



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5499 Name James Wear Corps Infantry

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

1. What is your name? ..... James Wear
2. What is your full Address? ..... Little Bay Bay  
Green Bay
3. Are you a British Subject? ..... no
4. What is your age? ..... 24 Years ..... Months
5. What is your Trade or Calling? ..... no
6. Are you Married? ..... no
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. 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

I, James Wear 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 Wear 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 1915 on this 29th day of May 1915.

Signature of Attesting Officer James Wear

### 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James West

Apparent age 37 years 05 months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 35 inches  
Range of expansion 3 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William West  
Little Bay Bay Green Bay 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pensions " _____ [ " " ] _____ "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5499Name James WeirCorps Infantry

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

1. What is your name? ..... 1 James Weir
2. What is your full Address? ..... Little Bay Isld  
Green Bay
3. Are you a British Subject? ..... 3
4. What is your age? ..... 4 22 Years ..... Months
5. What is your Trade or Calling? ..... 5 Fisherman
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

I, James Weir ..... 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 Weir ..... 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 29 day of May ..... 1915

Signature of Attesting Officer Asst. Dir. Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the: .....

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) .....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name James Weir  
 Apparent age 27 years    months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks   

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edmund Weir  
Little Bay Isld Open Bay 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 L'epot	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 which engagement reckons from <u>29-5-18</u>									
Joined at <u>M Johns</u> on <u>29-1918</u>									
Discharged <u>Nov 20/1918</u>									
Embarked <u>M Johns S.S. Colombia to Halifax N.S.</u> <u>22-7-18</u>									
Admitted <u>Military Hosp Hazel Rownt D.A.H.</u> <u>5-9-18</u>									
Discharged to <u>Unit</u> <u>26-9-18</u>									
Kept on board for discharge <u>16-10-18</u> <u>Quartermaster</u> <u>11-11-1918</u>									
Discharged <u>medically unfit</u> <u>30-11-18</u>									
Total Service forfeited as above <u>  </u>									
Total Service towards Engagement to <u>30-11-1918</u> (date of discharge) <u>  </u> years <u>18</u> days									
Pensions <u>  </u> [ " " ] <u>  </u>									

J Weir

C.R.

5499

~~LHC~~

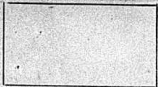
COPY.

200\*

16905

This space to be left blank for the Chelsea Number.

Army Form B. 268.



### Proceedings on Discharge.

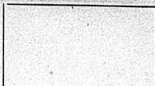
(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>5499</u>	Army Rank <u>Private</u>
Name <u>Weir James</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 30<sup>th</sup> 1918</u>	
Place of discharge <u>St. John's, Nfld</u>	
1. Description at the time of discharge.	
Age <u>22</u> years <u>10</u> months Height <u>5</u> feet <u>7</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fair</u> Eyes <u>Brown</u> Hair <u>dark</u> Trade <u>Fisherman</u> Intended place of residence <u>Little Bay Islands</u> (To be given as fully as practicable) <u>N.A.S.</u>	Descriptive marks.           <div style="text-align: right; font-size: small;">           3            20            21            22            23            24            25            26         </div>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :— <hr/>	
4. Character awarded in accordance with King's Regulations :— <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<small>(To be filled in on the soldier quitting the Colours.)</small>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 480 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

*Originals*

This space to be left blank for the Chelsea Number.

Army Form B. 268.



### Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 5499 Army Rank Private

Name Heir James  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge \_\_\_\_\_

Place of discharge \_\_\_\_\_

1. *Description at the time of discharge.*

Age 22 years \_\_\_\_\_ months

Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
range of expansion \_\_\_\_\_ ins.

Complexion \_\_\_\_\_

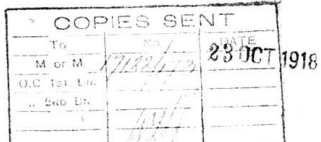
Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Trade \_\_\_\_\_

Intended place of residence {  
(To be given as fully as practicable)

Descriptive marks.



