



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2193 Name James J. [unclear] Corps [unclear]

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

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. ....                              |
| 2. What is your full Address? .....  | 2. ....                              |
| 3. Are you a British Subject? .....  | 3. ....                              |
| 4. What is your age? .....   | 4. .... Years ..... Months .....     |
| 5. What is your Trade or Calling? .....  | 5. ....                              |
| 6. Are you Married? .....  | 6. ....                              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. ....                              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. ....                              |
| 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. ....                             |

FOR THE DURATION OF THE WAR

I, James J. [unclear] 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.

..... SIGNATURE OF RECRUIT.

..... Signature of Witness.

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

I, James J. [unclear] 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..... on this..... day of..... 1915

Signature of Attesting Officer [Signature]

### † 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

Place..... } Approving Officer.

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

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





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4124 Name James Stamp Corps R.C.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>James Stamp</u> .....                  |
| 2. What is your full Address? .....  | 2. <u>Wainford Bridge Rd St. Johns</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                          |
| 4. What is your age? .....   | 4. <u>13</u> Years <u>1</u> Months .....     |
| 5. What is your Trade or Calling? .....  | 5. <u>Lab Driver</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> .....                         |

FOR THE DURATION OF THE WAR

I, James Stamp ..... 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.

James Stamp ..... SIGNATURE OF RECRUIT.

Robert Paul ..... Signature of Witness.

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

I, James Stamp ..... 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.....

on this 19th day of Nov ..... 1917

Signature of Attesting Officer Wesley H .....

### †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 Nov 19th 1917 .....

Place St. Johns .....

..... } Approving Officer.

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

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



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Stamp  
 Apparent age 18 years 1 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 32 1/2 inches  
 Range of expansion 1 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Stamp  
Wainford Bridge Rd. G. Stamp Relationship Father  
 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>19-11-17</u>									
Joined at <u>St John's</u> on <u>November 19-17</u>									
<u>Exchanged April 1/1919</u>									
<u>Embarked St John's St. Neeranchy 11-12-17</u>									<u>Embarked for 108 S. 25/18</u>
<u>Joined Battalion in the field 31-7-18. Wounded 22-10-18</u>									<u>Admitted 136 Co.</u>
<u>Went back 27/8. Went to test camp St Neeranchy 24-11-18</u>									<u>Arrived Co 7.</u>
<u>Went back Depot 16-11-18. To Company 27-11-18. Posted to Reg. 11th March 18/18</u>									<u>18/18</u>
<u>Went forward law for discharge 30-1-19. Arrived 7-2-19</u>									<u>1-4-19</u>
<u>Demobilized</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 1-4-19 [date of discharge] 1 years 134 days  
 " " Pensions " " " " " " " " " " " "

Reg. No. 4124 Rank Pl Name Stamp J.  
 Attested 19-11-17 Address Waterford Bridge Rd. St. Johns  
 Allotment 604 Allottee Mr Joe May Stamp Mather  
 Date of Allotment 16-12-17 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas 11-12-17 Cause \_\_\_\_\_

Vac 21-11-17 Leave 1<sup>st</sup> 26-11-17 2<sup>nd</sup> 29-11-17 3<sup>rd</sup> 7-12-17  
 St. b. 4-12-17 to 7-12-17 Retd 7-12-17

No. 4124 Name Pte Stamp Mc Corps Royal Newfld Date of enlistment } 1911 G.C. Badges }  
 { Sqn., Batty., of Company } { Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } Character }  
W. M. Lunn

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
<u>Shield</u>	<u>6/1/15</u>	<u>Pte</u>		<u>Inattention on parade</u>	<u>Lt Bishop &amp; dup etc</u>		<u>7/9/15</u>	<u>H. Burke</u>	<u>3ms</u>

ARMY FORM B. 122

C.R. 4124

Extract from Orders by Major Mathias, T.G. D.S.O. Commanding B  
1st Batta. Royal Nfld. Regt. 3/7/18.

The following arrived yesterday and is attached to A.Co.

4124 Pts. J. Stamp.



C.R. 4124

Extract from Daily Orders Part II Unit the Royal Nfld. Regt.  
St. John's, April 2nd, 1919.

