



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. _____

1169.

Name in full _____ Age _____

Address James Thornton Power _____ 20.

Married Magety Street _____ Height 5. 4 _____ Weight 120

Single _____

Color _____ Hair _____ Eyes _____

Other distinguishing marks _____

Nearest relative _____

Address Thomas Power _____ (Father)

Dependent Magety Street _____

Occupation Father _____ Present Wage _____

Previous service Seaman _____ 7/100 per day

Decorations _____

General Remarks _____

Date of Enlistment _____

20th Feb. 1915.

I, James T. Power, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this _____ day

of 1st 1914

James T. Power

Charles S. [unclear]

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1189

Name James Thornton Power

Apparent age 20 years months. Height 5 feet 4 inches.

Chest measurement (Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks



INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Thomas Power, Hagerty St., St. John's

| 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 | Regt. or Depot | Promotions, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in which served 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>20/2/15</u> | | | | | | | | | |
| Joined at <u>St. John's</u> on <u>20th February '15</u> | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total Service forfeited as above | | | | | | | | | |
| Total Service towards Engagement to (date of discharge) years days | | | | | | | | | |
| " " " Pension " (") " " | | | | | | | | | |

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1169

Name James Thornton Power

Apparent age 20 years months. Height 5 feet 4 inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Thomas Power, Hagorty St., St. John's

| 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 | Regt. or Depot | Promotions, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | Service not allowed to reckon to reckon towards G. O. Pay | Signature of Officers certifying correctness of entries |
|--|----------------|---|-----------|-------|--|---|---|
| | | | | | years | days | |
| Service towards limited engagement reckons from <u>20/2/15</u> | | | | | | | |
| Joined at <u>St. John's</u> on <u>30th February '15</u> | | | | | | | |
| | | | | | | | |
| <p align="center"><i>Discharged March 20/1919</i></p> <p><i>Embarked St. John's St. Stephens 22.4.15. Disembarked St. John's 14.11.15 Landed</i></p> <p><i>Selva Bay 12.15 disembarked and arrival 15.1.16</i></p> <p><i>Embarked to Selva 11.3.16 Disembarked Harville 22.8.16</i></p> <p><i>Admitted 8924 transport 1915. Sailed 20.4.16 Admitted 37th C.C.S. France 11.8.16</i></p> <p><i>Discharged to Camp. 10th Haur 14.8.16 Discharged to Fort 1.6.16 Reopened Bath 10.6.16</i></p> <p><i>For discharge time 1 year 20.6.16 transferred to low land 2.7.16 transferred for</i></p> <p><i>duty at 17.7.16 returned to 15.8.16-16 Admitted 87th Bn 7th C. 20.7.16</i></p> <p><i>Involved at Craghead 5.8.17 Admitted Hauls work 8.8.17 Furlough 24</i></p> <p><i>attached comm sub depot 16.11.17 Attached H.G. depot 22.1.18 Admitted 420 20.1.18</i></p> <p><i>to transport base for discharge 20.1.19 Arrived Mld 14.2.19</i></p> <p align="center"><i>Demobilization St. John's 28.3.19</i></p> | | | | | | | |
| Total Service forfeited as above | | | | | | | |
| Total Service towards Engagement to <u>28-3-19</u> (date of discharge) <u>4</u> years <u>37</u> days | | | | | | | |
| " " " Pension " " " " " " " " | | | | | | | |

J. Power

1169

P. & P. G.



REGIMENTAL NUMBER 1169

COMPANY 7

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my
discharge.

Subject to the Army Act, The King's Regulations
and to such ordinances as may apply, or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.

§ George V.

Chapter IV.

Signed J Power
Witness Henry Jackson

Dated at Acyr.

July 17 1916

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.Date 4 DEC 1918

1. Unit ROYAL NEWFOUNDLAND REG.
2. Regimental No. 1169
3. Rank PTE.
4. Name POWER
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

*Meningitis*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*Developed Meningitis in France
Greatly treated, successfully in
London later was charged
Command Depot 2111 Jan'y 1918.
Has been on light employment
ever since.*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Exposure to active service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of headaches occasionally & slight boldness otherwise credible to carry out light employment.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W. J. C. P. 1
C. P. 1

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

_____ President.

Station _____

Date _____

_____ Members.

Approved.

Station _____

Date _____

_____ Administrative Medical Officer.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Horton Power, Regl. No. 1169
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and twelve - 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. :

| Identity Certificate | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|----------------------|---|----------------|--------------------|----------------------|
| 1061 | Father | Homes Power | 17 Haggerty Street | 60 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | |

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.) E. H. [Signature]
 Officer Commanding

Company

(Sig.) James Horton Power

(Rank) Private

S. Johns 17
121/61
 1915

No. 1169 Rank Pte Name Power J. Y.

| | | |
|-----------------|--------------------|-------|
| Pay | F.A. ¹⁰ | TOTAL |
| 1 00 | 10 | 110 |
| Less: Allowment | | 60 |
| Net Rate | | 50 |

| DEBITS | Date | £ s d | CREDITS | Period | | Days | Rate | % | £ s d | % | £ s d |
|---------------------------------|---------|--------|-----------------------|--------|------|------|------|----|-------|----|--------|
| | | | | From | To | | | | | | |
| a B 64 Deformed 2 days Pay 9/11 | | | Balance | | 8/17 | | | | | | 4 11 4 |
| Balance | | 9 11 | Pay @ Net Rate | 9/17 | 9/17 | 151 | 50 | 75 | 50 | 15 | 10 3 |
| Acquittance rolls | 3 | 6 0 | Ration Allowance | | | | | | | | |
| Hospital Advances | 2 | 15 0 | 6/11/17 to 15/11/17 = | | | | | | | | |
| A.B. 34 | | | 10 days @ 2/- | | | | | | | | 1 0 0 |
| P. & R.O. Payments | 4 | 10 0 | £ 9-17-0 | | | | | | | | |
| Deformed 1 days Pay | | 4 6 | | | | | | | | | |
| | 11-4-7 | | | | | | | | | | |
| Receipt No. 4354 | 6/11/17 | 9 15 0 | | | | | | | | | |