(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

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

# MEDICAL HISTORY

Surname W. W. OF St. John's Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Circle Bay Islands, Nfld. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>29</u> day of <u>May</u> 19 <u>18</u>	at <u>St. John's</u>	on	day of 19 <u>11</u>
Declared Age	<u>22</u> years			
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>6</u> inches			
Weight	<u>129</u> lbs.			
Chest Measurement	Girth when fully expanded <u>38</u> inches			
	Range of Expansion <u>3</u> inches			
Physical Development				
Vaccination Marks	Right <u>/</u>	Left <u>/</u>	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V= <u>6/9</u> L.E.—V= <u>6/9</u>		R.E.—V= <u></u> L.E.—V= <u></u>	
(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>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St. John's</u>		at	
	on <u>29</u> day of <u>May</u> 19 <u>18</u>		on	day of 19 <u>11</u>
Joined on Enlistment	<u>Regt. Nfld.</u>			
	<u>Regiment.</u>	<u>5499</u>		
Transferred to				
Became non-effective by	on	day of 19 <u>11</u>	on	day of 19 <u>11</u>
(Signature)				
(Rank)				

COPIES SENT		
To	No.	DATE
M. of M.	<u>7122</u>	<u>23 OCT 1918</u>
O.C. 1st. Div.	<u>7173</u>	
O.C. 2nd. Div.		







Reg. No. 5499 Rank Pte Name Weir James 16905  
Attested 28-5-18. Address Little Bay Island G.B.  
Allotment 50 Allottee Mr Edmund Weir Elizabeth Mother  
Date of Allotment 17/8/18 Returned from Overseas  
Embarked for Overseas 22/1918 Cause

30 5/8 Pass

136/8 1st Inoc. 3rd Inoc 17/1/18, 3rd Inoc 10-7-18.

H.L. 16 4/8 - 24 6/8 R.L. 28 6/8

Reg. No. 5499 Rank Pte Name Weir J. 16905

Attested..... Address.....

Allotment..... Allottee.....

Date of Allotment..... Returned from Overseas 8-11-18

Embarked for Overseas..... Cause Discharge

16-11-18 See his ser. unfit

30-11-18 **DISCHARGED—MEDICALLY UNFIT**



16905

OFFICER COMMANDING

11th Regt

TO BE DISCHARGED

HOSPITAL TOMORROW

FIT TO REJOIN UNIT

\* 5208 Pte. Martinet F. G.

† 3461 Pte. McDonald J

\* 4265 Pte. Morris W.

\* 5499 Pte. Weir J

4400 Lt. Col. St. Louis

† 793 Sgt. Fitzpatrick L. J.

\* Special discharge today

† Recommended 7 days leave

Chase

MAJOR R.A.M.C. (S)

Medical Report on an Invalid.

Station Hughes Co. C.  
 Date 5. 10. 18

1. Unit 27 Royal Field Art.  
 2. Regimental No. 5499.  
 3. Rank Pte.  
 4. Name VEIR James.  
 5. Age last birthday 22.  
 6. Enlisted { on 29 May 1518.  
 at S. Johns.

7. Former Trade } Soldier.  
 or Occupation }  
 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 12.)

D.A.H.

REGIMENT			DATE
To	No.	23 OCT 1918	
M. or M.	<u>7722/1918</u>		
O.C. 1st. BN.			
" 2ND. BN.			

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. Hughes Co. C.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

He states that since joining, he has continued to perform his duties as good soldier, but has been discharged on the 23rd Oct 1918 on account of being wounded in the back on 5.9.18 and was discharged on the 23rd Oct 1918 for repatriation.

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.

not attributable to strain of military service.

Constitutional

na.

*He is pale, as debilitated. Was under observation since joining depot for 16905  
 tachycardia; pulse rate even as rest being 100. Dilatation. benefit from active service abroad.*

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.

14. If the disability is an injury, was it caused—  
 (a) In action?  
 (b) On field service?  
 (c) On duty?  
 (d) Off duty?

