



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4538

Name John C. Vokrey

Corps Off

Questions to be put to the Recruit before Enlistment.

1. What is your name? John C. Vokrey
2. What is your full Address? Rocky Harbour
3. Are you a British Subject? Yes
4. What is your age? 21 Years Months
5. What is your Trade or Calling? Merchant
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 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? Yes

John C. Vokrey 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.

John C. Vokrey SIGNATURE OF RECRUIT.

J. J. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

John C. Vokrey 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 Rocky Harbour on this 22 day of April 1915.

[Signature] Signature of Attesting Officer.

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 rank of Private if enlisted by special authority, such will be attached to the original attestation.

Date April 22 1915

Place Rocky Harbour

[Signature] 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)



4 THE ROYAL NEWFOUNDLAND REGIMENT 1

ATTESTATION OF

No. 4538

Name John C Vokej

Corps OFC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John C Vokej
Belle Isld
2. What is your full Address? 2.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. merchant
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
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. yes

John C Vokej 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.

John C Vokej SIGNATURE OF RECRUIT.

J. S. [Signature] Signature of Witness.

John C Vokej OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

..... do make oath, that I will be faithful and bear the 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 given, as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 22 day of April 1918.

Signature of Attesting Officer Wm. Churchill

↑ 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 April 22 1918
Place St John } 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 John B. Vokey
 Apparent age 21 years months. Height 5 feet 2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr William Vokey
Belle Island Cto. | 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 Lepot	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>22-4-18</u>									
Joined at <u>M. S. S. Co.</u> on <u>April 22, 1918</u>									
<u>Discharged June 29, 1919</u>									
<u>Embarked St. Nazaire train to Halifax N.S. 4-6-18.</u>									
<u>Embarked for S.E. 26-10-18</u> <u>Disembarked France 26-10-18</u>									
<u>Joined Battalion 2-11-18. Admitted to Gen. Hosp. Cassel Belgium 4-19</u>									
<u>Transferred to Lt. 25-3-19 Admitted King Geo. Hosp. Stamford St. S.E. 27-3</u>									
<u>Discharged from King Geo. Hospital 6-7-19</u> <u>Surround to 15-4-1919</u>									
<u>Posted to 14 Coy. Winchester 15-7-19</u> <u>to Liverpool and for demobilization 22-7-19</u>									
<u>Arrived Liverpool 1-6-1919</u>									
<u>Demobilization M. S. S. Co. 29-6-19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 29-6-1919 (date of discharge) 1 years 69 days
 " " Pensions " " " " " " " "

Reg. No. A 534 Rank Pvt. Name W. Key, Jr.
Attested 22.4.18. Address Bell Island.
Allotment 60 Allottee W^m Key (Father).
Date of Allotment 1-6-18 Returned from Overseas _____
Embarked for Overseas JUN 11 Cause _____

Days 23 $\frac{4}{18}$

1st June 25-4-18 to 2-5-18 Returned from leave 2-5-18
2nd June 4-5-18. 3rd June 10⁵/₁₈ - 3rd June 17-5-18

C.R. 4538

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

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

15-6-19

4538 Pte. John Vokey.

C.R. 4538

Extract from Daily Orders Part A.I. Depot, St. John's,

Date June 18th 1919.

4538, Pte. J. Vokey.

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

C.N. 4538

Extract from Daily Orders Part 11 Unit The Royal Hfld. Bgt
By Lt. Col. T. G. Mathias, D.S.O. Commanding 1st Bn. 5-11-18

The following joined the Bn. 4-11-18

4538 Ptw. J. Vokey.

D Coy.

C.R. 4538

Extract from Daily Orders part 4, Depot
Winchester dated 13-4-19. by Lieut. Colonel
S.J. Barton, D.S.O. Officer Commanding 2nd. Batt.

The following having reported back from the 1st.
Battalion is taken on the strength and posted into
"H" Company as from 15-4-19

4538 Pte. J. Vokey.

C.R. 4538

April 14th, 1919

Mr. M. Vokey
Bell Island

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning the condition of your son, No. 4538, Private John C. Vokey, to the effect that he is now progressing favourably

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R.

