



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5641 Name Henry James Rowe Corps C.O.F.E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Henry James Rowe</u> |
| 2. What is your full Address? | 2. <u>St. Trinity</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Steward</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, Henry James Rowe 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.

Henry James Rowe SIGNATURE OF RECRUIT.
H. M. Coughlan Signature of Witness.

Henry James Rowe do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth; His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Trinity on this 17th day of April 1915
Signature of Attesting Officer H. M. Coughlan

CERTIFICATE OF APPROVING OFFICER.

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

Date.....1915 } Approving Officer.
Place.....

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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



Name Henry James Rowe
Apparent age 19 years 8 months. Height 5 feet 6 inches
Chest Measurement { Girth when fully expanded 35 inches, Range of expansion 4 inches
Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward George Rowe Trinity | Relationship Father

Particulars as to Marriage

Table with 4 columns: (a) Christian and Surname of Woman to whom married, (b) Place and date of marriage, (c) Present address, (d) Initials of Officer verifying entry.

Particulars as to Children

Table with 2 columns: Christian Names, Date and Place of Birth

STATEMENT OF THE SERVICES

Main service statement table with columns: 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. Includes handwritten entries for dates like 19-4-17, 19-4-17, 1-12-17, 11-12-17, 30-1-19, 7-2-19, 28-4-19.

58478
VB

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

MEDICAL HISTORY

Depd 3641

Surname *Rose*

OF
Christian Name *Henry J.*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Trinity*

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>19th</i> day of <i>April</i> 1917 at <i>Headquarters</i>		on <i>24</i> day of <i>DEC</i> 1917 at <i>G-DEC 1917</i>	
Declared Age	<i>19</i> years <i>8</i> months <i>days</i>		years days	
Trade or Occupation	<i>Steward</i>			
Height	<i>5</i> feet <i>6</i> inches		feet	inches
Weight	<i>119</i> lbs.			lbs.
Chest (Girth when fully expanded)	<i>35</i> inches			inches
Measurement (Range of Expansion)	<i>4</i> inches			inches
Physical Development				
Vaccination Marks	{ Arm { Number			
When Vaccinated				
Vision	R.E.—V= <i>6/6</i> L.E.—V= <i>6/6</i>		R.E.—V= 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>W.E. Proenier</i>			
(Rank)	<i>Lieut.</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St Johns</i> on <i>19th</i> day of <i>April</i> 1917		at on day of 1917	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>4/1st Regt</i>	<i>3641</i>		
Transferred to				
Became non-effective by	on day of 1917		on day of 1917	
(Signature)				
(Rank)				



C.R. 3641

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17

#3641 Pte. H. J. Rowe.

C.R. 3641

Extract from Nominal Roll Draft No. 34 embarked Southampton 1/12/17
from 2/1st Newfoundland Regiment to 1/1st Newfoundland Regiment
B.S.F.

3641 Pte. Rowe, H.J.

Mer.

C.R. 3641

Extract from Nominal Roll Of the Royal Nfld. Regt
Embarked S.S.CORSIGAN, Jan.30, 1919.

3641 Rowe.

C.R. 3641

Extract from Divisional Roll of the Royal Field Art. Regt.
24-1-19.

The undermentioned who was transferred
from B.E.F. to the 2nd Bn., Winchester, 19-1-19.
awaiting repatriation.

3641 Pte. H. Rowe.

DATE

BY

DEPT

EXTRACT FROM STATEMENT OF ACCOUNT TO 30-1-19 FROM RECEIPTS FEBRUARY 1919

DEPARTMENT OF THE ARMY

PAY AND RECORD OFFICE, LONDON

NAME

REGIMENT

COMPANY

REGIMENTAL NUMBER

3641 Pte. Rowe, H. Dr. Bal. £1-18-3 plus 1 day's pay (31-1-19)

REGIMENTAL NUMBER

COMPANY

NAME

REGIMENT

This transferred to Pay Office 9-4-19

DATE

BY

DEPARTMENT OF THE ARMY

REGIMENT

C.R. 3641

Extract from Daily Orders part II,
Bapt St. John's dated April 30th, 1919.