*na.*

15. Was a Court of Inquiry held on the injury?  
 If so—(a) When?  
 (b) Where?  
 (c) Opinion?

*na.*

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?

*Discharge as permanently unfit  
 for military service  
 HMK  
 Captain*  
 \_\_\_\_\_  
 Officer in medical charge of case.

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

Station \_\_\_\_\_

\_\_\_\_\_  
 Officer in charge of Hospital.

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

Weir, James

5499

Aug & Sept.



Little Bay Isl March 27 - 1919

Capt J. M. Hawley

Dear Sir

As some of the boys are getting  
Bummers. & I feel just a little  
anxious mine is not coming along

I would be much obliged.

If you would <sup>send</sup> the same.

I have a dirt-foot request  
able to work up.

Obliged Yours truly

James W. Eir 5499.

sent from



## 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 *Weir, James*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5499*  
 Intended address *Little Bay Islands, N.B.S.*  
 Height on discharge *5* Feet *7"*  
 Color of hair on discharge *Dark*  
 Complexion *Fair*  
 Color of eyes *Brown*  
 Descriptive Marks   
 Figure on discharge *Medium*  
 Christian name of Father *Edwin*  
 Christian name of Mother *Elizabeth*  
 Wife's maiden name in full   
 Date and place of marriage   
 Christian names of children   
 Place and date of soldier's birth. *Little Bay Islands Jan 4, 1896.*  
 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 Weir*

(Rank) *Pte*

Station *St Johns* Date *November 14*

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.

*Robert Giff*  
 Medical Officer in Hospital,  
 Unit, or Command Depot.

Station *St. Johns, N.Z.L.*

Date *Nov. 14/18.*

16852/1838/P&A.

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

HT/WF.

Pay & Record Office.  
21st, Oct. 8.

REPATRIATION DRAFT No. 75.

Kindly note that the details from you forming part of this draft arrived too late at Waterloo and missed the connection as arranged at Fenchurch St. Fortunately however arrangements were possible by a subsequent train.

Also No. 5499 Pte.

Weib was among the draft, but apparently no notification having been received at this Office, no provision for his passage <sup>was made</sup> neither of course, could any of his documents be sent with those of the others by the O. i/c draft.

Reference may be made, to the fact that Last Pay Certificate relating to the details from the Depot did not reach this Office until the afternoon of 16/10/18, and therefore could not accompany draft, a

disability which unfortunately frequently occurs to the serious inconvenience of all concerned, especially with regard to settlement with the Men at Headquarters St. John's, entailing otherwise unnecessary exchange of telegram with St. John's and relative complaints.

Major,  
Chief Paymaster & O i/c Recds.

COPY

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Weir Christian Name James

Birthplace ... Parish Little Bay Island County Offld.

Examined ... (on 29 day of May 1918. at St Johns)

Declared Age ... 22 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 6 inches.

Weight ... 129 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches.

Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left Number ...

When Vaccinated ...

Vision ... { R.E.-V=6/9 L.E.-V=6/9

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

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

Approved by (Signature) Wd Lamont Paterson (Rank) Major Medical Officer.

Enlisted ... at St Johns on 29 day of May 1918.

Table with 2 columns: Corps (ROYAL NEWFOUNDLAND REGIMENT.) and Regtl. No. (5499)

Transferred to ...

Became non-effective by

on ... day of ... 191 ...

(Signature) (Rank)

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Lazeley Down</i>	<i>5</i>	<i>9</i>	<i>18</i>	<i>26</i>	<i>9</i>	<i>18</i>	<i>D.A.H.</i>	<i>21</i>	<i>Tachycardia on least exertion, heart slightly enlarged. No improvement</i>	<i>Md C. J. A. Vivian Capt R.A.M.C.</i>

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

Date	Brief details, and signature
30-5-18	Face LP
13-6-18	LP
4-7-18	} TRAB LP
11-7-18	} 3 LP
5-10-18	<p>Boarded Hazelay Down Camp, Marked E Category            D.A.H. (Authority M. G. M. Carter)            (Sgd) J. S. Knight            Capt R. A. Mc</p>

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

## Medical Report on an Invalid.

Station Hazeley Down Camp.Date 5 - 10 - 18.