4538

Extract from Casualty received from Pay & Record Office,
London, April 7th, 1919

4538 Pte. J. Vokey.

Was discharged from the King George Hospital, S.E., 1. and
granted furlough from 6/4/19 - 15-4-19 111 Employment.

C.R. 4538

Extract from Cas. received from P.&.R.O. Dated 5 Apr. 1919.

4538 Pte. J. Vokey was discharged from King George Hospital on 6/4/19 and granted furlough to 15/4/19. Classified III Employment.

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R. 4538

**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 **Dept of Militia.**

Line Number	Recd	By	Sent	by	Cheek

Dated **March 31st, 1919**To **William Vokey, Bell Island, C.B.**

Regret to inform you that Record Office, London, officially reports **No. 4538, Private John Vokey at King George Hospital Stamford Street, London suffering from influenza.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett**Chge Dept of Militia. Minister of Militia.****FOR TYPEWRITER**

C.R. 4538

Extract from Casualties received from Pay & Records
London, Mar. 29th, 1919.

Admitted to King George Hospital, Stamford Street,
S.E.1. 27-3-19.

4538 Pte. J. Vokey

Influenza, Slight.

C.R. 4538

Extract from Telegram from Lym. to Mil. dated March 24th. 1919.

.....
Influenza 4538 Vokey

.....
The King George Hospital, Stamford ST. S.E. 1.

C.R. 4538

Extract from War Office, List No.H.A. 35333

ADMITTED 6 GEN. HOSPITAL ROUEN 4 MARCH 1919.

#4538 Pte. J. Vokey.

INFLUENZA MILD.

C.R. 4538

Extract from Despatch No. 111 Re-inforcement Draft No. 55 Embarked Folkestone,
24/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazeley Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4538 Pte. Vokey, J.O.

MP.

C.R. 4538

Extract from Daily Orders Part 11. from Unit The Royal Rifle
Regiment, St. John's, dated June 14th 1918.

4538 Pte. J. Vokey

Embarked for overseas with draft 11-6-18.

C.R. 4538

Extract from Daily Orders part 11, from Unit The Royal Wfld. Regt
dated 23, 1918.

#4538 Pte. John Vokey.

Attended for General Service with the Royal Wfld. Regt. from
22/4/18 ~~at home~~

Vokuy, J.

C.R. 4538

P.F.R.O.

No. 219/8/P&A.

D Co.

N.F.P./80.

From: NEWFOUNDLAND

CHIEF PAYMASTER & OFFICER IN CHARGE OF RECORDS. NEWFOUNDLAND CONTINGENT, To: 58 PRYCE STREET, 1/Bn. Royal Newfoundland Regt., B. E. F., France.

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

5th January, 1919

23-1-1919

Subject: 4538, Pte. J. G. Vokey,

ANSWER.

With reference to the following telegram (119) from the Hon. Minister of Militia, received

"Pay to 4538, Vokey, £9.0.0.

Kindly advise whether this amount should be remitted to you for payment to this Soldier, retained to credit of his account, or otherwise dealt with.

This man wishes the amount to be retained to his credit please

Deatious

COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT

J. H. Marshall
Chief Paymaster & O. i/c Records.

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 the year,
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4538	Lt	Kirkley J.	\$250	John Kirkley

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

Date July 1/18

J. V. Jones

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 Tank Corps*..... 7. Former Trade } *Machinist*
or Occupation }
2. Regt. No. *4538* 3. Rank. *Pte*..... 7a. If the soldier claims previous service in
Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
4. Name *Wokey* *John*.....
(Surname) (Christian Names)
5. Age last birthday... *22*.....
6. Posted for duty on *22-4-18* at *S. John*.....
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 n (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
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (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. | } V.D.B. cured | |
- 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?

Recommend local dental treatment

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

Station *Hazley L. Camp*

Date *14-5-19*

W.S. Proemier
 Medical Officer in charge of case. *Wan*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) 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.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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

(a) Attributable to

(b) Aggravated by

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

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.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station 2. Hengley, H. Camp. { President or Chairman.
Date 14.1.5.19 } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospital.
Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), F. or P.(T)).

Station
Date
O.C. Discharge Centre.

Vokey, John

4538

May Sept.

