

to be filled in by the Recruiting Officer



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5871 Name Joseph Rodgers Corps B.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Joseph Rodgers
2. What is your full Address? ..... 2. 33 Armes Place City
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years ..... Months
5. What is your Trade or Calling? ..... 5. Labour
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, Joseph Rodgers 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.

29 7 18 Joseph Rodgers SIGNATURE OF RECRUIT.  
P. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Rodgers 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 St John on this 29 day of July 1918

Signature of Attesting Officer P. D. Dickson

† 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 compiled with. I accordingly approve, and appoint him to the .....

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

Date July 30 1918 .....  
Place ..... } Approving Officer.

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

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



Reg. No. 5871 Rank Pte Name Rodgers Joseph  
Attested 29-7-18 Address 63 Barnes Rd, R. I.  
Allotment 60 Allottee Mrs John Rodgers (mother)  
Date of Allotment 16-8-18 Returned from Overseas  
Embarked for Overseas SEP 22 1918 Cause

Vacc 9-5-18, 1st inoc 2-9-18 3rd 26 478

6  
4  
C.R. 5871.

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

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Deppt with effect from following date  
15-7-19.

5871, Pte. J. Rodgers.

C.R. 5871

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 1st 1919.

The discharge of ~~xxxx~~ the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from noted date  
29/7/19.

5871, Pte. J. Rodgers.

C.R. 5871

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

5871 Pte. J. Rodgers.

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

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

C.R. 5871

Extract from Daily Orders ~~sent~~ by Major M.B. Sullivan, Com-  
manding ~~2nd~~ Bn. Mfld. Forestry Companies 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Mfld.  
Regt. is attached to the strength from this date and posted to  
"B" Co. for rations.

5871 Pte. J. Rodgers

C.R. 5871

Extract from Nominal Roll Entrained St. John's for Overseas,  
Sept. 22, 1918. "M".

5871 Pte. Rodgers Jos.



C.R.

5871

Extract from Daily Orders Part 21 Unit The Royal Bfld. regt.  
St. John's, dated Sept. 5th, 1918.

The Undernoted man proceeded to R.N. Coy's Dry Dock, St. John's  
2-9-18.

5871 Pte. J. Rodgers.

C.R. 5871

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

#5871 Pte. Joseph Rodgers.

Attested for General Service with the Royal Nfld.  
Regt. from 29-7-18

J. Rodgers.

C.R.

5871

~~APC~~



Rodgers, J

5871

Aug 20th.

July 29th 1919.

#5871. Pte. J. Rodgers,  
62, Barne's Road,

Dear Sir:

Enclosed please find Discharge Certificate # 3252.

Yours truly,

Capt. Paymaster.

RS/.

P.M.

5871 Rodgers

Please make first pay W.S.G.

24/7/19

F. J. R.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5871 Rank Pte Name Rodgers J  
 Intended place of residence 62 Barnes Rd

2. Occupation Farmer  
 Classification of soldier E Medical Category A 1

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 July 15<sup>th</sup> 1919

A.R. Cooper Capt  
 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 15 1919

Joseph X Rodgers  
 Signature of soldier  
W. McInnes  
 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 15 1919

Joseph X Rodgers  
 Signature of soldier  
James O'Sheehan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 29-7-18 No. of days on Military  
 Discharged from service JUL 15 1919 Plus 14 days Service 366

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty 14 days from date.

Place, ST. JOHN'S

Date JUL 15 1919

A.R. Cooper Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 29/1919

A. Howley, Capt  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

off B 2079/3252



# 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

*July 11/19*

Regimental No. *5871*

Name

*Rodgers, Jno.*

Address

*Barnes Road.*

Present Medical Category

*A 1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

*K. R. Coaker Capt*  
O.C. Discharge Depot.

Members of Board

*J. Paterson*  
Senior Medical Officer

*J. E. Burden*  
~~M.O. Depot~~

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3871 Rank Plt Name Rodgers J  
 Date of Enlistment 29-7-18 Address Darlington District St John  
 Occupation Farmer Classification for Discharge E Medical Category A-1  
 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	5
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 1-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*Joseph Rodgers*  
*W. J. Newbman*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

*W. J. Newbman*

Date 15-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home at Burns Road and Release Certificate No. 3626 issued.

Date 15-7-19

*Amle Cooney*  
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 29.7.19

Date 15.7.19

*L.R. Cooper Capt.*  
Depot Paymaster.

Discharge approved for 15-7-19  
Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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		

*3 Form B*

Date 15-7-19

*Amle Cooney*  
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 15 1919

*L.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

*Rodgers J.*  
Signature of Man.