N. 2. 1. 2. 3.

21-1-7

L. 1169

| | |
|----------------------------|-------------|
| 1871 NEWFOUNDLAND REGIMENT | |
| PAY & RECORD OFFICE | |
| Ref. No. | 1249 |
| Reg'd. | MAY 12 1917 |
| Acc'd. | |
| Ans'd. | 12-5-17 HAA |
| File No. | |

1/2 Mrs. Carl,
61 Cathart St.
Gloucester, S.S.

Dear Sir,

As a friend of mine by the name of James Thornton Poves No. 1169, 1st Newfoundland Regiment was fighting in France at the time of the recent change, & whom I have not heard from since then.

I have heard of James Poves who was killed & it would give me great pleasure if you would please inform me if it is the same James Poves No. 1169.

Y^r O^blige,

Your Obedient Servant,
Bessie Lawson.

1169 Poves
M.H.

~~1169~~ ~~11114~~



Mrs J Thornton Power has
Permission to draw
£2 from his pay
book signed
C Mayne

~~Receipt No 3994~~ ~~Walter~~

No.

N.F.P./45.

NEWFOUNDLAND CONTINGENT

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

Please remit to

J. Power from Pay Book

the sum of 2 pounds _____ shillings, on
account of any balance that may be due to me.



Regtl. No. 1169 Rank Pte

Name J. Thornton Power

Approved C. Wayne
Officer i/c., Walton

Brooklands Military Hospital.

Dated at Brooklands M. Hospital
Weybridge Oct 1917.

10/10/17
C. H. E. 2. v. h.

BRANCH

Pay

ACTED UPON

Brooklands *BY* Night Hospital
DATE

To G C

1st N F L D Pay & Record Office

Please remit from Pay Book the sum
of 10 Shillings

1st N F L D Regiment

1169 Pte G Power

OK HC
25-10-17

£0-10-0

| | |
|----------------------|-------------|
| 1ST N F L D REGIMENT | |
| PAY & RECORD OFFICE | |
| Pay No. | 6200 |
| Date | 25 OCT 1917 |
| <i>Chapman</i> | |
| <i>Matron</i> | |



11319/39

11319/39

28th, October

Brooklands Military

Weybridge, Surrey.

1169Pte. J. Power

O.10.0.



Cable 1367

~~1169 The G. Power~~

1st Lt N 27 LD Regt

7 Coy. 22nd Batt. 24 Camp

N. C. Depot

1 Major Timewell
Dear Sir

As I am getting leave at
New Year would you kindly oblige me by
sending a cable to my Father Mrs. T. Power
10 Barron Street, St. Johns Newfoundland for
the sum of £5. pounds.

And Oblige

Your Obedient Servant
1169 J. Power

| |
|------------------------------------|
| RECORDED & INDEXED COMM. OFFICE |
| 4980 |
| 19 DEC 1917 |
| AM'D |
| RECORDED |
| INDEXED |
| NOV 1917 |
| 1169 |



WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

| | | | | | | |
|--------|--|--------|--|-------------------|----|--|
| Prefix | | Code | | SENT | | FOR STAMPS |
| WORDS | | CHARGE | | To | By | THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS. |
| ✓ 16 | | 2 1/2 | | VIA WESTERN UNION | | |

19/12/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM T POWER 10 BARRON STREET

STJOHNS (Newfoundland)

PLEASE CABLE FIVE POUNDS THROUGH MINISTER MILITIA

J POWER

16
 2 1/2

 32
 8

 40
 3 ✓



H.C.

Charge to Power
 1169 Pte J.



Authorised.

NOT TO BE
TELEGRAPHED.

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

Signature

Address

53 Victoria St. S.W. 1.

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



No. 14525/81

28 DEC 1917 NEWFOUNDLAND CONTINGENT

N.F.P. /73.

From Chief Paymaster ORDERLY ROOM Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To Officer Commanding,
Northern Command Depot
Ripon.

Subject: 27th December 1917

29 - 12 JAN 1918 7

Subject: 1169, Pte. J. F. Power

With reference to the following telegram (8138) from the Hon. Minister of Militia, received 25 / 12 / 17

Receipt herewith.
Capt
Office Comdg.
Northern Command Depot
J. F. Power

"Pay to 1169, Power, £5:0:0"

Draft £5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £ 5-0-0 on account of cable remittance from Newfoundland.

J. W. Marshall
Chief Paymaster & O. i/c Records.

J Power
No 1169 Rank Pte

No. 7416/599
~~1169~~

838467



NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

10th May 191⁸

Subject: 1169, Pte. J. F. Power

With reference to the following telegram (4221) from the Hon. Minister of Militia, received

Pay to 1169 Power £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A. D. Minchall
Chief Paymaster & O. i/c Records.

May 13th 191⁸

Receipt hereunder.

Cham City
Officer Commdg. 1 Batt'n
Royal Newfoundland Regiment

Received the sum of Two

Pounds on account of cable remittance from Newfoundland.