- |   |   |
|---|---|
| <p>1. Unit <b>ROYAL NEWFOUNDLAND</b></p> <p>2. Regimental No. <b>5499</b></p> <p>3. Rank <b>Pte.</b></p> <p>4. Name <b>WEIR, JAMES</b></p> <p>5. Age last birthday <b>22 years</b></p> <p>6. Enlisted <span style="font-size: 2em;">{</span> on <b>May 29th, '18.</b><br/>at <b>St. John's, Nfld.</b></p> | <p>7. Former Trade }<br/>or Occupation } <b>Fisherman</b></p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.; <b>N.A.</b></p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|---|

**8. Disability in respect of which invaliding is Proposed.**  
(Other disabilities should be reported upon in answer to question No. 19).

**D. A. H.**

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. **Hazeley Down Camp.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

**He states that since joining Depot, he has continuously complained of pain in chest, and gets easily fatigued. He was sent to Hospital on 5-9-18, and was discharged on 26-9-18, for repatriation.**

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).

**Not attributed to strain of Military Service conditions.**

(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.

**N.A.**



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 is pale and debilitated. Was under observation since joining Depot for tachycardia.  
Pulse rate even at rest (100).  
Dilatation.  
Unfit for active service.**

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?

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?

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.

20. Do you recommend—

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

**Discharge as Permanently Unfit for active Service.**

J. St.P. Knight, Capt. R.A.M.C.

Officer in medical charge of case.

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

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

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.

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

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service; -----

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

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

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

**First felt this two years ago. Became acute a fortnight after reaching England. Brought on by the efforts of marching.**

**Yes - aggravated by -**

**Yes - on mother's side.**

**Fatigue of marching etc.**

**Yes**

**60% total disability.  
40% due to military service.**

**Yes**

Signatures :—

N. S. FRASER

President.

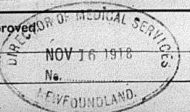
Station St. John's

J. S. TAIT

Members.

Date Nov. 16th '18.

L. PATERSON, Major.

Approved  OF MEDICAL SERVICES.

Station NOV 16 1918

(Sig) CLUNY MACPHERSON, Major.

Administrative Medical Officer.  
D. N. S. NEWFOUNDLAND.

Date No.

# 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:

*Littler Baybo*

*am going home & hope to be able to take up my former work in fishing.*

*James Weir*

Signature of Man.

*W. W. Blackhall.*

Reg. No. 5299

Signature of the Vocational Officer or his Representative.

Place *M. J. P. 1*  
Date *Nov. 15* 191*8*

LAST PAY CERTIFICATE

DUPLICATE  
MAIL COPY

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on retirement in Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 5499 Rank Pte Name Weir J. Unit ROYAL NEWFOUNDLAND TREGT. who was Transferred  
to Newfoundland on 16/10/18 Authority "B O" Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS					£	s	d	CR.	
	£	s	d	£	s				d									
PERIOD: From 28.9.18 To 15.10.18.	Balance Dr. from 28/9/18 - 16/10/18								Balance Cr. from									
	Allotment 18 days @ 50¢	1	9	00	1	16	11		Pay 18 days @ \$ 1.00	1	18	00						
	Cash Payments: 5/10/18 12/10/18					15	0		Field Allow 18 days @ \$-10¢	1	1	80						
						15	0		Other Allowes days @ \$		4		1	4				
	Other Debits: Barrack Damages. Laundry Stoppages Rough & Baker						6		Other Credits: Bal from previous book		1	0	0					
						2	5											
	Total Debits	9	00		3	9	10		Total Credits			1	5	1	4			
	Balance due by Paymaster				1	11	6		Balance due to Paymaster	1	19	80						
					5	1	4						1	5	1	4		

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

W. P. Bay  
Private 28/9/18 - 25/10/18  
(Place) DOWN CAMP

191  
(Date) 16/10/18

W. P. Bay Captain  
O.C. "B" Company.  
London to 27/9/18

Made up/Checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.



