



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5722 Name Wm. J. Rowe ~~and~~ Meek

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Wm. J. Rowe</u>              |
| 2. What is your full Address? .....  | 2. <u>Royal Ave</u>                |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>12</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>No</u> <u>fisherman</u>      |
| 6. Are you Married? .....  | 6. <u>Yes</u>                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>Yes</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. ....                            |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. .... Name .....<br>Corps ..... |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Wm. J. 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.

William J. Rowe SIGNATURE OF RECRUIT.

Wm. J. Rowe Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm. J. 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. John's on this 2nd day of July 1915.

Signature of Attesting Officer Edwards 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 complied with. I accordingly approve, and appoint him to the 1st Regiment.

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

Date 2nd July 1915 Place St. John's } Approving Officer. Wm. J. Rowe

† 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

5722

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

Name Wm. J. Rowe  
 Apparent age 23 years     months. Height 5 feet 5 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
                                   Range of expansion 4 1/4 inches  
 Distinctive marks    

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward Rowe  
Thomas Rowe | Relationship 3 aunts

### Particulars as to Marriage

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

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>2-7-18</u>									
Joined at <u>St. John's</u> on <u>July 2-1918</u>									
<del>Discharged Sept 20 1919</del>									
Embarked <u>St. John's train to Halifax N.S.</u> <u>22-9-18</u>									
I hereby allow for demobilization <u>13-8-19.</u>									
Arrived <u>Halifax N.S.</u> <u>24-8-1919</u>									
<u>Demobilization St. John's</u> <u>22-9-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 22-9-1919 (date of discharge) 1 years 83 days  
 " " Pensions " " " " " " " " " " " "

Reg. No. 5722 Rank Pte Name Raue Williams  
Attested 2-7-18 Address 1011 1/2 Ave  
Allotment 100 Allottee Mary Jane Raue (Mother)  
Date of Allotment 1-8-18 Returned from Overseas.....  
Embarked for Overseas **SEP 22 1918** Cause.....

3-7-18 Vacc 1st 2-9-18 2nd 9-9-18

Returns from leave 22-7-18

C.R. 5722

Extract from Daily Orders Part 11 Unit Newfoundland Forestry  
Corps Nov. 10th, 1919.

The discharge of the u/m on demobilization has been  
CONFIRMED by Officer i/c Records

5722 Rowe

22-9-19.



C.R. 5722

Extract from Nominal Roll of Repatriation Draft #94  
For S.S. "Baltic," Liverpool to Halifax. 12/8/19

Due to sail 13-8-19.  
From Depot.

5722 Pts. W.J. Rowe.

C.R. 5722

Extract from List of soldiers embarked August 13th 1919  
for Halifax.

---

5722, Pte. J. Rowe.

C.R. 5722

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

5722 Pte. Rowe Wm.

COPY

NEWFOUNDLAND CONTINGENT

C.R. 5722

MEMORANDUM

No. 2402/R. A. G.

From  
Pay & Record Office  
58 Victoria Street  
London, S.W.

To  
Officer Commanding  
Hilsea Mil. Hospital.  
Hilsea, Hants.  
10th July. 1919.

8th July, 1919.

REPATRIATION

It being desirable to repatriate the remainder of this Contingent so soon as possible and opportunities being uncertain, will you kindly state, so far as may be practicable, the date on which the following may be discharged from hospital, and be ready to embark?

The undermentioned has been discharged Hospital 2/7/19

5722 Pte. Rowe, W.J.

5722 Pte. W.J. Rowe.

It may be added that in the absence of direct transport to Newfoundland there will be no alternative but to travel via Canada, and the men's physical condition should be considered accordingly, also kindly state whether any treatment may be necessary during the voyage to Canadian port, thence overland, the short sea journey to Newfoundland and thence again per rail to St. John's.

(Sgd) W.G. Clements  
Lieut. Colonel. R.A.M.C.  
Officer in Charge

(In Ref. No. 4616)

(Sgd) H. A. Timewell.

Major,  
Chief Staff officer(London)

*For Original see File M-9-36*



C.R. 5722

Extract from telegram received from <sup>S</sup>ynoptical, London,  
Aug. 13th, 1919.

Following have embarked Liverpool Aug. 13th to Halifax.

5722 Rowe.

C.R. 5722

**Extracts from Daily Orders By Major M.S. Sullivan, Commanding  
Newfoundland Forestry Companies 24-11-18.**

The undermentioned having arrived from 2nd Bn. Royal WFLA  
Regt. is attached to the strength from this date and posted to  
A.Co. for rations.

5722 Pte. W.Rowe,

C.R. 5722

Extract from Daily Orders part 11, Depot. St. John's  
dated July 3rd., 1918.

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#5722 Pte. Wm. Rowe.

Attested for General Service with the Royal Newfoundland  
Regiment 2-7-18.

\*\*\*\*\*

BC\*.

No. 2923/422.

069475 Depot 5722  
N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd/Bn. Ryl Nfld Regt.  
Winchester.

19th February 1919

Feb 22<sup>nd</sup> 1919

5722. Pte Rowe. W.J.

With reference to the following  
telegram from the Minister of  
Militia / / ( 36 )

"Pay to-5722. Rowe.

£5.0.0.

Cheque £ 5.0.0. is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

Receipt hereunder.

J. J. Barton LIEUT. COLONEL  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Five pounds

£5-0-0 in respect of

telegraphic remittance from the  
Minister of Militia.

W J Rowe

No. 5722 Rank Pte

Witness Pte Memmes Lieut

P. H. Memmes  
Chief Paymaster & O. i/c Records.

No. 21629/2512/P.&.A

*order 4574*  
N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

30th December, 1918

Jan 8 1919

Subject: 5722 Pte. W.J. Rowe,

Receipt hereunder.

With reference to the following telegram (11296) from the Hon. Minister of Militia, received  
1/1

*Asst. Comd. Capt. radi for*  
Officer Commdg. *2nd Bn. R. Nfld. Regt.*  
Royal Newfoundland Regiment.

"Pay to 5722 Pte. Rowe, £4.2.0.

Received the sum of Four  
Pounds 2/- on account of

Draft £ 4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

*J. H. Mansel*  
Chief Paymaster & O. i/c Records.

W Rowe

No. 5722 Rank Private

Witness \_\_\_\_\_



Capt Marshall

Remittance referred  
to in letter attached  
has not been received.  
A remittance of  
£5-0-0 was paid  
for this man in  
July and he has  
acknowledged  
receipt of same.  
Please.

F. Strick.



10175  
No. of Sheets -

1911  
ALLEN  
HARRIS  
CO  
900  
111  
E. W. L. 17021

Winchester  
July 12<sup>th</sup> / 19

Major Jewell

Dear Sir

If there is any money at  
pay office for me please forward it  
here to me, probably it is barred there  
yet but when it comes please send  
it on as I don't have a pay  
for a couple of months and its  
not easy to get along here without  
money. We dont get any pay from  
the Rifle Brigade.

By doing so you'll greatly oblige  
your Obedient Servant  
5722 W. J. Row.

Ref. Nos. 101  
BFA  
Comd  
P & A  
S & C  
S & T  
P.S.



Lowe, W. J.

5722

Ray Sept.

7154  
Korris Arm

24 - 10 - 19

To W. E. Niekman -  
Minister of Militia

Sir I please note I have  
not received any = =  
Gratuitous Money - yet

As I have had my  
Discharge since  
September the 27 1919 so I  
would like to know if its  
Due as other boys have

Rec some of theirs  
Please see to this  
Affair and Oblige

Wm. J. Powe

**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. *5732* 3. Rank. *Pte*  
 4. Name *Rose* *William*  
 (Surname) (Christian Names)  
 5. Age last birthday. *24*  
 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."  
*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 ? }

*No complaint other disability*

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.)*

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. P. Prochner. Capt Rame*  
 Medical Officer in charge of case.

Station *Haydock Down* .. .. .  
 Date *10/24/19* .. .. .

\* 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

Sept 22, 1919

#5722 Pte. Wm. Rowe,  
Harris Arm, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3829.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5722 Rank Pte Name Rowe W. J.  
 Intended place of residence Home Arm Fullerton

2. Occupation Fisherman  
 Classification of soldier E Medical Category A

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 26-8-19

*[Signature]*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection. *subject to adjustment of my pay by the*

Place, ST. JOHN'S

Date 26-8-19

*W. J. Rowe*  
 Signature of soldier

*[Signature]*  
 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 26-8-19

*W. J. Rowe*  
 Signature of soldier

*James G. Bueman*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 2-7-18 No. of days on Military  
 Discharged from service 8-9-19 Plus 14 days Service 448

## 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 Aug 28<sup>th</sup> 1919

*W. R. Cooper Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date September 22/1919

*M. Howley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*W. J. Rowe 50991 2019*

20  
21  
22

## 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

*W. J. Power*

Signature of Man.

*Walden*

Reg. No. 5722

Signature of the Vocational Officer or his Representative.

Place

*St John*

Date

*26-8-19*

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# 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. 5722

Name Rowe W. J. St.

Address Howie's Arms

Present Medical Category A.I.

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

Members of Board {

L. R. Hooper Capt.  
O.C. Discharge Depot.

W. Paterson  
Senior Medical Officer

W. D. Burdett  
~~M.O. Depot~~



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5722 Rank Pte Name Rowe W. J.  
 Date of Enlistment 2-7-18 Address Torin Ave District St. John's  
 Occupation Fisherman Classification for Discharge E Medical Category H. 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 26-8-19.....

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 .....

Date 26-8-19.....

O i/c. Re-clothing.

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. .... to his home  
at Winnipeg and Release Certificate No. 3817 issued.

Date 26-8-19

*[Signature]*  
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 22-9-19

Date 21-8-19

Subject to adjustment of my pay being adjusted

*[Signature]*  
Depot Paymaster.

Discharge approved for 8-9-19

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
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 26-8-19

*[Signature]*  
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 .....

**L. R. COOPER, CAPT.**

O. C. Discharge Depot.

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

Date .....

COPY

# The Royal Newfoundland Regiment

Class for Demobilization:—

**E**

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. **5722**

Name **Rowe, Wm. J.** **Pte**

Address **Norris' Arm**

Present Medical Category **A1**

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

(s gnd) **L. R. Cooper, Capt.**

Members of Board

O.C. Discharge Depot.

" **E. Paterson**

Senior Medical Officer

" **F. W. Burden**

M.O. Depot

Military Service: **448 days**

# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

To Review Board

Please receive documents as indicated below

No. RANK AND NAME

N.F.P. 38 Non-effective account.	Medical history sheet.	Nfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards	Attestation paper	Identity certificate	Allotment papers	A.F.W. 3463	Headquarters Travelling Board	Proceedings on discharge			
B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 130	B. 121	B. 122	1st. Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	D.F. 2	D.F. 1	

5755 Pte. Rowe, Du.

Received above noted documents,

Dated 19

Signature of Officer forwarding documents

Date Aug 22 1919



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

# MEDICAL HISTORY

Surname *Rowe*

Christian Name *William*

Table I.—GENERAL TABLE

Birthplace :—Parish *Norris Arm* County *Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

Examined .....	on <i>2</i> day of <i>July</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age .....	<i>23</i> years	days	years	days
Trade or Occupation .....	<i>Fisherman</i>			
Height .....	<i>5</i> feet <i>5 1/2</i> inches	feet		inches
Weight .....	<i>132</i> lbs.	lbs.		lls.
Chest Measurement {	Girth when fully expanded .....	<i>36</i> inches		inches
	Range of Expansion .....	<i>4 1/2</i> inches		inches

Physical Development .....

Vaccination Marks {	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		

When Vaccinated .....

Vision .....	R. E.—V= <i>4/9</i>	R. E.—V=
	L. E.—V= <i>6/9</i>	L. E.—V=

(a) Marks indicating congenital peculiarities or previous disease..... (a)

(b) Slight defects but not sufficient to cause rejection..... (b)

Approved by (Signature)

*L. Munro Paterson*

(Rank)

Medical Officer

Medical Officer

Enlisted .....

at <i>St. John's</i>	at
on <i>2</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 Nfld</i>	<i>5722</i>		
<i>Regiment</i>			

Transferred to .....

Became non-effective by.....

on	day of	191	on	day of	191
----	--------	-----	----	--------	-----

(Signature)

(Rank)





list in case of Warrant Officers treated in quarters

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

STAGE OF DISEASE. *Primary*

SYMPTONS. *chancre*

Sp. pallid *present* WASSERMANN *neg.*

To continue treatment. as O-P, Fit to rejoin Unit.

Injections = \_\_\_\_\_ grammes.

Injections Hg. Cream. = \_\_\_\_\_ grains.

First Injectn (date) \_\_\_\_\_ Last Injectn \_\_\_\_\_

Wassermann \_\_\_\_\_ Date \_\_\_\_\_

*Fit to Rejoin Unit*

*EO Spackman Capt R.A.M.C.*

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

Date	Brief Details, and Signatures
3-7-18	Vacc. 70
2-9-18	T. A. B. 70
14-9-18	J. A. B. 70
21-9-18	J. A. B. 70
<p><i>It is hereby certified that this soldier</i></p> <p><i>has been before a Travelling Medical</i></p> <p><i>Board and has been classified as</i></p> <p style="text-align: center;"><b>E</b></p> <p><i>for Discharge on Disability</i></p> <p><i>Medical category</i> <u>                    </u></p> <p style="text-align: center;">26-8-19</p> <p style="font-size: small;">Date of T.M.B.                      <i>[Signature]</i>                      Captain</p>	

**TABLE IV.—SERVICE TABLE**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



# 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 *William James Rowe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5722*

Intended address *No. 10 Arm. Supte.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark Brown.*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *Edward.*

Christian name of Mother *Jane*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Seldom Cove Bay, Feb 23<sup>rd</sup> 1894*

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) *W. J. Rowe*

*OR to*  
(Rank)

Station *ST. JOHN'S.*

Date *26-8-19*

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 *St. John's, Newfoundland*

Date







THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William J Rowe, Regl. No. 5722,  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins August 1st /18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4712	mother	Mary Jane Rowe	Harris' Arm N. 1213.	60
Total Allotment, \$				60 <sup>00</sup>

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.) H. G. James  
 Officer Commanding  
E Company  
St. John's  
July 5th 1918.

(Sig.) William J. Rowe  
 (Rank) Pte.



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.1918.

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 *William J. Rowe*.....

3. Rank *Pte*..... 4. Regt. No. *5722*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Ross' Arm, N.S.B.*

6. Date of enlistment in the Regiment..... *July 1/18*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in 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..... *From July 1/18 to*

*Aug 26/19*.....

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?

*No*

16. Have you, during the present war, served in the Imperial Forces?

*No*

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

*No*

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

*No*

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

19. Are you now serving in the Rest? If not give - (a) date of discharge

*No*

*Aug. 26/19*  
*Redeption*

Reason for discharge  
*Re-establishment*

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.

*No*

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.

W. J. Rowe

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Worship, Conn., U.S.A.

A. Johns, U.S.A.

26th day of August 1919.

John M. Gentry

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

POST DISCHARGE PAY.

Date paid

Paid

Paid

Soldier. Dependent

War Service  
Gratuity.

Net amount  
due

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar

5722

November 19, 1919

Wm. J. Rowe,  
Morris' Arm.

Dear Sir:

With reference to your  
letter of 9/11/'19, I beg. to inform you that  
your cheque was mailed today, please.

Yours truly,

Lieut.  
For Paymaster

Mailed today

Nov 18/19

7436  
5722 Morris Arm  
9-11-19

4  
To Mr Howley Capt.  
Sir Please.

Note I have been  
Discharged since  
Sept 23<sup>rd</sup> 1919 -

& have not rec. my  
Gratuity money

yet please Sir to  
Chis affair & dont

know why I have.

Not rec. my I would  
like to know as I am  
entitled to it, Discharge  
certificate # 3829.

Sincerely yours  
William J. Rowe



ST. JOHN'S, Aug 26<sup>th</sup> /14

# Royal Newfoundland Regiment.

Billeting Account,

To Lt. W. J. Rowe

Billeting Soldiers as undermentioned

from Aug 28<sup>th</sup> /14 to Sep 10<sup>th</sup> /14

5722 Lt. W. Rowe 14 40

ACCOUNT	B. & M.	
CH. NO.	8451	INITIALS
IND. LEDGER	---	INITIALS
PAY LEDGER	---	INITIALS
GEN LEDGER	14	INITIALS

Certified correct for

J. A. Snowdon  
185  
W. J. Rowe  
Billeting Officer.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 59<sup>65</sup>

Aug 12<sup>th</sup> 1920

Received from the First Newfoundland Regiment  
the sum of Fifty nine <sup>65</sup> Dollars.  
on account of Pay. <sup>W.S.Y.</sup> mailed to Morris at m  
balance

Ch. No. 1661	Initials: R.H.
Pay Ledger 344/4	Initials: R.H.
Gen. Ledger	Initials: R.H.

Regt. No. 1. C. S.

Aug. 12/20 Rank [Signature]

No. 5722.

Rank Private

Name W. Rouse.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*One*

Signature of O. C. Company

*C. D. Dukes*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>5722 William Howe</i>	Age on	<i>23</i> years <i>0</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i> <i>2-7-18</i>	Religion	
Joined	Date			<i>Meth</i>	
Joined	Date	Period of	with Colours / <i>1<sup>st</sup></i> years. with Reserve / <i>5<sup>th</sup></i> years.	Place of Birth	
Joined	Date			<i>Norris Arm</i>	

Place	Date of Offence	Rank	Grade of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>22</i>	<i>9</i> <i>19</i>		

To be carried over.

Army Form B. 121.

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

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

1. Unit and Corps. *Royal Newfoundland Regt.* Former Trade or Occupation } *Iskoman*
2. Regtl. No. *57328*. Rank. *plb* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rowe* *William* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. 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.
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*  
*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? }

*He complains of no Disability*

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

15. What is his present condition ?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

*Rehabilitation*

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

*W.E. Proctor, Capt. Same*

Station *Hazley Down*

Medical Officer in charge of case.

Date *9/7/19*

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

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5722 Rank Pte Name Rome W. J.  
 Date of Enlistment 2-7-18 Address Toronto District 2nd  
 Occupation Fisherman Classification for Discharge E Medical Category A F  
 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	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	E 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 26-8-19 O. C. Discharge Depot. [Signature]

**PARTICULARS FOR DEMOBILIZATION**

**1. Civil Re-Establishment.**

I am.....in a position to resume civilian occupation. W. J. Power

Particulars passed to Vocational Officer for information and action.

Date.....

**2. Clothing.**

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied White trousers

Date 26-8-19 O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 2533.....to his home at ..... and Release Certificate No. 3817..... issued.

Date 26-8-19.....

*[Signature]*  
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 22-9-19.....

Date 21-8-19.....

*[Signature]*  
Depot Paymaster.

Discharge approved for 9-9-19.....

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.....
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 26-8-19.....

*[Signature]*  
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**

**L. R. COOPER,**

Date .....

O. C. Discharge Depot.

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

Date Aug 30 19.....

*[Signature]*