J Power
No. 1169 Rank Pte

18178. to Y. Father

Governor

Have we rec'd all?

to Capt Marshall

No. forms rec. necessary forms
attached. W.S.

Governor

Forms have already
been sent to Capt
See file attached

1169 Pte Power J. J. - Depot.

Form K. 1178 from 24/4/15 Allet 60^c

Payable to Thomas Power (Father)

J.P.

NEWFOUNDLAND CONTINGENTCANCELLATION OF ALLOTMENT

I, (No) 1169 (Rank) PLC (Name) Power J. J.
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 1178 dated April 24/18 in favour of
Father, Thomas Power.
 for \$ 2 cts 60 per diem.

Such cancellation to take effect on the Thirtieth day of
August 1918.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at

_____ 191

 Allotter.

Approved and Witnessed:

O.C. " " Company.

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENTCANCELLATION OF ALLOTMENT

1. I, (No) 1169 (Rank) Plt (Name) Dawson, J.F.
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 1178 dated April 24/15 in favour of
Father, Thomas Dawson
 for \$ 5 cts 60 per diem.

Such cancellation to take effect on the Thirty first day of
August 1918.

2. I agree to accept all risks and consequences of this application, failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at _____

_____ 191

 Allotter.

Approved and Witnessed:

 O.C. " " Company.

To be made out in TRIPPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENTCANCELLATION OF ALLOTMENT

1. I, (No) 1169 (Rank) Plt. (Name) Power J. F.
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 1178 dated April 24/18 in favour of
Father, Thomas Power
 for \$ 60 cts per diem.

Such cancellation to take effect on the thirty first day of
August 1918.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above nominated cancelling date; and that in the event of such non-delivery, and thereby the allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at

_____ 191

Allotter.

Approved and Witnessed:

O.C. " " Company.

To be made out in TRIPLICATE and delivered at the Pay & Record Office not later than date of cancellation, in accordance with P.&R.O. C.L./10, 9/12/16.

NEWFOUNDLAND CONTINGENT

From:

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

To: Officer Commanding,

191_____
191ALLOTMENT

No. _____

With reference to the enclosed application for cancellation of Allotment of the above-named, / / (), kindly ascertain and advise:-

1. Whether the Allotment is payable to a dependent as a sole or contributory means of support?
2. Whether Separation Allowance (in addition to Allotment) is being paid to any person in Newfoundland or elsewhere on his behalf, and if so, to whom?
3. The reason for cancellation.

Should the Soldier's reply to "2" be in the affirmative he should be informed that Allotment may not be cancelled without reference to the Minister of Militia in Newfoundland, to whom reason for cancellation will require to be submitted.

Major,

Chief Paymaster & O. i/c Records.

ORIGINAL

NEWFOUNDLAND CONTINGENT

| |
|--------------------------|
| ENTERED. |
| PAY LEAFS <i>11/12</i> |
| N.M. ROLL |
| ALLOT. INDEX <i>11/1</i> |
| " REGISTER <i>11/1</i> |
| EXAMINED <i>11/1</i> |

CANCELLATION OF ALLOTMENT

1. I, (No) 1169 (Rank) Pte. (Name) Power J.R.
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 1178 dated April 24/18 in favour of
Father Thomas Power.
 for \$ cts 20 per diem.

Such cancellation to take effect on the 31st day of
July ~~July~~ August 1918.

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above-nominated cancelling date, and that in the event of such non-delivery, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at Highley Down Camp
Monkchester
August 1st 1918

J. J. Power
 Allotter.

Approved and Witnessed:

J. H. Readell
 O.C. "A" Company.



N.B. - To be made out TRIPLICATE and delivered to the Pay & Record Office not later than the date of cancellation in accordance with P. & R.O. C.L./10, 9/12/18.

| | |
|----------------------|----------------|
| P. & R. O. C.L. - NT | |
| M. of N. | <u>1271/12</u> |
| O.C. 1st. Bn. | |
| " 2nd. Bn. | |
| AUG 1918 | |

MEMORANDUM.

CHIEF PAYMASTER & OFFICER I/C RECS.

NEWFOUNDLAND CONTINGENT
From SS, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.From Officer Commanding,
2nd Bn. Royal Newfoundland Regt.
Hazelby Down Camp.To Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.To The Chief Paymaster,
Royal Newfoundland Regiment,
London, S.W.

ANSWER.

Pay & Record Office,

5th July 1918

August 3rd 1918

1169, Pte. J. F. Power,With reference to the
following telegram from the
Minister of Militia, 29/6/18,
(5907):-"Please advise 1169
"Power father consents to his
"stopping allotment of pay"If as is understood
that Pte. Power desires to
cancel his allotment, kindly
complete and return the en-
closed cancellation of allot-
ment forms, please.Herewith N.F.P/12
completed.NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.RECORDED BY 7013
REC'D 5 JUL 1918
ACK'DCOMMANDING, 2ND BN. ROYAL NEWFOUNDLAND REGT.
LIEUT. COLONELBY
Comd
P & R
R & C
B & F
P.S.Major,
Chief Paymaster & O. i/c Records.

FM/S

ENCLOSURE

Power, Jas.

1169

Ray Sept

March 28, 1919

#1169 Pte. James T. Power,

#7 Duggan St.,

City

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1522."

Yours truly,

Paymaster & i/c Records Captain.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1169 Rank Private Name Power Jas
 Intended place of residence St Johns
2. Occupation Cabman
 Classification of soldier B Medical Category E
3. The above named man is discharged in consequence of.....

