *April 2*

(Rank) *Private*

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.

J. W. Burden, Lieut.

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

Station *St John's N.Y.*

Date *April 2/17*



41ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, James A. Osbourne, Regl. No. 3290,
 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 1st 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3315	father	James Osbourne	Blaketown T.B.	60
Total Allotment, \$				60

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.) Chas. C. Aye Capt.
 Officer Commanding
8. Company
St Johns
Jan 26th 1917

(Sig.) James A Osbourne
 (Rank) Plt.

3290 PRIVATE J. A. OSBOURNE.

The Medical Board's suspicion in this case is that it is one of Malingering. They can find no cause whatever for the pain complained of in the scar of operation; such pain is not usual.



Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

A. Johnson
April 27/17

1. Unit *1st. Newfoundland*
2. Regimental No. *3290*
3. Rank. *Pte*
4. Name. *Osbourne James Alfred*
5. Age last birthday. *18*
6. Enlisted on *1 Dec 1916*
7. Former trade or occupation *miner*
8. Disability

Pain in Operation Scar. Hernia.

9. History *Operated on for left inguinal Hernia in Sept 1916. Says he had pain in scar when on march.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Hernia operation: Scar on left
inguinal region. Healthy looking.
good result. no impulse on
Coughing -

Major Palacios report attached.

11. Was sanatorium
operation advised and refused? ✓

12. Do you recommend discharge as
permanently unfit? ✓

Signature

Geo. Barden

Rank or Qualification

Lieut.

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *Cannot* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) Climate.
 - (c) Ordinary Military Service

Remarks if any:— *a perfect result from the operation. Cannot understand why should cause any pain*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— *nil*

15. Is the disability permanent?

no

16. Has the disability been aggravated by

(a) Intemperance. *no*

(b) Misconduct. *no*

17. The refusal of operation sanatorium is:—

(a) Reasonable. ✓

(b) Unreasonable.

Remarks if any:—

18. We recommend discharge from retention in the Army

Remarks if any:—

Believe this to be a case of malingering that will never make fit soldier

R. L. Fraser

President

Signatures.

J. W. Burden

J. W. Burden

pro Major Paterson

Place *St. John's*

Date *Apr 4 1917*

APPROVED

Station

Date



Clay Macpherson
Administrative Medical Officer. *Major*

COPY

Report of Medical Officer on No. 3290 Pte. J. A. Osbourne,
of Blaketown, T. B., enlisted at St. John's, Dec. 1st.
1916, aged 18 years. Sailed with draft from St. John's
Jan. 31st., arrived in Windsor Feb. 3rd., 1917

This soldier reported on sick parade shortly after arrival suffering from a pain in the Groin. On questioning patient he stated he had been operated on for Hernia at North Sydney less than two months before he enlisted at St. John's. He injured himself by falling while doing ordinary drill. The disability is due to the effect of the operation for Hernia. Patient did not disclose the fact that he had been operated on for Hernia. I had patient removed to the Peyzant Memorial Hospital on Feb. 12th. for observation. He has suffered acute pain periodically. I am of opinion that before patient will be fit for any ordinary Military Service, a further operation will be necessary. I would recommend that this man be returned to Headquarters to be further dealt with there. I am of opinion that present condition of patient was not caused by ordinary Military Service but has been aggravated by same.

(Sgd) L. PATERSON,
Major & M. O.,
1 ST NEWFOUNDLAND REGIMENT
WINDSOR, N.S.

Approved A. MONTGOMERIE
MAJOR, & O. C.

8-3-17

May 17, 1919

#3290 Pte. James Osbourne,

Wabana Mines,

Bell Island, C.B.

Dear Sir:-

Referring to your application for "War Service Gratitude," I beg to state that you are not entitled to same, as you have not served in the Royal Newfoundland Regiment twelve (12) months, and was not Overseas on the 11th November 1918.