Discharged on Demobilization has been CONFIRMED BY Officer  
i/c Records from 1-4-19.

4124 Pte. Jas. Stamp



C.R. 4124

Extract from Daily Orders part II, Depot  
St. John's dated March 20th., 1919.

The discharge of the undernoted on demobilization  
has been APPROVED by O.C. Discharge depot on  
18-3-19.

#4124 Pte. James Stamp.

C.R. 4124

Extract from Bobby Nelson's Part II Unit the Royal W.M.  
11-2-19  
Regt. St. John's, 11-2-19.

The unclassified returned from overseas and reported to  
7-2-19  
Capt 7-2-19.

Registered as A.S. 1179.

4142 Pte. James Stamp.

(4124)

C.R. 4124

Extract from Nominal Roll of the Royal Nfld. Regt.  
~~Sixth Battalion~~ Embarked S.S. Corsican, Jan. 30th, 1919.

4124 Stamp.



C.R. 4124

Extract from CASUALTIES from P.&R.O., London, dated 4/12/18.

The following has reported to 2nd Bn. from Base Depot,  
Rouen, 26/11/18.

4124 Pte. J. Stamp

Authority: Mess from Medical Officer, 2/Battalion.

C.R. 4124

Extract from Daily Orders Part 11 Unit The Royal NFA.  
Regt., France, 30-11-18.

4122 Pte. J. Stamp.

To England "B" 27-11-18.

C.R. 4124

Extract of Orders by Lt. Col. B. J. Barton B.S.C. Commanding  
and Battalion Royal Newfoundland Regiment. NOV 28 1918

The following having reported back from the 1st Batta.  
is taken on the strength and posted to "H" Company

4124 Pte. Stemp. as from 28/11/18



C.R. 4124

Extract from List of Sick and Wounded N.C.Os. and Men of the  
Expeditionary Force - France.

List No: H.A. 31876.

4124 Pte. J. Stamp

1 Newfoundland.....G.S.W. L.Hand Sgt.

Dis. to 5 Rest Camp St. Martin's ex 12 Con. Dep. 14 Nov. '18.

C.P. 4124

Nov. 1st 18

Dear Mr. Stamp:

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

your son, No. 4124, Private James Stamp was admitted to 3rd Canadian General Hospital Boulogne Oct. 23rd suffering from G.S.W..left hand mild.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Mr. Jas. Stamp

Waterford Bridge Rd.,

Yours faithfully,

Minister of Militia.

C.R. 4124

Ex tract from War Office list No. H. A. 51233.

ADMITTED 12 CON. DEPOT AUBENGUE 31st., October 1918.

4124 Pte. J. Stamp.

G.S.W. L. HAND SLIGHT?



C.R. 4124

Extract from War Office List No. H. A. 31057.

ADM. 7 CON. DEP. BOULOGNE 28th, October 1918.

4124  
~~#4124~~ Pte. J. Stamp.

G.S.W. L. HAND.

C.R. 4124

Extract from Casualties List No. H.A. 30752

4124 Pte. Stamp, J.

1/Nfld. R. GSW L Hand Mild..Afm. 3 Can. Gen. H. Boulogne

23rd Oct'18.

MM.

C.R. 4124

Extract of Nominal Roll of 2nd. Battalion to B. E. F., embarked  
Southampton. 25/7/18

#4124 Pte. J. Stamp.



C.R. 4124

Extract of Telegram to Synoptical London dated May 30th. 1918.

Pay as follows:

4124 Stamp

2 pounds.

C.R. 4124

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. FLORIZEL, Dec. 11, 1917.

#4124 Pte. J. Stamp/

4124

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Nov. 20th 1917.

4124 Pte. J. Stamp.

Attested for General Service with the 1st Nfld. Regt.,  
and posted to G. Co., and assigned numbers as shown  
with effect from Nov. 19th 1917,



J. Stamp

C.R. 4124

PKD

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. *4124* 3. Rank. *Plt*
4. Name *STAMP*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade }  
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

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

*Flat feet.*

11. Date of origin of disability.
12. Place of origin of disability.
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. *Went to France July '18 returned from Rouen B. personal flat feet third degree*

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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? *Flat feet third degree unable to do long marches*  
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered.
  - (b) The present condition thereof.

