



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5336 Name John Pittman Corps With.

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>John Pittman</u>                          |
| 2. What is your full Address? .....  | 2. <u>Little Bay East</u><br><u>For the Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                   |
| 4. What is your age? .....   | 4. <u>13-1</u> Years <u>7</u> Months            |
| 5. What is your Trade or Calling? .....  | 5. <u>Footman</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, John Pittman 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.

M.E.P.  
23-8-18

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

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

I, John Pittman 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 22nd day of May 1918.

Signature of Attesting Officer Charles Crichton

### †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 May 22nd 1918 }  
Place St. John's } 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

5336

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

Name John Pittman  
 Apparent age 21 years — months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion H inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Isaac Pittman  
Little Bay East, 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 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 <del>United States</del> engagement reckons from <u>23-5-18</u>									
Joined at <u>St John's</u> on <u>May 23-1918</u>									
<del>Discharged August 31 1919</del>									
<del>Embarked St John's St. Columella to Halifax N.S. 22-7-18</del>									
<del>Left for demobilization 24-6-1919</del>									
<del>Arrived Newfoundland 1-7-1919</del>									
<del>Demobilization St John's 8-8-1919</del>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge)									
Pensions " " " " " " " " " " " "									

1 years 78 days

C.R. 5336

Extract from Daily Orders part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c records from noted date 8-8-19.

5336, Pte. J. Pittman.

C.R. 5336

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

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

5336 Pte. J. Pittman.



C.R. 5336

Extract from Daily Orders Dayroll Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5336 Pte. J. Pittman,

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

C.R. 5336

Counter No. \_\_\_\_\_

**NEWFOUNDLAND POSTAL TELEGRAPHS.****Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

**(NOT TRANSMITTED)**

Signature of Sender

Maria Pittman

Address

Little Bay, East

~~XXXXXXXX~~Line  
Number

Rcd

By

Sent

by

Check

Dated

May 28 1919

Min of Militia

Kindly inform me if No 5200 and 5336 are

passengers by Corsican

Maria Pittman.

**FOR TYPEWRITER**

C.R. 5336

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

#5336 Pte. John Pittman.

Attested for General Service with the Royal Hfld.  
Regt. from 23.5.18

C.A. 5336  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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

(NOT TRANSMITTED)

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

Line Number	Rcd	By	Sent	by	Check

Dated

To

Mrs. Maria Pittman Little Bay East.

May 29th.,

5200 Thornhill being discharged in United Kingdom

5336 Pittman not with draft.

A.E. HICKMAN

MINISTER OF MILITIA.

FOR TYPEWRITER

Extract from Daily Orders part 11, from Unit The Royal  
Wilt. Regt. St. John's, dat d July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbelle" July 25, 1918.

#5336 Pte. John Pittman.

J. Pittman

C.R. 5336

1890





Pittman, J

5336

May & Sept.

August 8th 1919.

#5336m Pte. J. Pittman,  
Little Bay St. Fortuna.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3653.

Yours truly,

Capt. &

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5336 Rank PLC Name Pittman J  
 Intended place of residence Little Bay East Fortuna

2. Occupation Fisherman  
 Classification of soldier E Medical Category A L

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 11 1919

Mess 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 11 1919

J. Pittman  
 Signature of soldier

J. Snow  
 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

John Pittman  
 Signature of soldier

James O'Sullivan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military  
 Discharged from service JUL 25 1919 Plus 14 days Service 443

### 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 in Charge 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

A. Stoeley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment

9  
20  
31  
8  
28

CR 713 207 91 3053

# The Royal Newfoundland Regiment

Class for Demobilization  
 6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 10.7.19 .....

Regimental No. ... 5336 .....

Name ..... Pittman John .....

Address ..... Little Bay East .....

Present Medical Category ..... A. ; .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

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

P. P. P. Senior Medical Officer

B. B. B. M. O. Depot

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 5326 Rank PLC Name Pittman, J.  
 Date of Enlistment 23.5.18 Address Little Bay East District Fochina  
 Occupation Soldier Classification for Discharge 6 Medical Category A.F.  
 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

H. M. St.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOLIBIZATION

#### 1. Civil Re-Establishment.

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

John Pittman  
Witness

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 AM Blomquist

Date 11.7.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2334.9889 to his home at Little Bay East and Release Certificate No. 3488 issued.

Date 11-7-19

*J. H. Snowcroft*  
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. Snowcroft*  
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
F 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 11-7-19

*J. H. Snowcroft*  
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

*D. R. Cooper Capt.*  
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.

*T. J. Tattman*

Signature of Man.

Reg. No. 6336

X

*J. A. Samuelson*

Signature of the Vocational Officer or his Representative.