The discharge of the undermentioned
demobilization has been CONFIRMED by
Officer i/c Records on 28-4-19.

3641 Pte. Henry Rowe.

3641
C.R. ~~11~~

Extract from Daily orders Part 12 Unit The Royal WFLS.
Regt. St. John's, 11-8-19.

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

Repatriated on account of Demobilization.

3641

~~11~~ Pte. Henry Rowe.

3641

Extract from Daily Orders Part 11 Unit The Royal ^Afld.
Regt. by Lt. Col. T.G. ^Aathias, D.S.O. Commanding 1st
Bn. 6-11-18.

The u/m has been granted leave to U.K.

3641 Pte. H. Rowe

D Coy.

3641

C.R.

Extract from Daily Orders Part II Unit The Royal Wfla.
Regt., St. John's, April 19th, 1917.

3641 Pte. H.J. Rowe.

Attached to the Strength from April 19th, 1917.

C.R. 3641

Previous report regarding transfer to 9th Divisional Reception Camp is hereby cancelled.

Authority:

Pay & Record Office, London, 20/12/18. (Memo from Lieut Cooper).

3641 PTE. W. Rowe.

C.R. 3641

Extract from Casualties received from Pay and Record
Office London dated December 1918.

The undernoted of the 1st., Battalion are at present
attached to the 9th. Division Reception Camp. B.E.F.

#5641 Pte. W. Rowe.

AUTHORITY

Memo dated 10/12/18 from Lieut. L. R. Cooper.

C.R. 3641

Extract from Rally Orders part II, Depot St. John's
dated April 15th., 1919.

The discharged of the u/n on demobilisation has been
APPROVED by C. C. Discharge Depoten noted date. 14-4-19.

3641 Pte. H.vRowe.

C.R. 3641

Extract from Medical Board held on Wednesday afternoon APRIL
8th., the following were the findings.

3641 Pte. H.J. Rowe.

RECOMMENDED DISCHARGE FROM THE ARMY?

J. Rowe

C.R. 3641

~~AKO~~



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

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

Examination of *Henry James Rolfe*
aged *19 years* conducted at *Hdgms*
Date: *April 19th 1917* Recruiting Officer:

NO OF TEST

FINDING

1 *no*
2 *no*
3 *no*
4 *no*
5 *no*
6 *no*
7 *yes*
8 *yes*
9 *no no*
10 *~*
11 *~*
12 *~*
13 *~*
14 *~*
15 *~*
16 *~*
17 *~*
18 *~*
19 *66 Bats*
20 *~*
21 *~*
22 *~*
23 *~*
24 *~*
25 *~*
26 *~*
27 *~*
28 *~*
29 *~*
30 *~*
31 *~*
32 *~*
33 *no*
34 *5 ft 6 in*
35 *118 lbs*
36 *31-35*
37 *\$28.00 per month*
38 *father Edward George Trinity*
39 *no*

3641

Signature of Medical Examiner

Edwards



4/1 1ST. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I, Henry J. Rowe, Regl. No. 3641

hereby agree, until further notification by me, and in similar official form to make an Allotment of Twenty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons concerned, viz :

Allotment begins

June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3389	<input checked="" type="checkbox"/>	Mrs Edward Rowe (Mary)	Fort Point Trinit, J.B.	60
Total Allotment, \$				60

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.) Mark R. Apfeldt
Officer Commanding Company
Pvt John H. V.
May 16 1917

(Sig.) H. J. Rowe
(Rank) H. J.

No. 3641 Rank Pt Name Rowe H.

Pay	F.A. Wkg	Total
100	100	200
Less Allotment		50
Net Rate		150

DEBITS	Date	£	s	d	CREDITS	Period			Rate	£	s	d
						From	To	Days				
Balance					Balance							
Acquittance Rolls					Pay @ Net Rate	20/12/18				11	14	3
Hospital Advances												
A.B. 64 60 marks						21/12/18	21/12	35	50	17	50	2
P.&R.O. Payments										2	11	11
												£ 156-2

21-18-8

6/12/18-17 6

MEMORANDUM COMPLETED

BY THE UNIT NO.