Eligible for War Service Gratuity

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

Place

Date MAR 14 1919

H. M. S. Lant
 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACT.

Place and date St Johns
14-3-19

Signature of soldier

Signature of witness

J. Power
 Signature of soldier
Joseph A. Bowley
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S14-3-19

Signature of soldier

Signature of witness

J. Power
 Signature of soldier
J. Caban
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19.2.15 No of days on Military
 Discharged from service 14.3.19 Plus 14 days Service 1499

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'SDate MAR 14 1919

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

CONFIRMATION OF DISCHARGE

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

Place St Johns, NfldDate March 28/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

20 B 2079/1577

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1169 Rank Plt Name Lower James
 Date of Enlistment 10-2-15 Address St John's District St John's
 Occupation Cabman Classification for Discharge B Medical Category F
 Recommendation S.M.B. per command Disability Rating 60% Smith's
 Passed to Demobilization Officer with following documents:—

| | | | | | | |
|----------|----------|----------|---|-----------|--------|---|
| N.F. F36 | B 268 | B 121 | 1 | N.F. Med | D.F. 1 | |
| B 178 | W 3494 | B 122 | 3 | Board 1st | " 2 | 3 |
| B 178a | 1 D 400A | 1 B 1915 | | do 2nd | " 3 | |
| B 179 | 2 D 400B | Form L | | do 3rd | " 4 | |
| B (179a) | D 400C | Form K | | do 4th | " 5 | |
| B 179b | B 103 | 2 ME 2 | | | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 3-3-19 H Mrs H
 O.C. Discharge Depot

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Lower

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied Joseph A. Snowling

Date 14-3-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at _____ and Release Certificate No. 1532 issued.

Date 14-3-19
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 28-3-19

Date 14-3-19
Depot Paymaster.

Discharge approved for 14. 3. 19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|----------------|-------------|-------------|----------------|-------------|
| N.F. Pj36..... | 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 14. 3. 19
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 14 1919

Date
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname Power OF Christian Name James

Table 1.—GENERAL TABLE.

Birthplace:—Parish St Johns County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|---|------------------------|----------------------------|---------------------------|
| | on _____ day of _____ 1915 | at _____ | on _____ day of _____ 191 | at _____ |
| Examined | on <u>19</u> day of <u>Feb</u> 1915 | at <u>St Johns</u> | on _____ day of _____ 191 | at _____ |
| Declared Age | <u>29</u> years | <u>6</u> months | _____ years | _____ days |
| Trade or Occupation | <u>barman</u> | | | |
| Height | <u>5</u> feet <u>4</u> inches | | | |
| Weight | <u>120</u> lbs. | | | |
| Chest Measurement | Girth when fully expanded... <u>31</u> inches | | | |
| | Range of expansion... <u>35</u> inches | | | |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | | | | |
| When Vaccinated | | | | |
| Vision | R. E.—V= <u>1906</u> <u>4/12</u> | | R. E.—V= | |
| | L. E.—V= <u>4/9</u> | | L. E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | | | | |
| (b) Slight defects but not sufficient to Cause Rejection | | | | |
| Approved by (Signature) | <u>J. P. Patterson</u> | | | |
| (Rank) | <u>Capt.</u> | | | |
| | Medical Officer. | | Medical Officer. | |
| Enlisted | at <u>St Johns</u> | at _____ | on _____ day of _____ 1915 | on _____ day of _____ 191 |
| | on <u>20</u> day of <u>Feb</u> | | | |
| | Corps. <u>1874/164</u> | Regtl. No. <u>1169</u> | Corps. | Regtl. No. |
| Joined on Enlistment | | | | |
| Transferred to | <u>Newfoundland</u> | | | |
| Became non-effective by | | | | |
| (Signature) | | | | |
| (Rank) | | | | |



Table II.—Only for admissions to hospital or to the sick list in the 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 | | | | |
| <i>3</i> <i>General Hospital</i> <i>Wandsworth.</i> | <i>5</i> | <i>5</i> | <i>17.</i> | <i>6</i> | <i>11</i> | <i>17.</i> | <i>197. Inf. membr.</i> <i>brani.</i> | <i>20</i> | <i>Reported tick in drains. Meningitis. Lumbar</i> <i>puncture fluid contained Pneumococci. No symptoms</i> <i>an abs — enlarged.</i> | <i>Warrant Officer</i> <i>Capo Ramo.</i> <i>R. J. J. J.</i> Lt. Col., R.A.M.C., M.O. 1/6 Northern Command Depot, RIPON. |
| <i>A. G. D.</i> <i>Ripon</i> | <i>14</i> | <i>11</i> | <i>14</i> | <i>11</i> | <i>1</i> | <i>18</i> | <i>—</i> | <i>55</i> | <i>Lat. B III</i> | |

Table II.—Only for admissions to hospital, or to the sick list, in the 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 | | | | |
| <i>St. Andrew's Hospital Bardonia.</i> | <i>5</i> | <i>5</i> | <i>17.</i> | <i>6</i> | <i>11</i> | <i>17.</i> | <i>197. Inf. memb. brain.</i> | <i>70</i> | <i>Reported rock in drainage. meningitis. Limber fracture. Phlegm contained Pneumococci. No symptoms in abs — subacute.</i> | <i>W. S. M. G. L. J.</i> <i>Cap. G. M. O.</i> <i>H. J. G. L. J.</i> Lt. Col., R.A.M.C. M.O. 1/6 Northern Command Depot, RIPON. |
| <i>A. G. D. Ripon</i> | <i>14</i> | <i>11</i> | <i>14</i> | <i>11</i> | <i>1</i> | <i>18</i> | <i>---</i> | <i>55</i> | <i>Lat. B III</i> | |