*W. M. Boston*  
Reg. No. 3871  
Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date 15-7-29 191

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

# MEDICAL HISTORY

Surname

*Rodgers*

OF

Christian Name

*Joseph*

Table I.—GENERAL TABLE

Birthplace:—Parish

*St John's*

County

*Newfoundland*

		SPECIAL RESERVE		REGULAR ARMY	
Examined	on <i>29</i> day of <i>July</i> 191 <i>8</i>	on	day of	191	
	at <i>St John's</i>	at			
Declared Age	<i>29</i> years	years	days	years	days
Trade or Occupation	<i>Fisherman</i>				
Height	<i>5</i> feet	<i>4</i> inches	feet		inches
Weight		<i>127</i> lbs			lbs
Chest Measurement	Girth when fully expanded	<i>37</i> inches			inches
	Range of Expansion	<i>4</i> inches			inches
Physical Development					
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated					
Vision	R.E.—V=	<i>6/9</i>		R.E.—V=	
	L.E.—V=	<i>6/9</i>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)	<i>T. J. ...</i>				
(Rank)		<i>4th</i>	Medical Officer		Medical Officer
Enlisted	at <i>St John's</i>	at			
	on <i>29</i> day of <i>July</i> 191 <i>8</i>	on	day of	191	
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.	
	<i>Royal</i>	<i>5841</i>			
Transferred to	<i>Regt</i>				
Became non-effective by	on	day of	191	on	day of
(Signature)					
(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. e 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

*Lodgers Joseph*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5871*

Intended address

*Barns St.*

Height on discharge

*5 Feet 5*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

*None*

Figure on discharge

*None*

Christian name of Father

*Bridget*

Christian name of Mother

*Bridget*

Wife's maiden name in full

*None*

Date and place of marriage

*None*

Christian names of children

*John 2 June, 1897*

Place and date of soldier's birth

*John 2 June, 1897*

Nature and locality of civil employment required

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

(Soldier's signature in full)

*Joseph M. Lodgers* (Rank) *Private*

Station

*John*

Date

*11-7-19*

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

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 Newfoundland Regt. } Former Trade or Occupation } Teamster
2. Regtl. No. 5841 3. Rank plc 7a. If the soldier claims previous service in Army, he should state—
4. Name Rogers } Joseph }  
 (Surname) (Christian Names)
5. Age last birthday 24
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 ?
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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 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.)

*He complains 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.

*Repatriation*

*W.S. Procmier. Capt. R.M.C.*

Medical Officer in charge of case.

Station *Hazley Down*

Date *10/4/19*

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

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 *Joseph* ..... 2. Surname *Rogers* .....  
3. Rank *Pte* ..... 4. Regtl. No. *5871* .....  
5. Address in full to which future payments of gratuity are to be forwarded. *62 Barnes Road, City* .....  
6. Date of enlistment in the Regiment. *June 1918* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....  
*Mrs Bessie Rogers* .....  
8. Relationship of such dependents. *mother* .....  
9. Address in full of such dependents. *62 Barnes Road, City* .....  
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 Nfld. If so, give dates and particulars of such service. .... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. .... *Seven months* .....  
*3 weeks* ..... 1. *3* .....

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.

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. *July 29/19* (b) Reason for discharge. *Demob*

*no*

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.

*England*

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: - *Joseph X Rodgers*  
 Place of Residence: *62 Barnes Road, City*  
 Declared before me at: *St John's*  
 This *15* day of *July* 19*19*.....

Signature of Barrister of the *John M. Carthy*  
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of Affidavits. *J.P.*

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POST DISBURSED PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Disability.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Registrar

6556

MOTHER

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

NOTICE:

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER  
Separation Allowance Branch,  
St. John's, Newfoundland.

1.	Name in full of soldier.	Rank.	Reg't. or Unit.	Regt. No. 5871
	Joseph Rodgers Private Royal Newfoundland Regiment			
2.	Age of soldier.	Married or single.		
	21 years	Single		
3.	Name in full of mother.	Age.	Occupation.	Permanent address.
	Bridget Rodgers	57 years	None	62 Barnes Road
4.	Give name of your husband.	Age.	Occupation.	Where employed.
	The husband of the said Bridget Rodgers died August 10th 1911. His name was James Rodgers			
5.	If your husband is not supporting you, state the reason.	He is dead		
6.	If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document, stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)			
	<p style="text-align: right;"> <i>Allocation commencing for 6 cents per day commencing 16/8/18.</i>  <i>W.G.B.</i> </p>			
7.	If you are a widow, state date and place of death of your husband.	St Johns August 10th 1911		
8.	Have you married again since death of above mentioned husband.	No		
9.	Names of your other children.	Address in full.	Age.	Occupation.
	Ellen Reddy	Freshwater Rd		Married (with 4 children)
	Annie Rodgers	62 Barnes Rd		Single
		St Johns.		
		St Johns.		