LONDON

BY THE COMMANDER

No. 11340/705

NEWFOUNDLAND CONTINGENT



From:
Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To:
Officer Commanding,
2/1st. Newfoundland Regt.
Ayr, N. B.

26th, October 1917

Subject: 3641, Pte. Hy. Jas. Rowe

With reference to the following telegram from the Hon. the Minister of Militia, (8197) received 25/10/17,-

"Pay to 3641 Rowe £3.

Postal Dft
Cheque £3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. Minnie Maj.
Major,
Chief Paymaster & O. i/c Records.

27/10/17 1917

ANSWER

Receipt hereunder

2
Officer Comdg. 1st Battn.
1st Newfoundland Regiment

Received the sum of £3

_____ on account of
cable remittance from Newfoundland.

H. Rowe
No. 3641 Rank Pte.

18955/588

Royal Wfld. Regt.
B. E. F.

21st November 1918

3641, Pte. H. J. Rowe,

9984

Pay to 3641 Rowe £10:0:0



Rowe, H

3641

Ray Sept.

April 28, 1919

#3641 Pte. Henry James Rowe,
Trinity, T.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2130."

Yours truly

Paymaster & U. I. c Records

Capt.

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 3641 Rank Private Name Rowe J
 Date of Enlistment 19-4-17 Address Trinity District Trinity
 Occupation Steward Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating less than 5%
 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 11-4-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

J. J. Rowe.

Particulars passed to Vocational Officer for information and action.

Date 11-4-19

W. M. Clouston

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

W. M. Clouston

Date 11-4-19

O. i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Nil* to his home at *Property* and Release Certificate No. *2151* issued.

Date *12-4-19* *J.A. Crawford*
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 *28-4-19*

Date *12-4-19* *J. News St.*
Depot Paymaster.

Discharge approved for *14-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	<i>1</i>
F 178	W 3494	B 122	Board 1st	" 2	<i>1</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>
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 *12-4-19* *J.A. Crawford*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratiuity

APR 14 1919

Date *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

COPY

PROCEEDINGS ON DISCHARGE

1. No. 3641 Rank Pte Name Rows, H. J.

Intended place of residence Trinity

2. Occupation Stewart

Classification of soldier B Medical Category 3

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 (sgnd) H. Mews, Lt.

Date APR 12 1919 for 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 and date (sgnd) Harry Rows

..... ST. JOHN'S Signature of soldier
..... APR 12 1919 " A. M. Clouston, Lt.

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'S (sgnd) H. J. Rows

..... APR 12 1919 Signature of soldier
..... " W. J. A. Eaton, RQMS

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-4-17 No of days on Military

Discharged from service 14-4-19 plus 14 days Service 740 days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

Date APR 14 1919 R. H. [Signature]

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date

CONFIRMATION OF DISCHARGE

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

Place

Date Officer i/c Records
The Royal Newfoundland Regiment

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:

*I would like to take a course
in Telegraphy.*

Henry. How.

Signature of Man.

Reg. No. *3641*

D. W. Mattheias
Signature of the Vocational Officer or his Representative

Place

D. J. H. 's

Date

12 - 4 - 19 21

May 2nd., 1919

#341 Pte. Henry Rowe,

Trinity, T.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 the "War Service Gratuity."

Yours truly

Paymaster & U. i. c Records
Captain,

17453

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... *Henry* 2. Surname... *Rouse*
- 3. Rank... *Private* 4. Regtl. No... *3641*
- 5. Address in full to which future payments of gratuity are to be forwarded... *Trinity*
-
- 6. Date of enlistment in the Regiment... *April* *1917*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
- *Not Applicable*
- 8. Relationship of such dependents... *not applicable*
- 9. Address in full of such dependents... *not applicable*
-
- 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 field, if so, give dates and particulars of such service... *not applicable*
-
- 12. Give total length of time which you served on active service, whether in field or overseas... *Two Years*
- *1.2*

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

not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

no

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.

not applicable

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

not applicable

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

19. Are you now serving in the R.C.T.? If not give - (a) Date of discharge.

April 12th 1919

(b) Reason for discharge.

Demobilized

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.

Flanders Germany

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.

