



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5509 Name John K. Rodgers Boyer

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>John K. Rodgers</u> |
| 2. What is your full Address? | 2. <u>St. Ann's Island, P.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>12</u> Months |
| 5. What is your Trade or Calling? | 5. <u>No</u> <u>fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, John K. 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.

John K. Rodgers SIGNATURE OF RECRUIT.
W. H. Boyer Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John K. 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Ann's Island on this 19th day of May 1915.
Signature of Attesting Officer W. Dicks Lieut.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 1915
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

5509

Name *John K. Rodgers*

Apparent age *23* years *13* months. Height *5* feet *5 1/4* inches

Chest Measurement { Girth when fully expanded *37* inches
Range of expansion *4* inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin *John Rodgers*
Jair Islands B.B. | Relationship *father*

Particulars as to Marriage

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

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from <i>129-5-18</i> | | | | | | | | | |
| Joined at <i>St. Marks</i> on <i>Nov 29-1918</i> | | | | | | | | | |
| Discharged August 7/1919 | | | | | | | | | |
| <i>Embarked Albatross S.T. Colonville to Halifax N.S. 22-7-18</i> | | | | | | | | | protection |
| <i>with prospect to join Supply Corps 12-9-18 on one month's</i> | | | | | | | | | |
| <i>for demobilization 24-6-19. Arrived NY 1-1-19</i> | | | | | | | | | |
| <i>Demobilization St. Marks 7-8-1919</i> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to *7-8-1919* (date of discharge) *1* years *71* days

Pensions

J. Rodgers

C.R. 5509

~~1890~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5509 Rank Plt. Name Rodgers
 Date of Enlistment 29.5.18 Address Fairfield District
 Occupation Teacher Classification for Discharge E Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 9-7-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

John Rogers

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied _____

Date _____ O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ²³⁸ ~~238~~ to his home at Fairfield and Release Certificate No. 3380 issued.

Date 10-7-19 J. H. Howcroft
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 7-8-19

Date 10-7-19 J. H. Howcroft
Depot Paymaster.

Discharge approved for. 24-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | |
|----------|----------|----------|---|-----------|--------|----------|
| N.F. P36 | B 268 | B 121 | / | N.F. Med. | D.F. 1 | / |
| B 178 | W 3494 | B 122 | / | Board 1st | " 2 | |
| B 178a | / D 400A | / B 1915 | / | do 2nd | " 3 | 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 10-7-19 J. H. Howcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919 K. R. Cooper Capt.
O. C. Discharge Depot.

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

Date July 30, 1919

Reg. No. *5509* Rank *PL* Name *Rodgers J.*

Attested Address *Paris Island.*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1*

Returned on S.S. *Cassandra* Cause *Discharge 1919*

10 7 19
21 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

Reg. No. 5509 Rank Pvt Name Rodgers John R.
 Attested 29-5-18 Address Fair Island B.B.
 Allotment 500 Allottee Mr John Rodgers (Father)
 Date of Allotment 1/8/18 Returned from Overseas.....
 Embarked for Overseas JUL 22 1918 Cause.....

30 7/8 vac
 13-6-18 1st Inoc 2nd Inoc 17/18, 3rd Inoc 10-7-18
 A.L. 18 6/18 - 26 6/18 R.L. 28 6/18

C.R. 5509

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

5509 Pte³ J. Rodgers.

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

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 W. Suffolk Land* } *Johnson*
 2. Regt. No. *109* }
 3. Rank. *pl* }
 4. Name *Rogers* } *John*
 (Surname) (Christian Names)
 5. Age last birthday. *24*
 6. Posted for duty on at
 in category (or grade).....
 7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regt. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 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 (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the }
man's part.
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

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.)

1st Complaint 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. E. Prosser *C. P. Rame*

Station *Adzeley Bourn*

Medical Officer in charge of case.

Date *6/1/19*

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

C.R. 5509

Extract from Orders by Lt.Col., B.J. Barten, D.S.O., Commanding
2nd Bn., Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18:-

5509 Pte. J. Rodgers.

C.R. 5509

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

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

#5509 Pte. John Rodgers.

C.R. 5509

Extract from Daily Orders part 11, 3rd Unit The Royal
Rifles, Regt. St. John's, dated May 30th, 1918.

#5509 Pte. J. Rodgers,

Attested for General Service with the Royal Rifles, Regt.
from 29.5.18

C.R. 5509

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

The discharge of the undernoted on demobilization has been
APPROVED ^y O.C. Discharge Depot with effect from 24-7-19.

5509 Pte. John Rodgers.

C.R. 5589

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, Aug. 16~~th~~, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 7-8-19.

5509 Pte. J. Rodgers.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One

Signature of O. C. Company A. D. Dickson

| Regimental Number and Name | | Enlistment | | Trade |
|----------------------------|---------------------------|---|---------------------------------|------------------|
| No. | <u>5509 John Rodgers.</u> | Age on | <u>23</u> years <u>0</u> months | <u>Fisherman</u> |
| Joined | Date | Place and Date of Enlistment | <u>Sydney</u> <u>29-5-18</u> | Religion |
| Joined | Date | Period of) with Colours <u>17</u> years.) with Reserve <u>3 1/2</u> years. | <u>Fairfield B.B.</u> | <u>C of E</u> |
| Joined | Date | | | |

Good Conduct Badges, Service pay or proficiency pay

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|--------------------|-------------------|--------------------|---|-----------------|---------|
| | | | | <u>Demobilized</u> | <u>St John's</u> | <u>7</u> | <u>6</u> <u>19</u> | | |

