



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4651 Name James Travers Corps R. I.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James Travers</u> |
| 2. What is your full Address? | 2. <u>Bell Island 6/13</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Engineer</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, James Travers 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.

A
23-4-18 James Travers SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Travers 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 23 day of April 1918.

Signature of Attesting Officer W. S. James

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.....191.....

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).....



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4651 Name James Traverser Corps R. C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>James Traverser</u> |
| 2. What is your full Address? | 2. <u>Bell Island, 613</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Engineer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, James Traverser 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.

A
23-4-18

James Traverser SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Traverser 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 23 day of April 1918

Signature of Attesting Officer G. J. [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 compiled with. I accordingly approve, and appoint him to the

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

Date.....191

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:
vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

C.R.

4651

extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 29-6-19.

4651 Pte. Jas. Travers.

C.R. 4657

Extract from Daily Orders Part II Unit The Royal WFLd. Regt.
St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 15-6-19.

4651 Pte. Jas. Travers.

C.R. 4651

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 18th 1919.

4651, Pte. J. Traverse.

Reported at Headquarters 1/6/19.
which sailed Liverpool. May 22/1919.

NZ "Corseon"

C.R. 4651

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Reuon Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4651 Pte. H. Taverse.

C.R. 4651

Extract from Daily Orders Part 11 Unit the Royal Nfld. Regt

~~is~~ By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

4651 Pte. J. Travers.

D Coy.

C.R. 4657

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regiment, St John's, dated June 14, 1918.

#4651 Pte. J. Traverse.

Embarked for Overseas with draft 11-6-18

C.R. 4651

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

#4651 Pte. James Traverse.

Attested for General Service with the Royal "fid." regt.
from 23/4/18.

C.R. 4651

March 18th 19

Wm.E.Power Esq.,
Wabana Mines,
Bell Island

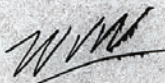
Dear Sir:

I beg to acknowledge receipt of your letter of March 8th regarding the whereabouts of No.4651 Pte. James Travers, and in reply I beg to state that he is now with the 2nd Battalion of the Royal Newfoundland Regiment at Hasely Down Camp, Winchester England, and his full address will be:

No.4651, Pte.Jas.Travers,
2nd Battalion,
Royal Newfoundland Regiment,
Hasely Down Camp,
Winchester,Hants,
(O/O Pay & Record Office,
58 Victoria Street,
London S.W.1.
England.

Trusting that the above will prove satisfactory to you.

Yours faithfully



Lieut

Casualty Officer.

WVW/MP.



649-T-4163

Department of Militia and Defence.

Ottawa, Canada, Feb. 7/19.

From,-

The Director Military Estates,
Dept. Militia & Defence,
OTTAWA.

To,-

Mrs. Edward Power,
Belle Island,
Waband Mines,
Con. Bay, Newfoundland.

Re-Pte. John Travers-222849-85th Bn.

Dear Madam,-

I have to acknowledge receipt of your letter of the 20th ult. and would thank you if you would kindly forward the regimental number and if possible the present postal address of your son, Pte. James Travers.

Yours faithfully,

4651

Edmund Field

Capt.,

JGC/RAJ.

for Director Military Estates.

J. Travers

C.R. 4651

~~PRD~~

Medical Report on an Invalid.

Station Hazley Down
Date 1/5/19

1. Unit Royal Newfoundland 7. Former Trade } miner
or Occupation }
2. Regimental No. 4651
3. Rank 1st Lt
4. Name Travers James
5. Age last birthday 20
6. Enlisted { on apl 4/18
at 21 Feb
- 7a. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil
nil
nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

2d.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na.

17. If not, was an operation advised and declined?

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W.S. Prosser

Capt Ramc

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazeley Brown*

Date *1/5/19*

Officer in charge of Hospital.

*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.

† Delete this word if no exceptions are to be made.

No. 4279



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Travers, Regl. No. 4651
 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 ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins 1-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4046	Mother	Mrs. Edward (Winifred) Power,	Bell Island, C.B.	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)

James Travers
 Officer Commanding
 'A' Company
 St. John's.
 29-5 1918

(Sig.)

James Travers
 (Rank) Plt.

FORM K

Nº 4279 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Travers, Regl. No. 46371
 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 ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4046	Mother	Mrs. Edward (Kinnifred)	Power, Bell Island, C.B.	60
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) J. Kinns
 Officer Commanding
 'A' Company
St. John's.
29-5 1918

(S) James Travers
 (Rank) Pte.

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-
Please charge the amount set opposite my name to my account and pay
it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of one year.
Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4651	Pte	Leavesley	\$250	J. James

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

J. James

No. 15670/1640.