A no - B no

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

Signature of Applicant: *Henry Rove.*

Place of Residence: *Trinity*

Declared before me at: *St Johns*

This *12th* day of *April* 19*19*.....

Robert Alsop,

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

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	<i>due</i>
.....	<i>5 mos.</i>	<i>350.⁰⁰</i>

.....

.....
Certified correct. Registrar *[Signature]*

Casualty Form—Active Service.

Regiment or Corps Newfoundland

Rank Pte Surname Rowe Christian Name H. J. Henry Joseph

Religion Church of England Age on Enlistment 19 years 8 months.

Enlisted (a) 19/4/17 Terms of Service (a) Service reckons from (a) 19/4/17

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Stewart David S. Knight Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked <u>Southampton</u>		<u>4/12/17</u>
			Disembarked... <u>Rever</u>		<u>4/12/17</u>
			Joined Battalion	<u>11/12/17</u>	
		<u>WITH .BR. 30-13-17.</u>			
		<u>Transferred to U. K.</u>			<u>Corps. 1/5.</u>
		<u>for Re-patriation</u>			<u>Capt for Lt. Col.</u>
			<input checked="" type="checkbox"/> Other <input type="checkbox"/> Not Infant	Section	
			<u>G. H. Q. 3rd Division.</u>		
		<u>mt</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, Shoenig-Smith, &c.

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3641 Rank Pte Name Rowe H
 Former Occupation Steward Address Innis District Innis
 Class B Medical Category E Disability Rating Less than 5%

O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Telegraph Operator. His case has therefore been referred this day to the Vocational Office for action and his discharge is therefore held in abeyance.

Date 11-4-19

Officer
 Demobilization Officer

To be forwarded Orderly Room in Duplicate.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
279.

Number of Sheet *First*

Regiment of *1st Newfoundland*

Signature of O. C. Company *W. R. Doyle Lt.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3641. Rowe Henry J.</i>	Age on	<i>19</i> years <i>8</i> months	<i>Steward</i>	
Joined		Date	Place and Date of Enlistment } <i>St. John's</i> <i>19-4-17</i>	Religion	
Joined		Date		<i>Cof. E.</i>	
Joined		Date	Period of { with Colours <i>19</i> years. with Reserve <i>2365</i> years.		Place of Birth



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
<i>Demobilized St. John's, 28/19</i>									
				To be carried over					

The Royal Newfoundland Regiment

DEMOBILIZATION OF

A.3641

Reg. No. 3641 Rank Private Name Rowe J.
 Date of Enlistment 19-4-17 Address Trinity District Trinity
 Occupation Steward Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Less than 5%
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 288	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 11-4-19

J. News H
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

J. J. Rowe

Particulars passed to Vocational Officer for information and action.

Date 11-4-19

W. B. Couston
Squad

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
 (b) ~~Clothing Supplied~~

Date 11-4-19

W. B. Couston
Squad

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *716* to his home at *1111 1/2* and Release Certificate No. *3151* issued.

Date *12-4-19* *J.A. Crawford*
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 *18-4-19*

Date *12-4-19* *H. News 41*
Depot Paymaster.

Discharge approved for *14-4-19*

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
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 *12-4-19* *J.A. Crawford*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR 14 1919* *R.H. Jarrett*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot. *J.P. French Sr*

Date *17/4/19* *for officer in charge*

The Royal Newfoundland Regiment



PROCEEDINGS ON DISCHARGE

1. No. 3641 Rank Plt Name Rowe H.
 Intended place of residence Trinity
 2. Occupation Steward
 Classification of soldier B Medical Category E

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 APR 17 1919
 Comanding 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 and date ST. JOHN'S
APR 15 1919
 Signature of soldier Henry Rowe
 Signature of witness Amelouston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am ^{not} in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
11-4-19
 Signature of soldier H. J. Rowe
 Signature of witness W. J. Leatery Rowe

STATEMENT OF SERVICE

7. Enlisted for service 19-4-17 No of days on Military
 Discharged from service 14-4-19 Plus 146 days Service 740 days

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-eight days from date.

Place ST. JOHN'S
APP 11 1919
 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 Nfld
April 28 1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

H. B. 2079 2130

The Royal Newfoundland Regiment



Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *3641*

Name *Henry J Rowe*

Address *Imperial*

Present Medical Category *F*

Recommended for:— { (a) ~~Immediate discharge~~
(b) Standing Medical Board.....

Members of Board

R. H. Hart
O.C. Discharge Depot.

G. P. Brown
Senior Medical Officer

J. B. Borden
M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

Station *St John's*

Date *April 8th/19*

1. Unit *Royal Newfoundland*
2. Regimental No. *3641*
3. Rank *Pte*
4. Name *Rome H. J*
5. Age last birthday *31*
6. Enlisted on *April/17*
at *St John's*
7. Former trade or occupation *steward*
8. Disability *Bornathlessness*
Pain in Cardiac Region
9. History *Complain of pain in the head (region) before enlistment but did not report same while with Regiment.*

10. What is his present condition?

Looks in good condition

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

*Lungs normal.
No adenopathy seen
in Heart. Slight Sashy cardiac*

Medical Report on an Invalid

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

No

STATEMENT OF CASE

Signature

S. G. Keau

Rank or Qualification

Capt

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank



Opinion of the Medical Board

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

13. For pension purposes, the disability x may be considered as aggravated by:—
due to
- (a) ~~Service during this war~~ (b) Climate. (c) Ordinary Military Service

Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Since 92 Complaints of pain left side especially when working. Had the same pain before enlistment.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? less than 5%

- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? less than 5%

(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
- General Hospital,
 - Naval and Military Convalescent Hospital,
 - Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

.....
President

Signatures *J. S. ...*
J. H. ...

Place *S. Johns*

Date *Apr 9 1919*

APPROVED

Station *APR 9 1919*

Date No. *No.*



Clayton Macpherson
Administrative Medical Officer *Major*



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

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

STATEMENT OF CASE

Station.....**ST. JOHN'S**.....

Date.....**APRIL 8th., 1919**.....

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 21 |
| 2. Regimental No. 3641 | 6. Enlisted on APRIL 1917 |
| 3. Rank PRIVATE | at ST. JOHN'S |
| 4. Name ROWE H. J. | 7. Former trade or occupation STEWARD |
| | 8. Disability |

BREATHLESSNESS. PAIN IN CARDIAC REGION

9. History

COMPLAINS OF PAIN IN HEART (REGIOJ) BEFORE ENLISTING BUT DID NOT REPORT SICK WHILE WITH REGIMENT

10. What is his present condition ?

**LOOKS IN GOOD CONDITION. LUNGS NORMAL
NO ADVENTITIOUS SOUNDS IN HEART.
SLIGHT TACHYCARDIA**

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

11. Was sanatorium operation advised and refused ?

NO

12. Do you recommend discharge as permanently unfit ?

YES

Signature **(SGD) S. G. KEAN**
Rank or Qualification **CAPT.**

Remarks if any by Officer i | c Hospital.

Place Signature
Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **MAY** be considered as aggravated by :-
due to
- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any :-
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

PULSE 92. COMPLAINS OF PAIN :RFT SIDE ESPECIALLY WHEN WALKING WORKING. HAD THE SAME PAIN BEFORE ENLISTMENT

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **LESS THAN 5%**
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **LESS THAN 5%**
- (State in percentage.)

Remarks if any :-

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is :- (a) Reasonable (b) Unreasonable

Remarks if any :-

19. If fit subject for Hospital do you recommend admittance to General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.
20. We recommend discharge from retention in the Army

Remarks if any :-

(Sgd) **W. S. FRASER**

J. S. TAIT

President

Signatures.....

L. PATERSON MAJOR

ST. JOHN'S

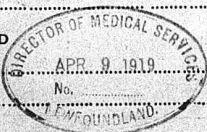
Place

Date **APRIL 9th., 1919**

APPROVED

Station.....

Date



(Sgd) **CLUNY MACPHERSON. MAJOR**

Administrative Medical Officer.



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 *Henry Rowe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3641*

Intended address *Trinity*

Height on discharge *5 Feet 8*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey.*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Edward*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Trinity 1898 August 23rd*

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) *H. J. Rowe.*

Station *St. John's*

Date *7.11.19*

(Rank) *A/C*

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