June 23, 1919

#4538 Pte. John Vokey,

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

Paymaster & Officer i/c Records. Captain

25769

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 26th. 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 *John* 2. Surname *Bokey*

3. Rank *Pte* 4. Regt. No. *4538*

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

6. Date of enlistment in the Regiment. *apl 20/18*

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 Mfld. If so, give dates and particulars of such service. *Overseas*

.....

12. Give total length of time which you served on active service whether in Mfld. or Overseas. *From apl. 20/18 to*

June 13/19 12

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?.....

19. Are you now serving in the Regt.?..... *No* If not give? - (a) Date of discharge..... *June 12/19* Reason for discharge..... *Temporary Demobilization*

.....

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 Sept. 1919.

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.

June 23, 1919

#4538 Pte. John Vokey,

Bell Island, C.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2511.

Yours truly

Captain
Raymaster & Co. i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4338 Rank Pte Name Voker John
 Intended place of residence Bill Inland
 2. Occupation Machinist
 Classification of soldier E Medical Category A 1

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 JUN 13 1919
 In 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
JUN 13 1919
 Signature of soldier J. Voker
 Signature of witness Arthur Louis

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 JUN 13 1919
ST. JOHN'S
 Signature of soldier J. Voker
 Signature of witness James O'Brien

STATEMENT OF SERVICE

7. Enlisted for service 22-4-19 No of days on Military
 Discharged from service 15-6-19 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
JUN 15 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's
June 29/1919
 Officer in Charge
 The Royal Newfoundland Regiment

ATB 29/1919

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 *12.6.19*

Regimental No *4538*

Name *Hokey, John S.* Rank *Pte*

Address *Bell Island*

Present Medical Category *A1*

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

Members of Board

R.H. Lait cap
O.C. Discharge Depot.

A. Adams
Senior Medical Officer

D.W. Berdoo
~~M.O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4538 Rank Plt Name Upkey John
 Date of Enlistment 22-11-18 Address Bell Bluff District St. Johns
 Occupation Mechanic Classification for Discharge E Medical Category H.T.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	1	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 17H	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 170c	B 120	M 93				

Date 12-6-19 in O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. *[Signature]*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied *[Signature]*

Date 13-6-19 O. i. c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 7413720 his home at Bell Island and Release Certificate No. 2736 issued.

Date

13-6-19

J.A. Knowlton
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

13-6-19

J. H. M. ...
Depot Paymaster.

Discharge approved for

15-6-19

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

N.F. 1/36	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
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

13-6-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN 15 1919

R.H. ...
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. J. Okey
Signature of Man.

Reg. No. *4538*

J. H. Snowlett
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date *13-6-19* 191

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

MEDICAL HISTORY


Surname Vokey OF Christian Name John L.

Table I.—GENERAL TABLE.

Birthplace:—Parish Bell Island County Nfld.

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	Right	Left	Right	Left
Examined	on <u>22nd</u> day of <u>April</u> 191 <u>8</u>		on day of 191	
	at <u>St John's Nfld.</u>		at	
Declared Age	· <u>21</u> years — days		years	days
Trade or Occupation	<u>machinist</u>			
Height	<u>5</u> feet <u>2</u> inches		feet	inches
Weight	<u>124</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>36</u> inches			inches
	Range of Expansion... <u>4</u> inches			inches
Physical Development				
Vaccination Marks	Arm	<u>One</u>		
	Number			
When Vaccinated	<u>Three months ago</u>			
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	
	L.E.—V=	<u>4/10</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>L. M. O. P. O.</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's Nfld.</u>		at	
	on <u>22nd</u> day of <u>April</u> 191 <u>8</u>		on day of 191	
Joined on Enlistment	Corps.	Regtl. No. <u>4538</u>	Corps.	Regtl. No.
Transferred to	<u>The Royal Nfld Regt.</u>			
Became non-effective by				
	on day of 191		on day of 191	
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick list in cas

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, syphilis, admissions and re-admissions, of treatment out of hospital
	Day	Month	Year	Day	Month	Year			
<i>Hilsea</i>	<i>9</i>	<i>7</i>	<i>18</i>	<i>19</i>	<i>7</i>	<i>18</i>	<i>For the</i> <i>November 20.</i>	<i>11</i>	<i>Hydroxy Perchlor</i>
	<i>3</i>	<i>19</i>	<i>5</i>	<i>4</i>	<i>19</i>	<i>Influenza.</i>	<i>9</i>	<i>Developed in</i> <i>G.O.A. Much</i> <i>Convalescent</i> <i>Discharged to</i>	

K1

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Hydrazyl Perchlor 1-4-1917. Fit to go in Unit.