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?

22. 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 part of the soldier .. .. . | .....               | .....             |
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
  - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

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*  
*miss*  
*Ciprodos*

Station *Hazelton Camp*  
 Date .....

Medical Officer in charge of case.

\* 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



No. 8654/754

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From

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

To

Officer Commanding,  
2/Bn Royal Nfld. Regt.,  
Winchester.

Subject: June 3rd 1918

10 JUN 1918

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Subject: 4124, Pte. J. Stamp

With reference to the following telegram (4927) from the Hon. Minister of Militia, received

pay to 4124 Stamp £2:0:0

Draft £ 2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

ADJUTANT 2nd Bn ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. 2 BATTN.  
1st Newfoundland Regiment

Received the sum of \_\_\_\_\_

£2.0.0 on account of cable remittance from Newfoundland.

*F. H. Marsh*  
Chief Paymaster & O. i/c Records.

*James Stamp*  
No. 4124 Rank pte









Stamp, John

#124

Ray Sept.

April 1st, 1919

#4124 Pte. James Stamp,

Waterford Bridge Rd.,

City.

Dear Sir:-

Please find enclosed "Discharge Certificate

No.1516."

Yours truly,

Paymaster & Officer i/c Records  
Captain,



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. H.1.2.4. Rank Private Name Stamp, James  
 Intended place of residence St. John's Waterford Bridge Road  
 2. Occupation cab driver  
 Classification of soldier F Medical Category A.I.

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 .....  
 Date MAR 18 1919 for H. Murs Sicut  
 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. SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Place and date ST. JOHN'S  
18-3-19  
 Signature of soldier James Stamp  
 Signature of witness Joseph A. Snowfield

## 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  
18-3-19  
 Signature of soldier James Stamp  
 Signature of witness Joseph A. Snowfield

## STATEMENT OF SERVICE

7. Enlisted for service 19-11-17 No of days on Military  
 Discharged from service 18-3-19 Plus 14 days Service 499 days

## 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 MAR 18 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment. R.H. Sicut Capt

## CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld  
 Date April 1st 1919  
 Officer in Charge  
 The Royal Newfoundland Regiment. M. Howley Capt

12  
31  
31  
49  
103

H. B. 2091/151

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4127 Rank Private Name Stamp James  
 Date of Enlistment 19-10-17 Address St John's District St John's  
 Occupation Labourer Classification for Discharge E 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.....
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 18-3-19 ..... for Stamp 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 #600.00.....

(b) Clothing Supplied gilet & trousers.....

Date 18-3-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home  
at ..... and Release Certificate No. 1557 issued.

Date 18-3-19

*J. A. Snow*  
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 1-4-19

Date 18-3-19

*H. News*  
Depot Paymaster.

ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 18-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
E 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 18.3.19

*Orbinks Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date MAR 18 1919

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

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

Date .....



# The Royal Newfoundland Regiment

Class for Demobilization: 7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 18.3.19

Regimental No. 4124

Name Stamps James

Pte.

Address St John's

Present Medical Category A.I.

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

R.H. East Capt  
O.C. Discharge Depot.

L. Paterson  
Senior Medical Officer

S.W. Burden  
M. O. Depot

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

# MEDICAL HISTORY

Surname Stamp OF Christian Name James

Table I.—GENERAL TABLE.

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

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	19th	Nov	1917	191
Declared Age	18 years	1	months	years
Trade or Occupation	Cab Driver			
Height	5 feet	8 inches	feet	inches
Weight	121 lbs.			lbs.
Chest Measurement	35 inches			inches
	4 1/2 inches			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	1 Scar		
	Number			
When Vaccinated				
Vision	R.E.—V=	6/2	R.E.—V=	
	L.E.—V=	6/2	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Lambert Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's</u>	at	
	on	19th day of	1917	on
		Nov		day of
		1917		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Nfld Regt</u>	<u>413rd</u>		
Became non-effective by	on	day of	191	on
				day of
				191
[Signature]				
[Rank]				





## 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 (Cabinman)*

*James Stamp*

Signature of Man.

Reg. No. *4124*

*Chas. D. Kirk*

Signature of the Vocational Officer or his Representative.