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


| Date | Brief Details, and Signature |
|-------------|--|
| 11-1-918 | <p><i>Bill (Linn) 6 Months</i> <i>Dr. Tibon</i></p>  |
| 28 JUN 1918 | <p><i>Boarded at Hazelley Down Camp — Marked</i></p> <p><i>W/O Passage</i></p> <p><i>Major Name</i></p> <p><i>more</i></p> <p><i>Capt Name.</i></p> |
| 5 DEC 1918 | <p><i>HAZELEY DOWN CAMP.</i></p> <p><i>Recommended Refractive</i></p> <p><i>more</i></p> <p><i>Cipao. ROYAL NEWFOUNDLAND REG.</i></p> <p><i>It is hereby certified that this s. Lieut. has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category E</i></p> <p><i>22-2-19</i></p> <p><i>Dr. Tibon</i> <small>Captain</small></p> <p><i>Discharge</i> <small>Discharge</small></p> |

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|-------------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| <i>St John's R.F.C.</i> | | | | | |

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
Fahman

J. Power
Signature of Man.

Reg. No.

1169

Signature of the Vocational Officer or his Representative.

C. W. Dickes C. S.

Place

Pt. Toxno

Date

14-3-19

191

S. M. B.

THIS TICKET TO BE SHOWN AT THE GANGWAY AND RETAINED BY THE SOLDIER

The Royal Newfoundland Regiment

DISEMBARKATION TICKET

Group No. 1-

No. 1169. Rank *Spl.* Name *Co. J. Pender.*

Address *4 Duggan St. St. John's*

PASS. You are granted permission to be absent from Depot until **FEB 18 1919** on which date you will report for demobilization. (see over)

EMPIRE BARRACKS
ST. JOHN'S, N.F.

[Handwritten Signature]

COMMANDING DISCHARGE DEPOT

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.
 Date 3-12-18.

- 1. Unit ROYAL NEWFOUNDLAND REG.
- 2. Regimental No. 1169
- 3. Rank Plc.
- 4. Name POWER.
- 5. Age last birthday
- 6. Enlisted { on Feb. 1915
at
- 7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Meningitis

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*Developed Meningitis
 Proven Area. Treated
 successfully London,
 later discharged Command Depot B III.
 Jan'y 1918. Has been on light employment
 ever since*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Exposure active service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of head aches occasionally and slight giddiness, otherwise cured able to carry with light employment.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

MAR. 1916
ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station _____

Officer in charge of Hospital.

Date _____

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

Para 96. Has a cough in the mornings. Nothing in lungs. Still debilitated

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

Yes

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

infection

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degree of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

60% 3 months

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

E

Signatures:—

Station *S. Johns*

Date *Feb 21/19*

[Signature] President.

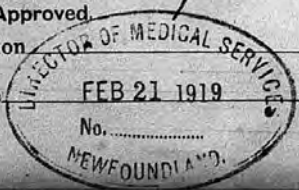
[Signature] Members.
[Signature]

Approved

Station _____

Date _____

[Signature] Administrative Medical Officer. *Major*





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 *James J. Power*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1169*

Intended address *9 Barron Street*

Height on discharge *5 Feet 6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *The skin*

Figure on discharge *Thomas*

Christian name of Father *Thomas*

Christian name of Mother *Kate*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's 4-8-1895*

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 Power* *lt*

(Rank)

Station *St. John's* Date *18-2-19*

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 i/c Hospital.
Unit, or Command Depot.





Casualty Form—Active Service.

Rank Private Regiment or Corps 7th Buff Cavalry Christian Name James **2255**
 Religion Surrogate Age on Enlistment 20 years — months.
 Enlisted (a) 1/1/16 Terms of Service (a) Duration of War Service reckons from (a) 20/2/18
 Date of promotion to present rank — Date of appointment to lance rank 15.7.17
 Extended { } Re-engaged { } Qualification (b) —
 or Corps Trade and Rate —
 Signature of Officer. —

| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form 'A. 35, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form 'A. 35, or other official documents |
|----------------|-------------------------|--|-----------------------------|---------------------|---|
| Date | From whom received | | | | |
| | | | Embarked <u>Southampton</u> | <u>12-12-16</u> | |
| | | | Disembarked <u>France</u> | <u>13-12-16</u> | |
| <u>29.1.16</u> | <u>Defined</u> | <u>1 Days Pay (Def of War)</u> | <u>France</u> | <u>13/12/16</u> | <u>6/810 50B</u> |
| <u>29.1.16</u> | <u>Defined</u> | <u>2 Days Pay (Def of War)</u> | <u>France</u> | <u>22/12/16</u> | <u>6/810, 29B</u> |
| | <u>Unit</u> | <u>Joined Battalion</u> | <u>France</u> | <u>25/12/16</u> | <u>B213</u> |
| | | | <u>With BATT. 23. I. IV</u> | | |
| <u>21.7.17</u> | <u>cc Unit</u> | <u>Admitted to hospital in the field</u> | | <u>18 July 1917</u> | <u>B 213</u> |
| <u>21.7.17</u> | <u>cc Unit</u> | <u>Ad Hospital</u> | | <u>20.7.17</u> | <u>B 213</u> |
| <u>22.7.17</u> | <u>87 FA</u> | <u>Ad. p. 11. 19/7/17 trans</u> | <u>4 B. B. S.</u> | <u>20.7.17</u> | <u>60 7916</u> |
| <u>23.7.17</u> | <u>2 Stat. Hosp</u> | <u>Ad. do</u> | <u>Abbeville</u> | <u>23.7.17</u> | <u>60 3034</u> |
| <u>30.7.17</u> | <u>1st A. Gen. Hosp</u> | <u>Ad. do</u> | <u>do</u> | <u>25.7.17</u> | <u>HA 12027</u> |
| | <u>H. Andrew</u> | <u>Invalided to England</u> | | <u>8.8.17</u> | <u>W 3083</u> |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Sibbing-Smith, &c.