10. State amount earned by (a) Yourself *nothing*  
(b) Your husband. *nothing*
- 
11. State amount and source of any other income *None*
- 
12. State value of real property belonging to you and your husband. *None*
- 
13. State value of personal property belonging to you and your husband *Nothing. All his property consists of a few articles of furniture.*
- 
14. If husband is dead, state value of real and personal property. *None*
- 
15. Actual amount contributed by soldier during the year prior to enlistment. *The soldier in question practically all his earnings (from \$10 to \$12 per week) towards the support of the home.*
- 
16. Was this amount contributed weekly or monthly. *weekly*
- 
17. Did this amount include payment of son's board, etc. *Yes*
- 
18. State your son's trade or occupation prior to enlistment *Labourer*
- 
19. State amount of his wages per week. *Generally \$12 per week sometimes above & at other times below*
- 
20. State name and address of his last employer. *Job Boss Co Ltd*
- 
21. State amount of monthly support from son since enlistment. *\$18 per month.*
- 
22. State amount of allotment received by you from son monthly. *\$18.*
- 
23. State from what date did you receive allotment. *The first payment of the allotment was received 6 weeks ago*
- 
24. Actual amount contributed by other children. *Nothing*
- 
25. Are any of these children in the employ of you or husband. *None*

- 26. If not receiving support from other children, state cause. Explain fully.  
*They have nothing to give*

---

- 27. With whom are you residing at present.  
*Living ~~and~~ by myself at 62 Barnes Rd*

---

- 28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars *no*

---

- 29. Are you already in receipt of payment from any Patriotic Fund? If so, how much? *no*

---

- 30. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

---

- 31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *no*

---

- 32. In what capacity and in what place? *no*

---

- 33. Was he in receipt of a salary as such while serving in the Royal Newfoundland Regiment, If so, how much? *no*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant ..... *Frank Rodgers*  
 Place of residence..... *62 Barnes Road*  
 Declared and subscribed before me at... *St. Johns*  
 this..... *7th* day of... *October*... 1918  
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *John A. Barron*  
*Barrister at Law*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of <sup>clergyman</sup> ~~signature~~..... *Edw. J. [unclear]* *F. Conway*  
 Signature of Member of Patriotic Fund Committee } *Viricus B. Burke*

*Approved*  
*W. J. [unclear]*  
*[unclear]*

ST. JOHN'S,

July 1<sup>st</sup> 1919

# Royal Newfoundland Regiment.

Billeting Account,

To J. F. Rodgers  
52 Burns Road

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> to July 11 11. 60

5871 Rte	J. F. Rodgers	
CH. NO. 2909	Initials RW	
IND. LEDGER	INITIALS	
DAY LEDGER	INITIALS	
GEN. LEDGER	INITIALS RW	11. 60

Certified correct for \$

J. A. Howcroft  
Billeting Officer  
J. F. Rodgers



ST. JOHN'S,

JUL 15 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Plt J Rodger

Billeting Soldiers as undermentioned

from July 11/19 to July 15/19

5891 Plt J Rodger 4 40

ACCOUNT	<u>57m</u>
OH. NO.	<u>3083</u>
INITIALS	<u>CR</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 4.40

[Signature]  
 Billing Officer.  
J. Rodger  
Mark [Signature]

lets.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

July 24<sup>th</sup> 19

Received from the First Newfoundland Regiment

the sum of Seventy  
on account of Pay. W. S. L. S.  
~~balance~~

A. C. S.  
Dollars.

his  
Pte Lt. Rodgers  
marks

Regtl. No.

Unit 1st Battalion  
Rank

Ch. No. 3657	Initials J.S.
Pay Ledger 52	Initials W.S.L.S.
Gen. Ledger	Initials

No. 5871

Rank Pfc

Name Rodgers



C.R. 5871

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

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

- 1. Unit and Corps *Royal Newfoundland*
- 2. Regtl. No. *5871*
- 3. Rank *Pr*
- 4. Name *Radjen* (Surname) *Joseph* (Christian Names)
- 5. Age last birthday *34*
- 6. Posted for duty on ..... at .....  
in category (or grade) .....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court

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

#### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | .....               | .....             |
| (ii.) Previous active service.. .. .                               | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                          | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .             | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | .....               | .....             |

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

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

15. What is his present condition?

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

*He complains of his disability*

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

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

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

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

20. Do you recommend—

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

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

*Repatriation*

*W.E. Procter. Capt RMC*  
 Medical Officer in charge of case.

Station *Hazley Down* .. .. .

Date *1.9.14* .. .. .

\* 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. 2871 Rank Plt Name Rodgers  
 Date of Enlistment 29-7-18 Address Paradise District St John's  
 Occupation Turner Classification for Discharge T-1 Medical Category A.I.  
 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 14-7-19O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

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

Joseph X Rodgers  
with [Signature] mark

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~ [Signature]

Date 15-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at Barnes Road and Release Certificate No. 3626 issued.

Date 15-7-19 .....  
*Ambleton*  
 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 29.7.19

Date 15.7.19 .....  
*K.P. Cooper Capt.*  
 Depot Paymaster.

Discharge approved for 15-7-19  
 Forwarded with following documents to O.C Discharge Depot.

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

Date 15-7-19 .....  
*Ambleton*  
 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 15 1919 .....  
*K.P. Cooper Capt.*  
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
 Date July 28 19 .....