LAST PAY CERTIFICATE

ORIGINAL

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5499 Rank Pte Name Weir Unit ROYAL NEWFOUNDLAND REGT. who was Transferred to Newfoundland on 16/10/18 Authority "D O" Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.						
		£	s	d	£	s	d				
PERIOD: From 28/9/18 to 16/10/18	Balance Dr. from 28/9/18 - 16/10/18				Balance Cr. from						
	Allotment 18 days @ 60	19	00	11	Pay 18 days @ \$1.50	118	00				
	Cash Payments: 5/9/18 12/10/18			15	Field Allow 18 days @ \$1.10	118	00				
				15	0						
	Other Debits: Barrack Damages Laundry, Stoppages Boot 1/2 shaker			6	Other Allowes days @ \$						
				2	5	Other Credits:					
						Balance from previous Pay Book	14	1	4		
							11	0	0		
	Total Debits			13	9	10	Total Credits				
	Balance due by Paymaster	9	00	11	11	6	Balance due to Paymaster	19	80	15	1
			15	1	4			15	1	4	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

B. Cox

Rank 28/342 - 25/10/18  
(Place) REGENCY DOWN CAMP

(Date) 16/10/18

W.P. Pugh Capt.  
O.C. 18 Company.

Made up/checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

A.R. Stewart Maj.  
Chief Paymaster & Officer i/c Records.

140

# The Royal Newfoundland Regiment

## DEMOBILIZATION

### CIVILIAN CLOTHING GUARANTEE

I, No. 5499 Rank Private Name James Weir  
 hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60<sup>00</sup>/<sub>100</sub>

Date Jan. 20 - 1919 -

James Weir  
 Signature of Soldier

Bartholomew Taylor  
 Signature of Witness

Certificate to be signed by the soldier on discharge

---

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Date Jan 20 - 19 - 19 - Sig. of Soldier James Weir

Place Little Bay Islds Sig. of Witness Amenas Taylor





May 17, 1919

#5499 Pte. James Weir,

Little Bay Islands.

Dear Sir:-

Referring to your application for War Service Gratuity, I beg to state that you are not entitled to same, as you did not serve in the Royal Newfoundland Regiment twelve (12) months.

Yours truly

Captain,  
Quartermaster & O.i/c Records

*me*

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *James Weir* ..... 2. Surname *Weir* .....

3. Rank *Private* ..... 4. Regtl. No. *5499* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *James Weir* .....

*Little Bay Isl.* .....

6. Date of enlistment in the Regiment.. *May 29 - 1918* .....

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

*Not applicable* .....

8. Relationship of such dependents... *None* .....

9. Address in full of such dependents... *None* .....

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 Hfld. If so, give dates and particulars of such service. *Newfoundland* .....

*and England* .....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *From May 29 - 1918* .....

*To Nov 30 - 1918* ..... 13

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

..... *Not applicable* .....

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.

..... *Not applicable* .....

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

..... *Not applicable* .....

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.

..... *Not applicable* .....

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

..... *Not applicable* .....

19. Are you now serving in the Res? .....

..... *Not applicable* .....

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.

..... *Not applicable* .....

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.

..... *Not applicable* .....

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 Weir*

Signature of Applicant:

*James Wier  
Little Bay Island  
Springdale -  
April 1919*

Place of Residence:

Declared before me at:

This 25<sup>th</sup> day of

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

*Geo W Clark J.P.*

POST DISCHARGE PAY.

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

Certified Correct.

Byraster.

*Enlisted 09/15/18  
Dispd 30/11/18  
Service 186 days*

*[Signature]*

*Was over seas*

Little Bay Island Jan 20-1-19  
 To Captain J M Howley  
 Dear Sir

I received certificate  
 of discharge all right  
 But I did not get any  
 Character Certificate.

I should be glad if you  
 would forward same

A discharge is not much good  
 without a character

I remain yours truly

James W. Sir No 5499

There is nothing against this man  
 Charadi

No character sheet received.