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To:

549214
J.P.P.

Officer Commanding,
Wnd.Bn. Royal Nfld. Rgt.
Winchester.

September 30th, 1918

Oct 5th 1918

Subject: 4651, Pte. J. Travers,

With reference to the following telegram (8402) from the Hon. Minister of Militia, received

Receipt hereunder.
Cham
LIEUT. COLONEL
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdg. Batt'n
Royal Newfoundland Regiment

"Pay to 4651, Pte. J. Travers, £5.0.0.

Received the sum of £5-0-0

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

Five pounds on account of cable remittance from Newfoundland.

Chief Paymaster & O. 1/c Records.

James Trause
No. 4671 Rank Private

Witness
B. Manning

Travers, James

4651

Pay sept.

June 29, 1919

#4651 Pte. James Eravers,

Bell Island, C.B.

Dear Sir:-

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

Yours truly

Capt.,
Paymaster & O.i/c Records.

25363

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 20th. 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 *James*..... 2. Surname..... *Proctor,*

3. Rank..... *Pvt.*..... 4. Regt. No. *4651.*

5. Address in full to which future payments of gratuity are to be forwarded..... *Bell Bluff, C, P.,*

6. Date of enlistment in the Regiment..... *Apr. 23/18*

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 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..... *From Apr 23/18 to*

June 14/19

13.....

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.

..... *No*

15. Have you been issued with a War Service Badge?..... *No*

16. Have you, during the present war, served in the Imperial Forces?..... *No*

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

19. Are you now serving in the Regt.?..... *No* If not give:- (a) date of discharge..... *June 4 1919* (b) Reason for discharge..... *Temporary Mobilization*

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, Belgium + Germany. From Oct 1918 to 4th pl 1919*

21. (c) 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.

James Travers

Signature of Applicant:

Place of Residence:

Bell Island, B.B.
St. John's, Nfld.

Declared before me at:

This

14th

day of

June 1909....

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

John M. Carthy

POST DISCHARGE PAY.

Date paid
Sold Soldier.
Paid Dependents.

War Service
Gratuity.

Net amount
due

4

280.00

Certified correct.

Paymaster

June 29, 1919

#4657 Pte. James Gravenp,
Bell Island.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2491.

Yours truly

Raymaster & Co. Captain,
I-c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 657 Rank Pte Name Travers James
 Intended place of residence Bill Fed
2. Occupation Engineer
 Classification of soldier E Medical Category A

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Grants

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 J. M. H.
 Date JUN 14 1919 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S J. Travers
JUN 14 1919 Signature of soldier
A. M. L. M. L. Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S J. Travers
JUN 14 1919 Signature of soldier
J. M. L. M. L. Signature of witness SP1.

STATEMENT OF SERVICE

7. Enlisted for service 23-4-18 No of days on Military
 Discharged from service 13-6-19 28 days Service 433

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed: J. M. L. M. L.
 Place Bill Fed J. M. L. M. L.
 Date June 29/1919 Officer in Charge Records
 The Royal Newfoundland Regiment

AFB 209/2491

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4607 Rank Plt Name Travers, James
 Date of Enlistment 23-11-18 Address Bell Is. S. District St. John's
 Occupation Engineer Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. P. 136	B 268	B 121	/	N. F. Med	D. F. 1	/
B 178	W 3494	B 122	/	Board Ist.	" 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 11-6-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J Travers

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #6000

(b) Clothing Supplied Ambleton

Date 11-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 3719-372 to his home at Bell Island and Release Certificate No. 2708 issued.

Date 14-6-19

J.A. Shewell Capt
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 29-6-19

Date 14-6-19

J.A. Shewell Capt
Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.P. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3194	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	U 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 14-6-19

J.A. Shewell Capt
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

JUN 15 1919

Eligible for War Service Gratuity

Date

R.H. Sait Capt

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

J. Ames Leavase

Signature of Man.

J. Snowcroft

Signature of the Vocational Officer or his Representative.

Reg. No.

Place

ST. JOHN'S.

Date

14-6-19

191

The Royal Newfoundland Regiment

Class for Demobilization: 6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 4651

Name Mr. Savers, Jno. Rank Pte.

Address Bell Island

Present Medical Category A-1

Recommended for: (a) Immediate discharge _____
(b) ~~Standard~~ Medical Board _____

Members of Board

R. H. Lat
O.C. Discharge Depot.

J. P. Robinson
Senior Medical Officer

J. W. Sander
M. O. Depot

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

MEDICAL HISTORY

OF

Surname TraversChristian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Belle Isle County Nfld

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	Right	Left	Right	Left
Examined	on <u>73</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>S. Johns</u>	at		
Declared Age	<u>19</u> years	—	years	days
Trade or Occupation	<u>Engineer</u>			
Height	<u>5</u> feet <u>5 3/4</u> inches		feet	inches
Weight	<u>124</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>1 Scar</u>		
	Number			
When Vaccinated	<u>9/12/10</u>			
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	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>Lambert</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>S. Johns</u>	at		
	on <u>23</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal 4651</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				



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. & 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 Francis

Regiment from which discharged

Royal Newfoundland

Regimental number

4631

Intended address

Bell Island.