Place

*St. John's, Nfld.*

Date

**MAR 18 1919**

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**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. *414* 3. Rank... *Pte.*
4. Name *STAMI P.*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
 in category (or grade).....
7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with 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."

*Flat feet*

11. Date of origin of disability.
12. Place of origin of disability.
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.

*Went to France July 1918  
 was returned to  
 Rowen B. personal  
 suffering from flat feet 3rd  
 degree.*

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

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

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

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

*Flat - feet 3rd degree, unable to do long marches.*

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.

*Reputation  
 M. J. J.  
 C. J. J.*

Station *Hazebury Down Camp*

Medical Officer in charge of case.

Date .....

\* 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 *James Stamp*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4124.*

Intended address *Waterloo Bldg. Queen*

Height on discharge *5* Feet *6*

Color of hair on discharge *Grey*

Complexion *Sandy.*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *The chin*

Christian name of Father *James*

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 *St Johns 16-9-1900*

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)

Station

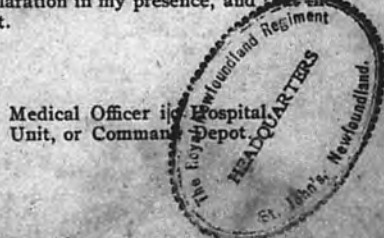
Date

(Rank)

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.

Station

Date



No 2 Medical Board Base Depot.

INSTRUCTIONS FOR MEN PROCEEDING TO ENGLAND.

No. 4124 Rank. Pte Name. Stamp J.

Unit. 1st Newfoundlands

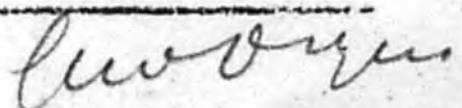
You will proceed to ENGLAND today the 27-11-18, reporting to the M.L.O. S/S "St George" on the Right bank of the River ~~opposite~~ Quai de Havre at 0830

On arrival at SOUTHAMPTON you will report to the Embarkation Officer for the necessary warrant to convey you to Winchester where you will report to the O.C. Depot of your Unit.

The unconsumed portion of the current day's rations and THREE day's rations will be carried on the person.

AUTHORITY: D.A.G. O.R. No. 1858/272 dated 24-7-18

REASON. "B" Personnel



Captain.  
Major

27/11/1918.

Commanding No 2 Medical Board Base Depot.

**Casualty Form - Active Service.**

Regiment or Corps *2<sup>d</sup> Royal Newfoundland Regt*

Rank *Pte* Surname *Stamp* Christian Name *James*

Religion *R.C.* Age on Enlistment *18* years *1* months

Enlisted (a) *19. 11. 17* Terms of Service (a) *Duration* Service reckons from (a) *19. 11. 17*

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

Extended  Re-engaged  Qualification (b) .....  
or Corps Trade and rate .....

Occupation *Cab Driver* *J. M. Quenna* 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				
		<i>A. J. O'Rourke</i>	<i>Southampton</i>	<i>25.7.18</i>	
		<i>Embarked</i>			
		<i>16.7.18</i>	<i>France</i>	<i>26.7.18</i>	
	<i>B. J. B. D.</i>	<i>Joined</i>	<i>Rowen</i>	<i>27.7.18</i>	<i>Roll</i>
		<i>2nd JUL 1918</i>			
<i>27/10/18</i>	<i>of recruit</i>	<i>Missing</i>		<i>20/10/18</i>	<i>B.213</i>
<i>26/10/18</i>	<i>36 Co. B. S.</i>	<i>@ G. S. W. Head (2)</i>	<i>Fines</i>	<i>23/10/18</i>	<i>Co. 8607</i>
	<i>3 Cavalry</i>		<i>Bevaque</i>	<i>23/10/18</i>	<i>HA 30752</i>
	<i>7 Con Dep</i>			<i>28/10/18</i>	<i>HA 31057</i>
	<i>10 S. &amp; W.</i>	<i>Arrived</i>	<i>Rowen</i>	<i>16/11/18</i>	<i>Roll</i>
	<i>B. J. B. D.</i>	<i>England "B"</i>	<i>Rowen</i>	<i>27/10/18</i>	<i>Roll</i>

For Officer *1/4 No 1 Infantry Section*

*2nd Battalion General Headquarters*

(a) In the case of a man who has engaged for, or enlisted into Section D, Army Reserve, particulars of such engagement or enlistment will be entered.  
 (b) Signaller, Shoeing Smith, &c.