5499 Pt. Jas. Weir  
Civilian clothes.

ch. 6493

\$60<sup>00</sup>

1/2

5499  
April 8, 1919

Mr. Jas. Weir,  
Little Bay Islands.

Dear Sir:

With reference to your letter of March 27th. I enclose form of claim for War Service Gratuity, which kindly have completed and returned.

Yours truly,

Lieut  
For Paymaster.

C.R. 5499

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

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

#5499 Pte. James Weir.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One

Signature of O. C. Company C. S. Richards Lieut

Regimental Number and Name	
No.	<u>5499. James of ev.</u>
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>22</u> years <u>0</u> months
Place and Date of Enlistment	<u>St John's 29. 5. 18.</u>
Period of	with Colours <u>18 1/2</u> years.
	with Reserve <u>3 1/2</u> years.

Trade	<u>Fisherman.</u>
Religion	<u>Methodist</u>
Place of Birth	<u>Little Bay Isles, Ince, Dist.</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically unfit</u>	<u>St John's</u>	<u>30 11/18</u>			

COPIES SENT		
To	No.	DATE
M. of M.	<u>1/22/18</u>	<u>23 OCT 18</u>
O.C. 1st. Bn.	<u>1/22/18</u>	
" 2nd. Bn.	<u>1/22/18</u>	

To be carried over.

Army Form B. 121.

C.R. 5499

Extract from daily Orders part 11, Depot. St. John's  
dated Nov. 14th., 1918.

The undermentioned returned from Overseas and reported  
at depot. 8/11/1918.

#5499 Pte. J. W. <sup>"</sup>air.

BU.

C.R. 5499

**Extract from Telegram to Hilitar. St. John's, dated October 17th., 1916.**

**Being sent home for discharge:**

5499 Weir.

C.R. 5499

Extract from Nominal Roll of Repatriation Draft Embarked  
for Newfoundland 16-10-18.

DISCHARGED UNDER A.F. B.179.

5499 Pte. Weir.

ML.

C.R. 5499

Extract from Medical Board Held on Saturday Nov. 16th,  
1918.

5499 Pte. J. Weir.

Recommended Discharge-Permanently Unfit.

MN.

C.R. 5499

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated Dec. 10th. 1918.

STRENGTH DECREASES.

5499 Pte. Jas. Weir

Having been found Medically Unfit is Discharged from 26/11/18.

C.R. 5499

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 30th, 1918.

#5499 Pte. J. Weir.

Attested for General Service with the Royal Nfld. Regt.  
from 29.5.18

RECEIPT  
FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

C.R. 5499

NAME *James Weir...*

DATE *Nov 22: 1919*

PLACE *Little Bay, Ids*



15499

Nov. 18th, 1918

From Officer Commanding  
Depot

To Paymaster and Officer i/o Records  
Militia Department

8662 Pto. T. Verge  
5499 " J. Weir  
4171 " E. Lee

The marginally noted men have been recommend-  
ed for discharge as permanently unfit by Medical  
Board held on Saturday, November 16th.

I am sending them herewith for your attention  
and necessary action, please.

AWC

LAST PAY CERTIFICATE

OFFICE COPY R.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 5499 Rank Pte Name Weir J Unit ROYAL NEWFOUNDLAND REGT. who was Transferred  
to Newfoundland on 1/1 Authority "19 0" Cause Repatriation

STATEMENT OF ACCOUNT

DR.	PARTICULARS					PARTICULARS					CR.		
	£	£	£	s	d	£	£	£	s	d			
PERIOD: From 28/9/18 To 15/10/18	Balance Dr. from 28/9/18-16/10/18					Balance Cr. from							
	Allotment 18 days @ 50¢					Pay 18 days @ \$ 1.00					18	00	
	Cash Payments: 5/10/18 12/10/18					Field Allow 18 days @ \$ .107					11	80	
	Other Debits: Barrack Damages Laundry Expenses Books Books					Other Allowances days @ \$					14	1	4
						Other Credits: Bal. from previous Pay Book					11	0	0
						Total Credits					19	80	15 1 4
Total Debits					9	00	13	9	10				
Balance due by Paymaster					Balance due to Paymaster								
												15 1 4	

COPIES SENT	
TO	DATE
M. of M.	10/10/18 20-10-18
O.C. 1st. Div.	16/10/18 17/10/18
O.C. 2nd. Div.	