Height on discharge

5 Feet 6

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Medium

Christian name of Father

Christian name of Mother

Winifred

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Coachmans. Conv. 15th February 1898

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)

*James Francis**Pvt.*
(Rank)

Station

ST. JOHN'S.

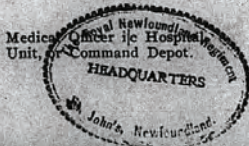
Date

18-6-19

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.

Station

Date



Medical Report on an Invalid.

Station Mazeley BowerDate 1/5/19

1. Unit Royal Newfoundland
2. Regimental No. 4651
3. Rank Pte
4. Name Leavasse James
5. Age last birthday 20
6. Enlisted $\left\{ \begin{array}{l} \text{on } \underline{\text{April 5}} \\ \text{at } \underline{\text{St John's}} \end{array} \right.$
7. Former Trade or Occupation None
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na

13. What is his present condition?

He complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

na

na

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W. E. Proctor

Sgt. M. J. L. *Capt. Rame*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station

Hazeley Down

Officer in charge of Hospital.

Date

1/5/19

*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.

† Delete this word if no exceptions are to be made.

The Royal Hld. Regiment

DEMOBILIZATION

No. 4651 Bank

Name

Mavels J

Warned for demobilization on

JUN 14 19

Casualty Form—Active Service.

Regiment or Corps... ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Lavers Christian Name J.

Religion R.C. Age on Enlistment 19 years 2 months

Enlisted (a) 23/4/18 Terms of Service (a) 10 years 1 month 1 day Service reckons from (a) 23/4/18

R.F.B. 1918

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

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

Occupation Engineer Signature of Officer J. M. ...

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received			
		Embarked ...	26 OCT 1918	
		Disembarked...		
		Issued ...	3 NOV 1918	
		Arrived in UK	1/1/19	

(a) In the case of a man who has re-engaged, or enlisted in Section D Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeling-Smith, & Co. (1901.) Wt. W 1887-P 113. 1,000,000. 6/19. D.S. Form B/103. (E. 1266.)

Next of kin mother Mrs. R. Tower Bell Island Nfld

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets One

Regiment of Royal Newfoundland

Signature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1651 Travers Jan</u>	Age on	19 years months	<u>Engineer</u>	
Joined Date		Place and Date of Enlistment	<u>St Johns N.F.S.</u>	Religion <u>R.C.</u>	
Joined Date		Period of } with Colours years. with Reserve years.		Place of Birth	
Joined Date				<u>Bell's Cove C.B.</u>	

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
		✓							

To be carried over

Army Form B. 121.

No. 4687 Name *Lavigne J.* Sqn., Batty., } *A* Corps ROYAL NEWFOUNDLAND REG. Date of enlistment } *10/4/18* G.C. Badges }
 or Company } Service or Proficiency Pay }
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. *One* Signature O.C. } Character }
 Company Conduct Sheet } of last drunk } freedom from extra fine } Company, etc. } *W. M. Cameron Capt.*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Field</i>	<i>9-12-18</i>	<i>PVT</i>		<i>Unkempt & Vandal</i>	<i>Sgt R White</i>	<i>2 days C.B.</i>	<i>9-12-18</i>	<i>W. Williamsen Capt</i>	
<i>Field</i>	<i>30.12.18</i>			<i>Refusing to obey an order.</i>	<i>P. Sgt. Caravan</i>	<i>8 days F.P. 2</i>	<i>3-1-19</i>	<i>W. Williamsen Capt</i>	
	<i>14.1.19</i>			<i>Ref. to the J. J. Head & J. J. Head & J. J. Head & J. J. Head</i>	<i>C. J. M. News</i>		<i>14-1-19</i>	<i>W. Williamsen Capt</i>	
<i>In the Field</i>	<i>6-2-19</i>	<i>Pvt</i>		<i>Ref. to the J. J. Head & J. J. Head & J. J. Head & J. J. Head</i>	<i>C. J. M. News</i>	<i>2 days C.P.</i>		<i>W. Williamsen Capt</i>	
<i>DO</i>	<i>8-4-19</i>			<i>Ref. to the J. J. Head & J. J. Head & J. J. Head & J. J. Head</i>	<i>C. J. M. News</i>	<i>Tag for same</i>	<i>8-4-19</i>	<i>W. Williamsen Capt</i>	

Army Form B. 122

Bell Island

4651

6520

Bell Island:

Sept 20/19.