Yours truly

Paymaster & Officer i/c Records
Captain

DEPARTMENT OF MILITIA:

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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... *James* 2. Surname... *O'Shorne*

3. Rank... *private* 4. Regt. No. *3290*

5. Address in full to which future payments of gratuity are to be forwarded... *Wabana Prince*

..... *Bell Island*

6. Date of enlistment in the Regiment... *1st Dec. 1916*

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

8. Relationship of such dependents..... *Father*

9. Address in full of such dependents... *Blakelown, J.B.*

..... *P.F.L.D.*

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Not applicable*

..... *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Not applicable*

Enlisted Dec 1st/16
Discharged Apr 18th/19
Send 5 M35.

Next step as Warrant
taken for as
J.A.

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

Not applicable

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.

Not applicable

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

16. Have you, during the present war, served in the Imperial Forces? *No*

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

Not applicable

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *No applicable*

19. Are you now serving in the Regt.? *No* If not give:- (a) date of discharge. *April 18th 1917*

(b) Reason for discharge: physically unfit for war service

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. *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *James Osborne*
 Place of Residence: *Port Moresby Bell Island*
 Declared before me at: *Bell Island*
 This *15th* day of *May* 1919.....

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

S. H. Howes, S.M.

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

Signature of Applicant:

Place of Residence:

Declared before me at:

This day of 19.....

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

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



41 ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, James A. Osbourne, Regl. No. 3290
 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 15/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3315	Wife	James Osbourne	Blaketown T. B.	60
			Total Allotment, \$	60

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.) Frank A. [Signature]
 Officer Commanding
St. Johns Co. Company
Jan 26 1917

(Sig.) James A Osbourne
 (Rank) Pvt.

no

4906

May 6/1914

Captain Howley Dear Sir I
am writing to you for
my application forms
for my gratidue money which
I think is due me. Dis
sir I belong to Blaket
win but I am working
on Bell Island please
adress them to Mr James
Osborne regimental no 3290
Bell Island Walamer
mines

May 13, 1919

3290, James Osbourne,
Wabana Mines, BELL ISLAND.

With reference to your letter of May 6th.
I enclose form of claim for War Service Gratuity,
which kindly have filled out before a Magistrate or
Justice of the Peace, and return to this office.

Lieut.
For Paymaster.

Blaketown

February 12 / 1919

4010

3290

Dear Sir

I am writing to you to know if I am worthy of a silver Badge well sir it was promised to me after my Discharge but I did not receive it yet please let me know if you can get it for me because I have nothing to show I did not do much but I believe I am worthy of him your understand I went away in the wonder

Draft and had the misfortune to get Discharged for a Bad side please try and do your Best and let me know I remain yours truly
 Mr James A
 Osborne Blaketown

J B
 Os J L

James A. Osborne
 J. B.

3290

~~244~~

March 4, 1919

Mr. James Osbourne,
Blaketown.

Dear Sir:

With reference to your letter of recent date, regarding your War Badge, I beg to inform you that your application has been put through, and just as soon as it is received, it will be forwarded on to you.

Yours truly,

Lieut.
For Paymaster.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

May 7 1919

Received from the First Newfoundland Regiment
the sum of Thirty five ⁰⁰/₁₀₀ Dollars.
~~an account~~ of Pay. Clothing
balance

Ch. No. 1980	Initials. J. C. P.
Pay Ledger 200	Initials. J. C. P.
Gen. Ledger.....	Initials.....

Regtl. No. A. C. P. Rank

May 2/1919

Hon. J. L. Bennett
Minister Militia
4260

Dear sir I am
writing to you to know if
there is any money allowed
me for the time I served in
the 47th C.D. Regiment I
never got any suit of clothes
when I was discharged. Mr
Bennet I belong to Blaketown
But I am working on Bell
Island and I am sick and
cannot come after it please
send it to me. Thank you

Address Mr James Osborne

Bell Island Wabana

Number ^{reg} No. 3290

please answer. J. J.


May 17, 1919

Pte. James Osbourne.
Wabana Mines,
Bell Island.

I enclose cheque for \$35.00, amount
due you on account of Clothing Allowance.

Yours truly,

Eapt.
Paymaster.