Casualty Form—Active Service.

759

Regiment or Corps Newfoundland Regt
 Regimental No. 1169 Rank Pte Name James Power
 Enlisted (a) _____ Terms of Service (a) War Service reckons from (a) _____
 Date of promotion } _____ Date of appointment } _____ Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|----------------------------------|--------------------|--|---------------|----------------|--|
| Date | From whom received | | | | |
| | | Embarked St. John's, NFLd. | | 30.4.15 | |
| | | Disembarked Gallipoli | | 1.12.15 | |
| | | Embarked Port Suez | | 14.3.16 | |
| | | Disembarked MARSEILLE S | | 22.3.16 | |
| <u>22/4/16</u> <u>20/4/16</u> | <u>Unit</u> | <u>Makehead Crossed</u> | | | <u>01010 22/4/16</u> |
| | <u>89 4th</u> | <u>Atlantic Cable Unit</u> | <u>DRS</u> | <u>20/4/16</u> | <u>809005</u> |
| | <u>SMOLES</u> | <u>" Influenza</u> | <u>SMOLES</u> | <u>5.5.16</u> | <u>809791.</u> |
| | <u>2nd S. Slop</u> | <u>" "</u> | <u>Haare</u> | <u>11.5.16</u> | <u>H8587</u> |
| | <u>Concept</u> | <u>Dis 1/2 29 SLO (a)</u> | <u>Reveu</u> | <u>1.6.16</u> | <u>H9252</u> |
| | <u>Unit</u> | <u>Rejoined Battalion</u> | <u>France</u> | <u>20.6.16</u> | <u>B 213, 24.6.16.</u> |

P.T.O.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., also, also special qualifications in technical Corps duties.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---------|--------------------|--|--------|---------|--|
| Date | From whom received | | | | |
| 6/7/16. | 29th.I.B.D. | Transferred to England | France | 6/7/16. | Nom.Roll from 29th.I.B.D. for discharge,H.T."Queen Alexandria." |

all Clerk
CAPTAIN.
FOR THE INFANTRY RECORDS
G. H. Q.; 3rd ECHELON.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name..... *JAMES* 2. Surname..... *POWER*
3. Rank..... *Private* 4. Regtl. No. *1169*
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded..... *9 Barron St. St. Johns*
6. Date of enlistment in the Regiment..... *Feb 20 1915*
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..... *No separation allowance. Left allotment of 80¢ per day to Thomas Power my father*
9. Address in full of such dependent..... *9 Barron St. St. Johns*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *Not on active service in Newfoundland*

12. Give total length of time which you served on active service, whether in Nfld, or Overseas..... *Left Nfld. on Apr 22nd 1915 for England. Left England for Gallipoli on Nov. 1915. Left Gallipoli for Suva in July 1916. Left Suva for France where I arrived Mar 22nd 1916. Left France for England July 1st 1916. Left England for France Nov. 1916. Arrived in England Aug 1917 with spinal meningitis stayed in England until sent home until for active service Feb 1919 (continued)*

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.....

Received \$121.⁰⁰ when I was discharged

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

No

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

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

No

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

No

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

Not applicable

19. Are you now serving in the Regt.? *No*.... If not give:- (a) Date of discharge.....

Mar 28th 1919

(b) Reason for discharge.....

Unfit for active service & on account of demobilization

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.....

Gallipoli Nov 25/15 to Jan 1/16 France Mar 27/16 to July 1/16 France & Belgium Nov 1/16 to Aug 17

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. *No*

(b). If so, are you in receipt of full pay and allowances from that Committee.....

Not applicable

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: *J. Power*
 Place of Residence: *9 Barron St. St. Johns*
 Declared before me at: *St. Johns*
 This *ten*th day of *April* 19*49*.

Signature of Barrister of the *J. Power*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *S.C. of Nfld*

| POST DISCHARGE PAY. | | | | | |
|---------------------|--------------|----------------|----------------------|----------------|-------|
| Date paid | Paid Soldier | Paid Dependent | War Service Gratuity | Net amount due | |
| | | | 6 mos. | 420.00 | |
| | | | | | |
| | | | | | |

Certified Correct. Paymaster.

St. John's,

May 20th. 1919.

To Dept. Marine (Paymaster Dept)

Mr. J.A.W.W. McNeily having advanced me the sum of \$350.00, I request you to pay to him or his order my monthly war gratuity of \$70.00 until the ~~said~~ amount of ~~\$350.00~~^{280.00} is paid. *J.P.*

J.P.
James Power 1169.

We accept the above Order,
Paymaster Dept

May 17th, 1919

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

Please pay to **Mr. James Power, No 1169**
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

Pension \$30
Allowance 4.67
Dependent 4.66

W. W. Marshall
Vocational Officer.

C. R. B. Cw

| | |
|------------|-------|
| ACCT NO. | 20499 |
| DATE | |
| PAY PERIOD | |
| GEN LEDGER | |

g o p...