Dear Sirs:-

S. James Travers. Would try and find
out if either discharge returned Badge is due to me
off Behaffe off my Services I rendered

I remain your Travers:-

Bell Island

Com. Bay Regt.

Wm. H. H. H.

Please advise if the
man was desert. or discharged
then. would be kind

Wm. H. H. H.

4651

Sept. 23. 19

James Traverse,
Bell Island.

Dear Sir:

With reference to your
letter of September 20th., only those
discharged as medically unfit are en-
titled to Discharge Badges, please.

Yours truly,

Lieut.
For Paymaster



RECEIPT.

C.R. 4651

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4601... NAME. *P. J. Travere*

DATE *Jan 10th*...

PLACE... *Bell Island*...

DEPARTMENT OF MILITIA AND DEFENCE

OTTAWA, January 20th, 1920.

C.R. 4651

FROM:-

The Director of Military Estates,
OTTAWA, Ontario.

TO:-

The Honourable, the Minister of Militia,
St. John, Nfld.

Re. No. 222849 - Pte. John Travers.

In connection with the estate of the late soldier above mentioned, I beg to advise that his brother No. 4657, Pte. Jas. Travers, Royal Newfoundland Regt., is entitled to a certain share of the credit balance due thereto.

In order that disposition may be made of the balance in question, would you be kind enough to furnish me his present address if he is still in the service, or, if he has been discharged, with the address given by him upon discharge.

Ed. A. D. D. D. D.
FOR THE DIRECTOR OF MILITARY ESTATES.

*Records
Address please
R*

4651

*Pte. John Travers
Bell DR*

C.R.

4651

Feb. 14th. 1920

To:-

Director of Military Estates
Department of Militia & Defence
Ottawa, Can.

From:-

Chief Staff Officer
Department of Militia,
St. John's
Newfoundland

Re. No. 4651 Pte. James Travers

With reference to your No. 649-T-4-163
of Jan. 20th asking to be furnished with the address
of the above noted man, I beg to inform you in
compliance with your request that this ex-soldier
now lives at Bell Island, C.B., Newfoundland.

Lieut.-Col.,
Chief Staff Officer.

DOMINION FIRE BRIGADE
BELL ISLAND
DOMINION OF NEWFOUNDLAND.

C.R. 4651

N

2

Bell Island, March 2 1919.
Newfoundland

Dept Militia
St John's. Nfld

Dear Sir

Please forward address

of Mr James Lovers # 4651. Royal
Nfld. Regiment. information wanted
by Canadian Militia Authorities
for purpose of settling estate of
late Mr Jas. Lovers. as per enclosed.

Yours faithfully

Wm. E. Power
Machona mines
Bell Island.
Nfld

C.R. 4651

In reply please quote

MILITIA AND DEFENCE

HMF/MSB.

H.Q. 649-T-4163.

for ref - 4651

O T T A W A, 9th March, 1920.

From- The Director Military Estates,
Militia Headquarters,
OTTAWA.

To- Chief Staff Officer,
Department of Militia,
ST. JOHN'S, Newfoundland.

Re- No. 4651, PTE. JAMES TRAVERS,

I am directed to acknowledge receipt of your communication of the 14th ult., and to thank you for the information therein contained regarding the address of former Pte. James Travers.

Captain,
for DIRECTOR MILITARY ESTATES.

A46N

Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4607 Rank Plt Name Travers, James
 Date of Enlistment 23-4-18 Address Bell Is. St. District St. John's
 Occupation Engineer Classification for Discharge F. Medical Category H.I.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 205	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122	/	Board Ist.	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	3
B 179	D 400H	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 14-6-19 *J. Travers H.*
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Travers

Particulars passed to Vocational Officer for information and action.

Date 14-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Ambleton

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2779-2780 his home at Bellville and Release Certificate No. 2768 issued.

Date 14-6-19

J.A. Newcomb
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 14-6-19

Date 14-6-19

J.A. Newcomb
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93		

2 Form B

Date 14-6-19

J.A. Newcomb
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

R.H. Sait Capt.

Date JUN 15 1919

O. C. Discharge Depot.

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

Date June 24/19

J. Melbath
G. P. ...

Reg. No. *4651* Rank *Lie* Name *Travers, James*

Attested Address *Bell Island*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19*

Returned on S.S. *Rossieau* Cause *Discharge*

14-6-19

PASSED TO DEMOBILIZATION OFFICER

15-6-19

DISCHARGE APPROVED ON DEMOBILISATION.