*Father*  
 NEXT OF KIN - *James Stamp Waterford Bridge Rd St John N.I.*



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 question is 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.

1. Christian name *James* 2. Surname *Stamp*

3. Rank *Private* 4. Regt. No. *4124*

5. Address in full to which future payments of gratuity are to be forwarded. *Waterport Bridge Road*

6. Date of enlistment in the Regiment. *28 Nov 17 St John's*

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

8. Relationship of such dependents. *Wife*

9. Address in full of such dependent. *Waterport Bridge Road St John's*

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 Nfld. If so, give dates, and particulars of such service.

*In France*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *14 months*

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.....

*\$59.00 - Col. Per. - Mother's Dept  
March 25/19*

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?.....

*no, applicable*

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

*yes*

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.....

*France June Nov 1918*

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.....

*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: *James Stamp*  
 Place of Residence: *Wadsworth Bridge Road, St. John's*  
 Declared before me at: *St. John's*  
 This *24* day of *March* 19*19*

*Notary*  
*Wadsworth*

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

POST DISCHARGE PAY.			War Service Gratuity	Net amount due
Date paid	Paid Soldier	Paid Dependent		
			<i>4</i> <i>months</i>	<i>280.00</i>
Certified Correct.				Paymaster.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.


Forms  
B 121  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet one

Signature of O. C. Company W. W. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Name	Age on	18 years 1 months	Cob. Driver	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	} with Colours 134 years. with Reserve 365 years.		Place of Birth	
Joined	Date			R.C.	

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
Hazley Down Camp	16.5.18	Pte.		Concealment of scabbie	Sgt. Lyne	4 days C.B.	7.5.18	Capt. S. Emerson.	<div style="text-align: right;">  </div>
"	16.5.18	"		Absent from parade from 2.45 P.M. until 3.45 P.M.	Sgt. Kent	2 days C.B.	17/5/18	Capt. S. Emerson	
Hazley Down Camp	24.6.18	"		Leaving post of duty without permission	C.S.M. Andrews	2 days C.B.	25.6.18	Capt. G. Emerson	
"	8.7.18	"		Absent from letters 7.7.18 until 5 P.M. 8.7.18.	Capt. Lyne	4 days C.B. Forfeits 1 day pay by R.W.	8.7.18	Spl. Power.	
<p style="font-size: 1.2em;">Demobilized Pt. Johns, 1/4/19</p>									

To be carried over

# The Royal Newfoundland Regiment

9124  
4124

## DEMOBILIZATION OF

Reg. No. 4124 Rank Private Name Stamp James  
 Date of Enlistment 19-11-17 Address St John's District St John's  
 Occupation Cabdriver Classification for Discharge F Medical Category HI  
 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 18-3-19

*[Signature]*  
 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.

*[Signature]* Stamp

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Joseph A. Crawford

Date 18-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home at ..... and Release Certificate No. 1537 issued.

Date 18-3-19 .....

*J. J. Lowland*  
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 1-4-19 .....

Date 18-3-19 .....

*H. H. Lewis*  
Depot Paymaster.

PERMIT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 18-3-19 .....

Forwarded with following documents to O.C Discharge Depot.

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 18 3 19 .....

*C. B. Wicks* Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 18 1919 .....

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

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

Date 18/3/19 .....

*[Signature]*  
[Signature]



EXTRACT FROM STATEMENT OF ACCOUNT TO 31-1-19 FROM PAY AND

RECORD OFFICE, LONDON

4124 Pte Stamp, J.

Dr Bal. 8:2

This transferred to Pay Office 7-4-19

Reg. No. *4144* Rank *ALi* Name *Stamp. Jas*  
Attested ..... Address *Waterford bridge Road*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas *4-19*  
Embarked for Overseas ..... Cause *Discharge*

MAR 18 1919 PASSED TO DEMOBILIZATION OFFICE

*16.3.19*

DISCHARGE APPROVED ON DEMOBILISATION