Place

*M. Johns*

Date

*11-7-09*

191



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

# MEDICAL HISTORY

Surname Pittman OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Little Bay East County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	22 <sup>nd</sup>	May		191
Declared Age	at	21	at	
Trade or Occupation	Fisherman		years	days
Height	5	5 1/4	feet	inches
Weight	135		lbs.	lbs.
Chest Measure-ment	Girth when fully expanded		36	inches
	Range of Expansion		4	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
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>Lammie Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	22 <sup>nd</sup>	at	
	on	22 <sup>nd</sup>	on	
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld. Regiment.</u>			
	1336			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John Pittman*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5336*

Intended address *Middle Little Bay, Cesh.*

Height on discharge *5* Feet *6*.

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Isaac.*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Little Bay, Cesh. 2nd July 1826*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full) *John X Pittman*

*Lt*  
(Rank)

Station *ST. JOHN'S* Date *7. 7. 77*

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



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

Station

Date

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 Hussar Guards Former Trade or Occupation } Fistmaker
2. Regtl. No. 5336 3. Rank. Plt 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name Pittman John  
(Surname) (Christian Names)
5. Age last birthday. 22
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 v (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? } .. . . . ✓

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 positions 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.)

*No complaints of no 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.

*Retraction*

*W. B. Pevener, Capt R.A.M.C.*  
Medical Officer in charge of case.

Station *Hazley Town*

Date *2/1/19*

\* 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

August 16, 1919

Mr. John Pittman,  
Little Bay East, F.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 I/C

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

Christian name..... *John* ..... 2. Surname..... *Pitman* .....  
3. Rank..... *Pte* ..... 4. Regtl. No. .... *5336* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Little Bay East Fortune Bay* .....  
6. Date of enlistment in the Regiment..... *May 27/18* .....  
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..... *m* .....  
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 Mfld, If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Fourteen months* .....  
..... 13. ....



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 Regt.? If not give - (a) Date of discharge (b) Reason for discharge.

*no*  
*July 25/19*  
*Demob*

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.

*Explored*

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.

Signature of Applicant:

*John K. R. Man*

Place of Residence:

*Little Boy East. Johns Bay.*

Declared before me at:

*St Johns*

This

11 day of

*July*

19...19...

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

*John M. ...*

POST DISCHARGE PAY.

Date paid

Paid

Paid

War Service  
Gratuity.

Net amount  
due

Soldier. Dependent.

Certified correct.

Paymaster



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

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Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

John Pittman

in respect of his service as No. 5336 Rank Pte.

Name J. Pittman Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Medal November 5<sup>th</sup> 1921

Signature \_\_\_\_\_

Date November 17<sup>th</sup>

Address John Pittman Little Bay East  
Lockport Bay

[P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

9  
*Royal Newfoundland*

Number of Sheet 111  
Signature of O. C. Company P. D. Dickshier

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>5356 P. H. Mearns</u>	Age on	<u>21</u> years <u>0</u> months	<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion		
Joined	Date	Period of	<u>28 5 19</u>	<u>Methodist</u>		
Joined	Date	with Colours	<u>1 7 18</u> years.	Place of Birth		
Joined	Date	with Reserve	<u>3 6 18</u> years.	<u>St. John's</u>		

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>St. John's, N.S.</u>	<u>1918</u> <u>July 30.</u>	<u>Pte.</u>		<u>Absent from 2 pm Parade</u>	<u>C. S. St. J. Gardner</u>	<u>2 Days C.D.</u>	<u>30/7/18</u>	<u>Capt. L. Murphy</u>	<u>Law</u>
				<u>Demobilized 5/19</u>					

To be carried over.

Army Form B. 121.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfound Land* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5536* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Pittman* *John* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *22*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury it was 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 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. If 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? }

*The complainant 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?

*Repatration*

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. Preunier* .. *Capt. R.A.M.C.*  
 Medical Officer in charge of case.

Station .. *Hazley, Devon*

Date .. *2.14.19* .. .. .

\* 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

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5326 Rank Plt Name Pittman J. J.  
 Date of Enlistment 23.5.18 Address Little Bay East, Fortuna District 6  
 Occupation Lieutenant Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	3
B 178a	D 400A	B 1915	1	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

*H. M. West*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*John J. Pittman*  
*with*  
*Mareman*

Particulars passed to Vocational Officer for information and action.

Date .....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £ 50.00

(b) Clothing Supplied all clothing

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 72334-4889 to his home at Sidley Bay East and Release Certificate No. 3488 issued.

Date

11-7-19

*J. H. Shoveloff*  
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 8-3-19

Date

11-7-19

*J. H. Shoveloff*  
Depot Paymaster.

Discharge approved for:

20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date

11-7-19

*J. H. Shoveloff*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUL 25 1919

*N.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date

Aug 7/19

Reg. No. *1936* Rank *Pfc* Name *Hoffman J E*

Attested *v* Address *Little Bay E*

Allotment Allottee

Date of Allotment Returned from Overseas *Jul 1 1919*

Returned on S S *Castandra* Cause *Discharge*

*11 2 49* PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION