



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5588 Name Raymond Shave Metrs

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

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>Raymond Shave</u>             |
| 2. What is your full Address? .....  | 2. <u>St. John's</u>                |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>no.</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 .....<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, Raymond Shave 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.

Raymond Shave SIGNATURE OF RECRUIT.  
John Shave Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Raymond Shave 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 19 day of June 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 } 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

27488

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

Name Raymond Thome  
 Apparent age 19 years 35 months. Height 5 feet 6 1/4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 1/4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Thome  
Burns | Relationship Son

### 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>1-6-1918</u>									
Joined at <u>St Albans</u> on <u>June 1-1918</u>									
<u>Discharged August 8-1919</u>									
<u>Embarked St Albans S.S. Co. Embeth to Halifax N.S. 32-7-18</u>									
<u>Left for demobilization 34-6-19</u>									
<u>Arrived homebound 1-7-1919</u>									
Total Service forfeited as above <u>Demobilization St Albans 8-8-1919</u>									
Total Service towards Engagement to <u>8-8-1919</u> (date of discharge) <u>1</u> years <u>69</u> days									
Pensions [ " " ] " " " "									

C.R. 55-88

Extract from Daily Orders Part II Royal Newfoundland Regt.

Depot St. John's dated August 19th 1919.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by officer i/c Records from noted date  
8-8-19.

5588, Pte. R. Shave.

C.R. 5588

Counter No. \_\_\_\_\_

Form No. 17

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address **ST. JOHN'S**

Line Number	Rcd	By	Sent by	Check
Dated <u>June 2nd 1919</u>				
To <u>MR. THOMAS SHAVE,</u>				

BURIN.

~~REMAINDER TROOPS LEAVING ENGLAND END OF MONTH LETTER FOLLOWS~~

**AE HICKMAN**

**Minister of Militia.**

Chg. to Dept. of Militia



CP. 55'88

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

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. Discharge Depot, with effect 25-7-19.

5588 Pte. R. Shave.

C.R. 5588

Extract from Daily Orders Battalion Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5588 Pte. R. Shave.

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

C.R. 5588

## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. \_\_\_\_\_ Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check \_\_\_\_\_ No. \_\_\_\_\_

Place from Boston 2To A. E. SackmanMinneapolis

Is there another draft  
 on way from England or  
 when will Draft leave  
 will they be all in it  
 reply.

Thomas Shave

C.R. 5588

JUNE 6th 1919.

Thos. Shave, Esq.,  
Buxin.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 29th ult., to the Minister of Militia, with reference to your son, #5588 Pte. Raymond Shave.

The authorities in England were requested to send with the last draft all Men intended engaging in the fishery this year. It is regretted that your son did not return with them, but the fault does not rest in this Department.

I am to advise you now that the next draft will be leaving the other side during the latter part of this month, when all Men who are fit to travel will be repatriated.

Yours faithfully,

C.C.B.

Captain,  
Military Secretary.

L L Y

C.R. 5588

Pzurim

Nov 29/19

A. B. Spickman.

6 instes of Malatia.

St Johns.

Dear Sis.

I am informed to-day by a message from you that # 5588 is not coming in this draft. I feel sorry over that. It is only a year since my boy went away but it seems a long one.

Some time ago I wrote J. P. Bennett asking him when the boys would be home, he informed me that they would be all home in time for the fishing.

Feeling sure what he told me was correct I kept a chance for my boy now he is not coming I am a man short. What is the trouble that they are not coming. If some of the boys was half as busy to get the boys home as they was to get them away from home they would of been here long

ago please let me know when  
he will be coming home if  
it is in your power to find  
out

Yours Truly  
Thomas Shaw.

C.R. 5588  
Counter No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated May 29th 1919.  
To Thomas Shave,  
Barin.

5588 Pte. Raymond Shave not on draft.

A. E. Hickman  
Minister of Militia.

Charge to Dept. of Militia.



NEWFOUNDLAND POSTAL TELEGRAPHS. <sup>5588</sup>

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. \_\_\_\_\_ Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check \_\_\_\_\_ No. \_\_\_\_\_

Place from 120 B 105

To Burin 28  
J R Bennett  
Militia



Is pte Raymond Shave  
5588 in draft on  
Corsican Reply  
Thomas Shave.

no  
MF

C.R. 5588

APRIL 21, 19.

Mr. Thomas Shave,  
Burin.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 15th inst., asking for definite information as to when your son #5588 Pte. Raymond Shave, will be returning.

I may say that we have telegraphed the authorities on the other side making arrangements whereby it is hoped to have all men who will likely engage in the fisheries repatriated in time for the summer's work.

Upon receipt of any further information in this connection, we shall again communicate with you.

Yours faithfully,

C.C.B.

Captain,  
Military Secretary.

5588

Ph. Raymond

Burin  
April 15/  
19

J. R. Bennett

St. Johns

Dear Sir,

I would like to ask if you can give any idea, as to if our boys will be home in time for the fishing season, many of the boys on the other side of the Atlantic are fishermen. I have a son over there and I would like to know if he will be home in time to take part in the fishery. If you could give me a satisfactory

answers I would then know  
how to act.

If I see our boys over at  
<sup>at the beginning of the war</sup>  
Rome. Every means was used  
to take them from there  
home and parents, steam-  
boats were numerous, to take  
them across to England.

Now that they are over  
there, Steam-boats, cannot be  
obtained to bring them back  
again, and no one seems to  
trouble, whether they come at  
all or not.

I do not say anything  
because my boy went his.  
I only think it right

that he should go and  
take part in the fight and  
do his share. But I do  
not think it right, that  
he should be left in England  
at nothing, when he is wanted  
at home where there is a work  
for him to do.

Yours Sincerely  
Thomas S. Kane.

C.R.

5588

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

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5588 Pte. Raymond Shave.

C.R. 5588

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Reg .St. John's, dated June 5th, 1918.

#5588 Pte. R. Shave.

Attested for General Service with the Royal Nfld. Regt.  
from 1.6.18



Shave

C.R. 5588

~~SHC~~



No. 5264/765

098963

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,  
2<sup>nd</sup> Bn. Royal Newfoundland Regiment,  
Hazeley Down Camp,  
Winchester.

3rd April 1919

April 5<sup>th</sup> 1919

5588 Pte. Shave R.

With reference to the following telegram from the Minister of Militia / / (116)

"Pay to 5588 Shave  
£5. 0. 0.

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

*[Signature]*  
Chief Paymaster & O. i/c Records.

B

Receipt hereunder.

*[Signature]*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2<sup>nd</sup> Batt n.

Received the sum of Five pounds

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of militia.

R. Shave  
No. 5588 Rank Private  
Witness M. Rockett

No. 19/9

N.F.P. /79.

NEWFOUNDLAND CONTINGENT



*066505*  
*[Signature]*

From:

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

To:

*[Signature]*  
Officer Commanding,  
2nd Bn. R. Newfoundland Regt.  
Haseley Down Camp,  
Winchester, Hants.

2nd. January, 1919

4-1-1919

Subject: 5588. Pte. R. Shave.

Receipt hereunder.

With reference to the following telegram (11365) from the Hon. Minister of Militia, received

*J. Seymour*  
LIEUT. COLONEL,  
Officer Commandg. 2nd Bn. R. Newfoundland Regt.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Pay to 5588 Shave - £6:0:0

Received the sum of Six  
Pounds on account of

Draft £6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

*A. Maunders Maj.*

R Shave

Chief Paymaster & O. 1/c Records.

No. 5588 Rank Pte

*B*

*A Maunders*

No. 7639/1504



*PD 099897*

N.F.P. 170.

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 Batt. ~~1st~~ Nfld. Regiment  
Winchester.

17th May 1919

May 21<sup>st</sup> 1919.

5588 Pte. R. Shave

Receipt hereunder.

With reference to the following  
telegram from the Minister of  
Militia / / 19 ( 191 ) :

*M. Barton*  
Officer Commdg. 2nd Batt. N. REGT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5588 R. Shave  
£6. 0. 0.

Received the sum of Six Pounds  
in respect of  
telegraphic remittance from the  
Minister of Militia.

Cheque £6. 0. 0. is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

R. Shave  
No. 5588 Rank Private  
Witness: M. Roberts

*A. A. Minshall May*  
Chief Paymaster & O. i/c Records.



No. 3565/558

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/Btn. Royal Nfld. Regiment  
Winchester.

P.D.  
0646  
5/31/19

5th March 1919

5588. Pte. Shave. R.

With reference to the following telegram from the Minister of Militia / / ( 61)

"Pay to-5588. Shave. R.

£6. 0. 0.

Cheque £6. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*[Signature]*

Chief Paymaster & O. i/c Records.

B

*[Signature]* 1919

Receipt hereunder.

*[Signature]*  
LEUT. COLONEL,  
COMMANDING 2ND BATTALION NEWFOUNDLAND REGT.

Received the sum of Six

Pounds in respect of telegraphic remittance from the Minister of Militia.

A Shave

No. 5588 Rank Pte

Witness M. Rockett



Shave, J

5588

Hay Dept.



August 8th 1919.

#5588, Pte. R. Shaw,  
Burin.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3618.

Yours truly,

Capt. &  
Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5388 Rank. Pfc Name Shave R  
 Intended place of residence. Burns  
 2. Occupation Fisherman  
 Classification of soldier. E Medical Category A<sup>L</sup>

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 11 1919

*[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.

Place, ST. JOHN'S

Date

JUL 11 1919

*R. Shave*  
 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

JUL 11 1919

*R. Shave*  
 Signature of soldier

*James Newman*  
 Signature of witness SP1

### STATEMENT OF SERVICE

7. Enlisted for service. 1-6-18 No. of days on Military  
 Discharged from service. JUL 25 1919 Plus 14 days Service. 434

### 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 25 1919

*N.R. Cooke Capt.*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date

August 5 1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

132079 / 13618

30  
31  
32

# The Royal Newfoundland Regiment

Class for Demobilization: 7  
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 10.7.19 .....

Regimental No. .... 5598 .....

Name ..... Shave Ray .....

Address ..... Burn .....

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

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

Members of Board {

R.H. Lunt Major  
O.C. Discharge Depot.

P. Paterson  
Senior Medical Officer

B. Berden  
M.O. Depot

## 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.

*R. Shave*

Signature of Man.

Reg. No. 5588

*J. A. Snowcraft*

Signature of the Vocational Officer or his Representative.

Place

*at Johns*

Date

*11-7-19*

191

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 288 Rank Pls Name Thomas R  
 Date of Enlistment 1-6-18 Address Burns District Burns  
 Occupation Tailor Classification for Discharge A Medical Category A1  
 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 10-7-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00  
 (b) ~~Clothing~~ Supplied \_\_\_\_\_

Date 11-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192309 to his home at Bunin and Release Certificate No. 34691 issued.

Date 11-7-19

*J.A. Lawrence*  
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 8-8-19

Date 11-7-19

*J.A. Lawrence*  
Depot Paymaster.

Discharge approved for. 25-7-19

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.	//
R 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.	" 6.	//
B 179c.	B 120.	M 93.				

Date 11-7-19

*J.A. Lawrence*  
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

JUL 25 1919

Date .....

*K.R. Cooper*  
O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

OF

Surname

*Shave*

Christian Name

*Raymond*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Burns*

County

*Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15 <sup>th</sup>	<i>June</i>	191	191
	at	<i>St Johns</i>	at	
Declared Age	19	years		days
Trade or Occupation	<i>Seaman</i>			
Height	5	feet 6 <sup>1</sup> / <sub>4</sub>		inches
Weight	120	lbs.		lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		3 <sup>1</sup> / <sub>2</sub>	inches
Physical Development	<i>2</i>			
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V	<i>4/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Lammie Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at	<i>St Johns</i>	at	
	on	15 <sup>th</sup> day of <i>June</i>	on	day of 191
	Corps		Corps	Regtl. No.
Joined on Enlistment	<i>Royal Nfld. Regiment</i>			
Transferred to	<i>5988</i>			
Became non-effective by	on	day of 191	on	day of 191
(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 Newfoundlands } Former Trade } Gasfitter  
or Occupation
2. Regtl. No. 5688 Rank. Pte 1a. If the soldier claims previous service in Army, he should state—
4. Name Harry Raymond (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. 20
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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

*No complaints of no disability*

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

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

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

*Repatriation*

*W.S. Procmier, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Stokeley, Brown*

Date *2/14/69*

\* 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 *Shave, Raymond.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *55 88*

Intended address *Burin*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

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

Figure on discharge *Medium*

Christian name of Father *Thomas.*

Christian name of Mother *Edith*

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

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

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

Place and date of soldier's birth *Burin, Feb. 13, 1899*

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) *Raymond Shave*

(Rank) *Pte*

Station **ST. JOHN'S.**

Date *7-7-19*

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 \_\_\_\_\_

August 18, 1919

Mr. R. Shawe,  
BURLIN.

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 & Paymaster.



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..... *R*..... 2. Surname..... *Shore*  
3. Rank..... *Pte*..... 4. Regtl. No..... *5788*  
5. Address in full to which future payments of gratuity are to be forwarded..... *Bawn*  
.....  
6. Date of enlistment in the Regiment..... *June 1/18*  
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..... *1*  
9. Address in full of such dependents..... *1*  
.....  
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 field, if so, give dates and particulars of such service..... *Overseas*  
.....  
12. Give total length of time which you served on active service, whether in field or Overseas..... *thirteen months*  
..... 1.2

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

*no*

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

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

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

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

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

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

19. Are you now serving in the Res? If not give - (a) Date of discharge. (b) Reason for discharge.

*no*  
*Jul. 27/19*  
*Went on*

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

*England*

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

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



Signature of Applicant: - *A Shave*

Place of Residence: *Burien*

Declared before me at: *St Johns*

This 11 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 McCarry J.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Registrar



February 4, 1919

Mr. Thomas Shave,  
B u r i n.

Dear Sir:

With reference to your telegram of January 28th. I beg to state that the amount of \$29.22 ~~000~~ forwarded to us by you, was cabled to #5588 R. Shave on December 30th.

Yours truly,

Lieut.  
For Paymaster

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland* <sup>6</sup>  
Signature of O. C. Company *C. B. Drake Lieut*

Number of Sheet *100*

Regimental Number and Name	
No.	<i>5588 Raymond Shaw</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		
Age on	<i>19</i> years	months
Place and Date of Enlistment	<i>St John's 7. 6. 18</i>	
Period of	with Colours	<i>169</i> years.
	with Reserve	<i>36</i> years.

Grade	<i>Fisherman</i>
Religion	<i>Meth.</i>
Place of Birth	<i>Russia</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Disobedience	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>8</i>	<i>5/19</i>		

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5588 Rank. Plt Name Shave R  
 Date of Enlistment 1-6-18 Address Buxins District Buxins  
 Occupation Fisherman Classification for Discharge A Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.	1
B 178	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	do 2nd.	" 3.	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 10-7-19 O. C. Discharge Depot R. Shave

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 by manufacturer

Date 11-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 112309 to his home at Burn and Release Certificate No. 3459 issued.

Date 11-7-19

*J.A. Lawrence*  
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 8-8-19

Date 11-7-19

*J.A. Lawrence*  
Depot Paymaster.

Discharge approved for 95-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	//	N.F. Med.	D.F. 1	
F 178	W 3494	B 122		Board 1st	" 2	
B 178a	// D 400A	// B 1915	//	do 2nd	" 3	<i>E. Tam B.</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 11-7-19

*J.A. Lawrence*  
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**

*JUL 20 1919*

Date .....

*A.P. Cooper Capt.*  
O. C. Discharge Depot.

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

Date Aug 7 1919

*Mt*

Reg. No. *5588* Rank *Pte.* Name *Shane R.*  
Attested ..... Address *Buxton*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *JUL 1 1919*  
Returned on S.S. *Cassandra* Cause *Discharge*

*11. 7 / 19*  
*257 / 19*  
**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 or Occupation } *Feathermax*
2. Regtl. No. *5577* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Shave* } (Surname) } *W* } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *20*.....
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 (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

*No 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. Groenier. Capt Raimel*

Station *Hazeley Down*

Medical Officer in charge of case.

Date *2/4/19*

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

DEPARTMENT OF VETERANS AFFAIRS

To **COPY FOR H.O. FILE**

Attention of

NAME **SHAVE, RAYMOND PURCHASE**

SERVICE CIVILIAN WW2  
NUMBER & 5588 WW1

C.P.C. No.  
W.V.A. No.

GWA.405261

NAVY ~~BOOK~~  
ARMY  
R.C.A.F.

OTTAWA 4, ONT.

Date JUNE 8/1964

P.A.

The DEPARTMENT has received information from

S.T.M.O. , D.V.A. ST. JOHN'S, NFLD. TEL. MEMO D/1-6-64

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death 30-5-64

Cause of Death.....

Place of Death DVA PAVILION, GENERAL HOSPITAL ST JOHN'S, NFLD.

Box 4925-32

Name and Address of next of kin (if known).....

Copies to: W.S.R.

V. I.

~~XEROX~~

~~DOC.~~

H.O.

} Destroy form if advice of death already received.

E.C. Richards

for  
Chief, Central Registry