MAY 24 1919

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

Please pay to J. Power, No 1169
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

| | |
|-----------|------|
| Pension | \$30 |
| Allowance | 4.67 |
| Dependent | 4.66 |

Low Mitchell
Vocational Officer

J Power

MAY 31 1919

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

Please pay to J. Power, No 1169
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

| | |
|-----------|------|
| Pension | \$30 |
| Allowance | 4.67 |
| Dependent | 4.66 |

B. W. Mitchell.
Vocational Officer

J. Power

JUN 7 1919

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

Please pay to J. Power, No 1169
the sum of **nine dollars and thirty three cents**
in payment of allowance for week ended this date
in connection with re-education.

\$9.33

| | |
|-----------|------|
| Pension | \$30 |
| Allowance | 4.67 |
| Dependent | 4.66 |

W. H. Nichol
Vocational Officer

Received Ray

7/6/19 James Power

1891

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

Signature

Date

Address

OCT 11 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

James T. Power

in respect of his service as No. 1169 Rank Pte.

Name J.T. Power Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received _____

Signature J Power

Date _____

Address 9 Barron St., St. Johns

[P.T.O.]

C.R. 1169

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919!

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

NO. 1169.....NAME *James Power*

DATE. *31/12/19*

PLACE. *St. John's*

C.R. 1169

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1169 Name James Power

Witness. Mary

Date 4/11/19

Place St John's

C.R. 1169

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

SIGNED *James Power*

DATE *2.7.2.19*.....

PLACE *St. Johns*.....

2

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on* *Gallipoli*
from *Sept 20* 1915 to *Evac* 1915.

(Date) *22.8.19* (NO) *1167*... (Rank) *Pte*... (Time) *J.D. Power.*

(Place) *St. Johns...*

*Fill in theatre of War where you served in Gallipoli, Madros, Lemnos, or Western Egyptian Frontier.

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 5 for your issue.

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on* *Gallipoli*
from *Sept 20* 1915 to *Evac* 1915.

(Date) *27.7.19* (NO). *1167*... (Rank) *Pte.* (Time) *J.D. Power.*

(Place) *St. Johns...*

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

C.R. 1169

Extract from Daily Orders part II, Depot St. John's
dated 31-3-191

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on 28-3-19.

#1169 Pte. Jas. Power.

C.R. 1169

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT DEPOT ~~XXXXXX~~ ST. JOHN'S DATED MARCH
18th/19.

The Discharge of the undernoted on Demobilization
has been APPROVED by O.C. Discharge Depot from the
noted date.

#1169 L/C. Jas. Power.

14/3/19.

C.R. 1169

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

1169 PTE. J. Power.

Recommended Discharge as Permanently Unfit.

C.R. 1169

Extract from Daily Orders: Part II Unit The Royal Wilt.
Regt. St. John's, 1 1-2-19.

The undernoted returned from Overseas and reported to
Depot 7-2-19.

Repatriciated on P.F. 3179.

1169 Pte. Jas. Power.

C.R. 1169

Extract from Nominal Roll of the Royal Nfld. Regt.
St. John's, Embarked S.S. Cornican, Jan. 30th, 1919.

1169 L/C. Power

C. 1169

Extract from Telegram respatched to Synoptical, London,
dated June 29, 1918.

Advise 1169 Power his father consents to his
stopping allotment.

C.R. 1169

The Honourable
The Colonial Secretary.

For necessary action.

11 August 1917.

Governor.

No. 1398.

Code Telegram from Major Timewell.

(recd. 11 August 1917)

Wandsworth, pyrexia, 1169 Power.

C.P. 1169

Extract from Nominal Roll of Draft No.15 Embarked Southampton
12/12/16 from 2/1st Newfoundland Regiment to 1/1st Newfoundland
Regiment B.N.F.

1169 Pte.Power, J.T.

C.R.

1169

Extract from Nominal Roll, 1st Draft to M.E.F. from
Governor July 8th, 1916.

#1169 Pte. James S. Power.

C.R. 1169

Extract of Casualties received from Pay & Record
Office, London dated June 8, 1916.

#1169 Pte. J.T. Power.

Dis. to 29 Inf. Base, Rouen, Class "TB" ex Con.
Dep. 1st June 1916.

2

✓

Extract of Casualties received from Pay & Record Office,
London dated May 20th, 1916.

#1169 Pte. J. *P*ower.

Influenza.

Dis. to Con. Dep. Havre ex 2nd General Hospital
14th May, 1916.

C.R. 1169

Extract of Casualties received from Pay & Record Office
London, dated May 19th, 1916.

#1169 Pte. J. Power.

Influenza.

Admitted 2 General Hospital Havre 11th May, 1916.

C.R. 1169

Extract from Reinforcement Draft to 1st Bn. M.H.F. Selected
for Gallipoli 14-11-15.

1169 Pte. J.S. Powers.

C.R. 1169

Extract from Nominal Roll Embarked St. John's, for Overseas,
per S.S. "Stephano" April 22, 1915.

1169 Pte. Power James.

C.N. 1169

Jas. T. Power was attested for General service
with the NEWFOUNDLAND REGIMENT on **February 20th 1915**
Regimental No **1169** was allotted to Pte. **J.T. Power**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. Forms
[585] W 11827/104 400m 2/15-1 23 56 B. 121.

Number of Sheet 1

Regiment of First Newfoundland

Signature of O. C. Company [Signature]
Capt

| | | | | | |
|----------------------------|-----------------------|---|----------------------------------|----------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service Pay or Proficiency Pay |
| No. | <u>1169 Power Gas</u> | Age on | <u>20</u> years <u>00</u> months | <u>Cabman</u> | |
| Joined | Date | Place and Date of Enlistment | <u>St. John's 20/2-15</u> | Religion | |
| Joined | Date | Period of { with Colours <u>4</u> ³⁷ years. { with Reserve <u>3 1/2</u> years. | <u>R.C.</u> | Place of Birth | |
| Joined | Date | | <u>St. John's</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 |
|-------------------|-----------------|-------------|----------------------|---|---|---------------------------|---|-------------------------|--|
| <u>Newtown</u> | <u>8/7/16</u> | <u>Pte.</u> | | <u>Absent from tattoo until 11.30 pm</u> | <u>Cpl. Heath</u> | <u>7 days C.C.</u> | <u>8/10/16</u> | <u>Lt Col. Whelaker</u> | <u>Loss 1 day pay 9/16</u> |
| <u>Racecourse</u> | <u>21.7.16</u> | | | <u>Absent from tattoo until 10.15 pm</u> | <u>Sgt. Probst</u> | <u>2 days C.B.</u> | <u>22/7/16</u> | <u>Capt. Uift</u> | <u>8</u> |
| <u>Racecourse</u> | <u>7.8.16</u> | <u>Pte.</u> | | <u>Absent from 10 pm parade</u> | <u>Lt. Roberts</u> | <u>2 days C.B.</u> | <u>8.8.16</u> | <u>Don A. Smith</u> | <u>100</u> |
| <u>Racecourse</u> | <u>6/10/16</u> | <u>Pte.</u> | | <u>Absent from tattoo roll call until apprehended by Sgt. Polak 10.25 am 23/10/16</u> | <u>Sgt. Lakin</u> <u>Cpl. Cameron</u> <u>Mr. R.P.</u> | <u>168 hrs. detention</u> | <u>23/10/16</u> | <u>Major Bernard</u> | <u>Forfeit 17 days pay under R.S.</u> |
| <u>City</u> | <u>1-11-16</u> | | | <u>Absent from tattoo 1-11-16 until apprehended by Sgt. police 10. a.m. 7-11-16</u> | <u>Cpl. Jones</u> <u>Sgt. Walsh</u> | <u>14 days C.B.</u> | | <u>Capt. Kern</u> | <u>Forfeit 7 days pay R.W. J.R.S.</u> |
| <u>Racecourse</u> | <u>27/11/16</u> | | | <u>Absent from tattoo next reporting under escort 10.30 am 2/12/16</u> | <u>Cop. Taylor</u> <u>Sgt. Walsh</u> <u>Pte. Towler</u> | <u>168 hrs detention</u> | | <u>Capt. Kern</u> | <u>Forfeit 9 days pay by R.W. R.S.R.</u> |
| | | | | <u>To be carried over</u> | | | | | |
| | | | | <u>Demobilized</u> | <u>Lt. John's</u> | <u>28</u> | <u>3</u> | | <u>19</u> |

121.

| | | | | | | | | |
|--------------------------|----------|-----|--|---|-------------|---------|------------------|-----------------------------------|
| Ripon | 18-11-17 | Pte | overstaying his ^{brought forward} rest leave from 12.0pm until 8.0am 17-11-17 3 days | Documentary | admonished | 9-11-17 | Lt Col Simkins | 3 days pay by Lt Col |
| Certificate of Discharge | | | | No. 7 COY. NORTHERN COMMAND DEPOT, RIPON. 21 JAN 1918 | | | | |
| Houghley Down | 8-7-18 | Pte | Improperly dressed in Winchester about 9.25 PM | Lt M White | 2 days B.B. | 9-7-18 | F. Seymour and A | 3S. |
| Houghley Down | 10-1-19 | " | Absent from midnight 6-19 until 10.50 - 9-2-19 | Lt Keel | 3 days CB | 10-1-19 | Lieut Sheppard | Respects always pay under R.O. |

Ripon

The Royal Newfoundland Regiment

1169

DEMobilIZATION OF

Reg. No. 1169 Rank Plt. Name Power James
 Date of Enlistment 19-2-15 Address John Street District St. John's
 Occupation Labourer Classification for Discharge D Medical Category 1
 Recommendation S.M.B. Permanent Disability Rating 60% 5/11

Passed to Demobilization Officer with following documents—

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

Date 3-3-19 O.C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Power

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$65.00
 (b) Clothing Supplied Joseph A. Snowland

Date 14-3-19

O/C Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ his home
at _____ and Release Certificate No. 1532 issued.

Date 14-3-19 *R. H. Sait Capt*
Demobilization Officer

4. Pay and Allowances.

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

Date 14-3-19 *R. H. Sait*
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 14. 3. 19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | | |
|-----------|--------|--------|---|-----------|--------|---|-----------------|
| N.F. P136 | B 268 | B 121 | 1 | N.F. Med | D.F. 1 | 1 | |
| E 178 | W 3494 | B 122 | 3 | Board 1st | " 2 | 1 | <i>S. H. B.</i> |
| B 178a | D 400A | B 1915 | | do 2nd | " 3 | 2 | |
| B 179 | D 400B | Form L | | do 3rd | " 4 | | |
| B 179a | D 400C | Form K | | do 4th | " 5 | | |
| B 179b | B 103 | ME 2 | 2 | | " 6 | | |
| B 179c | B 120 | M 93 | | | | | |

Date 14. 3. 19 *R. H. Sait Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 14 1919 *R. H. Sait Capt*
O. C. Discharge Depot.

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

Date March 20/19 *R. H. Sait*
Depot Records