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) HAZELEY DOWN CAMP.

(Date) 16.10.1918

W. P. P. Capt  
O.C. 1st. Div. Company.

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

28 OCT 1918 191

Chief Paymaster & Officer i/c Records.

# Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

**INSTRUCTIONS.**—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or E.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Barton Court, King's Road, London, S.W.3.

**PART A.** Soldier's Name *Weir* (Surname) *James* (Christian name) *John*

Unit from which discharged *2nd Bn Royal Newfoundland Regt*

Regimental Number *5499* Rank on discharge *Private* Age on discharge *22*

Married, widower with children, or single *No.*

Occupation before enlistment *Fisherman*

Special qualifications (if any) for employment in civil life *None except as fisherman*

Nature and locality of employment desired *Fisherman in Newfoundland*

Full postal address to which proceeding on discharge *James Weir, Little Bay Islands, Notre Dame Bay, Cape Edmund Weir.*

Name of Approved Society (if any) *Orange Society, Little Bay Islands.*

**PART B.** Period of service, and in what Corps ... ..

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed ... ..

Service towards pension ... ..

Number of G.C. badges ... .. medals

**PART C.** Wounds and actions in which received

**PART D.** Where born (parish, town and county), and date

Colour of hair on discharge Colour of eyes Complexion

Christian name of father

Christian name of mother

**NOTE.**—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

## Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

<b>PART</b>	Soldier's Name <u>Weir James</u>	
	(Surname)	(Christian names in full)
<b>A.</b>	Unit from which discharged <u>2nd Bn Royal Newfoundland Regiment</u>	
	Regimental Number <u>5499</u>	Rank on discharge <u>Private</u> Age on discharge <u>22</u>
	Married, widower with children, or single <u>no</u>	
	Occupation before enlistment <u>Fisherman</u>	
	Special qualifications (if any) for employment in civil life <u>None except as Fisherman.</u>	
	Nature and locality of employment desired <u>Fisherman in Newfoundland</u>	
	Full postal address to which proceeding on discharge	<u>James Weir, Little Boy Island, Notre Dame Bay, St. Edmund Weir</u>
	Name of Approved Society (if any) <u>Orange Society, Little Boy Island, Nfld</u>	
<b>PART B.</b>	Nature of medical unfitness <u>Auto.</u>	
	Service with Colours <u>4/12</u> years _____ days, of which _____ years _____ days were served abroad during the present war.	
	Military character _____	
	Anything against the soldier to render his recommendation undesirable <u>None</u>	
	Date of discharge <u>5. 10</u> 191 <u>8</u> .	
	Station <u>Highly Down Camp.</u>	
	Date <u>5. 10</u> 19 <u>18</u> .	
		Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463a can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

FORM K

Nº 6141



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James Weir, Regl. No. 5499

hereby agree, until further notification by me, and in similar official form to make an Allotment of 7 Dollars and 40 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins August 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4461	Mother	Mr. Edmond (Myself) Weir	Little Bay Islands Twillingate	50
Total Allotment, \$				50

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.) Watson Luck  
Officer Commanding  
E Company

St Johns  
July 2<sup>nd</sup> 1918

(Sig.) James Weir  
(Rank) Rt



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *James Weir*

, Regl. No. *5499*.

hereby agree, until further notification by me, and in similar official form to make an Allotment of  Dollars and *75* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins *August 15 1915*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4461</i>	<i>Mother</i>	<i>Mrs Edmund / Elizabeth Little Weir</i>	<i>Little Bay St. Johns Newfoundland</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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

(Sig.) *Swalson* *Lieut.*  
Officer Commanding  
*8* Company  
*St Johns*

(Sig.) *James Weir*  
(Rank) *P6*