To be carried over.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5509 Rank Pte Name Rodgers J
 Intended place of residence Dani's Island

2. Occupation Insiderman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of

DEMOBILIZATION
Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 10 1919

J. M. St. J.
 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 10 1919

John Rodgers
 Signature of soldier

W. Healey
 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 10-7-19

John Rodgers
 Signature of soldier

W. Healey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-5-18 No. of days on Military
 Discharged from service 24-7-19 Plus 14 days Service 436

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 24 1919

J. R. Cooper
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

M. Howley
 Officer in Charge
 The Royal Newfoundland Regiment

Aug 20 7 8 / 3557

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

MEDICAL HISTORY

Surname Rodgers OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County St. John's

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|------------|--------------|--------|
| | on | day of | on | day of |
| Examined | 29 | May | 1918 | 191 |
| at | St John's | | | |
| Declared Age | 23 | years | | days |
| Trade or Occupation | Fisherman | | | |
| Height | 5 | feet 5 1/4 | inches | inches |
| Weight | 132 | | lbs. | lbs. |
| Chest Measurement | Girth when fully expanded | | 37 | inches |
| | Range of Expansion | | 4 | inches |
| Physical Development | Right | Left | Right | Left |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | P.E.—V= | 6/6 | R.E.—V= | |
| | L.E.—V= | 6/6 | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>Samuel Calderon</u> | | | |
| (Rank) | <u>2nd Lt</u> | | | |
| Enlisted | at | St John's | on | day of |
| | on | 29 | May | 1918 |
| | Corps | | Regtl. No. | |
| Joined on Enlistment | <u>Regiment</u> | | | |
| | <u>5509</u> | | | |
| Transferred to | | | | |
| Became non-effective by | on | day of | 191 | on |
| (Signature) | | | | |
| (Rank) | | | | |

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* } Former Trade } *Fisherman*
or Occupation }
2. Regt. No. *15509* 3. Rank... *Rt. Lieut.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rodgers* } *John* } (a) Former Regts. or Corps ;
(Surname) } (Christian Names) } with Regt. Nos.
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 ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(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, 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.)

The Complaint 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 invaded at Foreign Stations.

Repatriation

A. E. Procurier, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Down*

Date *8/19/19*

* 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



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *John Rogers*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5509*

Intended address *Fair Idles*

Height on discharge *5 Feet 5*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *P*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Fair Idles 1894 Nov 6th*

Nature and locality of civil employment required *—*

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

(Soldier's signature in full) *John Rogers.* (Rank) *PL2*

Station *ST. JOHN'S.* Date *5.7.19*

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 _____

5505. Rodger. Deliber.

Old P. neuromia & thickened Pleura
pythoide. Acacia. Recommend me
most was with Fresh Br. Krecapito.

~~1111~~
Cap. B. C.
7/9/68.

August 7th 1919.

#5509, Pte. J. Rodgers,

Fair Islds. B. B.

Dear Sir:

Enclosed please find Discharge Certificate
3557.

Yours truly,

Capt. &
Officer i/o Records.

RS-.

The Royal Newfoundland Regiment

Class for Demobilization:—

16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *8.7.19*

Regimental No. *5509*.....

Name .. *Rodger John*

Address .. *Fair Isle*

Present Medical Category..... *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R. L. Major
.....
O.C. Discharge Depot.

P. Patterson
.....
Senior Medical Officer

S. E. Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5509 Rank Plt. Name Rodgers
 Date of Enlistment 29.5.18 Address Fair St District Bonaventure
 Occupation Fisherman Classification for Discharge E Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 9-7-19O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

John Rodgers

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied

Date

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. ²³⁸⁷ ~~3380~~ to his home
 Fair 95ld and Release Certificate No. 3380 issued.

Date 10-7-19

J. A. Knowlton
 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 7-8-19

Date 10-7-19

Depot Paymaster.

Discharge approved for 29-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19

J. A. Knowlton
 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 24 1919

K. 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.

John Rogass

Signature of Man.

Reg. No. 3509

J. H. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

21 - Johns

Date

10-7-19

191



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

OCT 20 1921

1921.

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

is/are forwarded herewith to

John K. Rogers

in respect of his service, as No. 5509 Rank Pte

Name J. K. Rogers Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Oct 27/21

Signature J. K. Rogers

Date 10. 30. 21.

Address Fair Island N.B. Bay

[P.T.O.]

Rodgers, J

5509

Ray sept.

August 15, 1919

Mr. John Rogers,
Fair Island, B.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly,

Captain & Paymas er.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *John* 2. Surname..... *Rogers*

3. Rank..... *Pte* 4. Regtl. No..... *5509*

5. Address in full to which future payments of gratuity are to be forwarded..... *Fair St*

6. Date of enlistment in the Regiment..... *May 29/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*

8. Relationship of such dependents..... *No*

9. Address in full of such dependents..... *No*

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 Mfld. If so, give dates and particulars of such service..... *England only*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *6 yrs 1 mo*

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

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 Rest? If not give:- (a) date of discharge (b) Reason for discharge.

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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

Signature of Applicant: *John Rogers.*
 Place of Residence: *Dair to BB*
 Declared before me at: *St Johns*
 This *10th* day of *July* 19*19*.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John A. Cauby*

POST DISCHARGE PAY.

| Date paid | Paid Soldier. | Paid Dependent. | War Service Gratuity. | Net amount due |
|--------------------|---------------|-----------------|-----------------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| Certified correct. | | | | |