Maxwell G. Adams

Developed influenza
G.O.A. Much improved no complications
Convalescent
Discharged to 10 days & III

Maxwell

St. Lt. Col. R.A.M.C.

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

Date	Brief Details, and Signature
23. 4. 14.	Nae. <i>SP</i>
4. 5. 18 }	I.G.B. <i>SP</i>
10. 5. 18 }	do <i>SP</i>
17. 5. 18 }	T.A.B. <i>SP</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for discharge on immobilisation. Medical category AT
12. 6. 19
 Date of T.M.B. *J. M. S. H.*
 Captain
 Discharge Department*

Table IV.—SERVICE TABLE.

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John C. Vohay*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4538*

Intended address *Bell Island*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *William*

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 *Bell Island 17th Oct 1897*

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

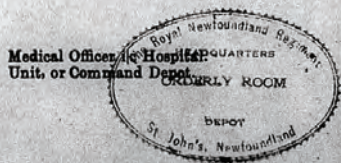
(Soldier's signature in full) *John Vohay*

pte
(Rank)

Station **ST. JOHN'S.**

Date *12/6/19*

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

The Royal Nfld. Regiment

DEMOBILIZATION

No. 453 Rank _____

Name Lokey J

Warned for demobilization on

JUN 13 1919

BOND
HAWKESBURY

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. *4538* 3. Rank..... *Pte*
4. Name *Vokey* *John*
(Surname) (Christian Names)
5. Age last birthday..... *22*
6. Posted for duty on..... *22-4-18* at *St. Johns*
in category (or grade).....
7. Former Trade or Occupation } *Machinist*
- 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? (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
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | nil | |
| (iii.) Climate in pre-war service | nil | |
| (iv.) Ordinary military service before the war | nil | |
| (v.) Serious negligence or misconduct on the man's part. | V.D. & cured | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } n.a.

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?

n.a.

n.a.

Recommend dental treatment

n.a.

Registration

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.

W. E. Prosser, Capt R.A.M.C.
 Medical Officer in charge of case.

Station Boazley D. Camp

Date 14-5-19

* 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

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.

21. Give diagnosis and particulars of :—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are :—

- (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

(a) Attributable to

(b) Aggravated by

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

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.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures :—

Station *Abingdon D. Camp* } President or Chairman.
 Date *14-8-19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date } Officer in charge, Central Hospital.

OR
 Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station
 Date O.C. Discharge Centre.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39

Number of Sheet 01

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>104 Regt. C</u>	Age on	years	months		<u>Machinist</u>	
Joined		Date	Place and Date of Enlistment				Religion
Joined		Date	} with Colours				} years.
Joined		Date	} with Reserve				} years.
Joined		Date	} with Reserve		} years.		
				Place of Birth			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St. John's, 29th 6/19</u>					

To be carried over

Army Form B. 121.

A 4738

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1538 Rank Plt Name Ukey John
 Date of Enlistment 22-11-18 Address Bel St District St John's
 Occupation Machinist Classification for Discharge H Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 108	ME 2		" 6
B 179c	B 120	M 93		

Date 12-6-19 J. W. H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 None

Date 13-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 701372 to his home at 2736 and Release Certificate No. 2736 issued.

Date

13-6-19

J.P. Lawless
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 13-6-19

Date

13-6-19

H.M. [Signature]
Depot Paymaster.

Discharge approved for

13-6-19

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

N.F. 136	B 208	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

13-6-19

J.P. Lawless
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

Date

JUN 15 1919

R.H. [Signature]
O. C. Discharge Depot.

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

Date

June 4/19

[Signature]
[Signature]

Reg. No. 4534 Rank. 1st Name James J. P.

Attested Address 1211 1st St

Allotment Allottee

Date of Allotment Returned from Overseas 29. 3. 19.

Returned on S.S. Rossian Cause Discharge

12. 6. 19.
15. 6. 19.

PASSED TO DEMOBILIZATION ORDER
DISCHARGE APPROVED ON DEMOBILISATION.