Blaketown

Trinity Bay

April 17th/17

Lieut. Howley

Dear Sir,


Will you please oblige me by forwarding to me at your earliest convenience the balance due me. Before I came over I was paid 20⁰⁰ and it seems to me according to the time there is a balance yet due. Would like for you to make it square if it is at all possible, and forward to me so that I will not have to come over. Does the Government allow anything towards a suit of civilian clothes? If so will you please do your best. I am sending the uniform by

by Thursday train. If there is an allowance will you forward same. Have not as yet received my discharge papers will you send them along as I may want to use them very soon because I have to go elsewhere to seek employment.

Will you fill in an application for me for a badge as given to all rejected or discharged soldiers. This badge will show that I have done my best.

Hoping to hear from you soon and that you will favour me
I remain sir

Yours very truly
Private James Osborne
Regt. No. 3290.

Dispatching Office Stamp.		No. 60 From <u>Wald Royal</u>
Arrival Office Stamp.		Registered Letter Addressed— <u>Mr J. A. Carbone</u> <u>St. John's</u> Received by <u>A. M. J. B.</u>

April 23. 7

Mr. James A. Osbourne,

Blaketown.

Dear Sir:-

Referring to your letter of April 17th., I enclose cheque for \$10.30 being balance due you at date of discharge.

Yours truly,

Lieut.
Deputy Paymaster.

April 18th, 7.

Pte. James A. Osborne,
Blaketwon, T.B.

Dear Sir,-

I enclose herewith certificate of discharge, dated
April 18th 1917.

Yours truly,

Officer i/c Records.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
1919.

Number of Sheet First

Regiment of 1st. New Foundland

Signature of O. C. Company Mark Aye

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3290</u>	Age on	<u>18</u> years <u>1 1/2</u> months	<u>Miner</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's, N.F.</u> <u>1.17.16</u>	Religion	
Joined	Date	Period of	{ with Colours <u>139</u> years. with Reserve <u>365</u> years.	Place of Birth	
Joined	Date			<u>C. of G.</u>	

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
<p style="font-size: 2em; font-family: cursive;">Discharged Medically Unfit</p> <p style="font-size: 1.5em; font-family: cursive;">St. John's 18 ⁴/₁₇</p>									
To be carried over									

For J. A. Osbourne #4912

See #3290

NUMBER	RANK	NAME	CHARGE TO	DATE
B-118984		Long, John, C. S.	Black. def.	22-11-59
L-28204		Dyann, Joseph R.	Mech. def.	NOV 18 1959
V-50268	NF	Robertson, Harry Jr.	Black. def.	10-12-59
W-4976	P. 4-	Garret (Mrs) Garret	Black. def.	9-8-3-60
V-50268	NF	Roller, D. Wm.	WSR9A	24-3-60
W-4976	May	Garret (Mrs) Garret	Black. def.	9-8-3-60
		Truman, Wm E	PSA	1-20

NUMBER	RANK	NAME	CHARGE TO	DATE
B-118984		Long, John, C. S.	Mach. Sgt	26-10-59
L-28204		Lynn, Joseph R.	Mach. Sgt	NOV 18 1959
W-10716		Radcliffe, ...		10-12-59
V-50268	NF	Rolls, D. Wm	WSR9A	24-3-60
R-21040				
W-4276		Garret (nee: Bell) A	Drapas	28-3-60
P.f-	Maj	Fernstone Wm E	RSA	1/60

for J.A. DeLoren #4912
see #3290

NUMBER	RANK	NAME	CHARGE TO	DATE
W 300369		HAUSSER Freda	OS	7-11-55
A 5324		Smith David Wm	A4A	3-12-58
N-13131		Lavolette Richard R	Pers N	14-12-59
U-48062		G.Y. Masson	D/OmpriC	14-1-60
V-49606			Navy CR	25-1-60
V. 2126		Linton R W.	La Baptiste	11/3/60
61998	CFE	Pons Juan	Baptista	R9 20-5-60
	7/1	Patterson M E	RI	25-5-60
	Capt	Russell J	RI	10-60
	4/1	Russell H R	RI	21-60
636819		Fitzgall Geo Albert	OS	27-60
2380833		Dennis William Henry	RS	4-9-60
	Lt Col	Lowland JPT	RI	1-60
482035		Hooper John E.	SA.	22-9-60