



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5406 Name James W eels Comps RC.

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

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

I, James W eels, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the obligations made.

James W eels SIGNATURE OF RECRUIT  
W. J. Kearney Signature of Witness.

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

I, James W eels, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 24th day of May, 1915.

Signature of Attesting Officer C. B. Dicks Lieut.

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been 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

5406

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

Name James G. Wells  
 Apparent age 19 years      months. Height 5 feet 6 1/2 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 James G. Wells  
Lawrence, B. St. Louis | 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 limited engagement reckons from <u>24-5-18</u>									
Joined at <u>St. Louis</u> on <u>May 24 1918</u>									
<u>Discharged July 18 1919</u>									
<u>Embarked St. Louis S.S. Columbian to Halifax N.S. 22-7-18</u>									
<u>Lt. left for demobilization 22-5-19. Arrived St. Louis 1-6-1919</u>									
<u>Demobilization St. Louis 18-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>18-7-1919</u> (date of discharge)									
" " Pensions " " " " " "									
" " " " " " " " " " " "									

Total Service towards Engagement to 18-7-1919 (date of discharge) 1 year 56 days

Wills, J

5406

Ray Sept.

July 22, 1919

#5406 Pte. James Wells,  
Curling,  
Bay of Islands.

Dear Sir:-

Please find enclosed Discharge Certificate #5110.

Yours truly,

Captain & Paymaster.

5

July 24, 1919

#5406 Pte. James Wells,  
Curling,  
Bay of Islands.

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

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

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

- Christian name... *James* ..... 2. Surname... *Wells* .....
3. Rank... *Private* ..... 4. Regtl. No. *5426* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Purling Bay of Islands* .....
6. Date of enlistment in the Regiment... *24<sup>th</sup> May 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *None* .....
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? *No* .....
11. Were you on active service only in Mfld. If so, give dates and particulars of such service... *Newfoundland only* .....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas... *13 Months* .....
- ..... 13. .....

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

..... *No* .....

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

..... *No* .....

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

..... *No* .....

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

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

..... *No* .....

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

..... *No* .....

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

..... *No* .....

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge *July 2nd 1919*. (b) Reason for discharge *Dismissed*.

.....

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.

..... *No* .....

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.

5

*James Wells*

Signature of Applicant:

Place of Residence:

*Curling Bay of Islands*

Declared before me at:

*St Johns*

This

*2nd*

day of

*July*

19*.19...*

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

*Wm James Esq*

POST DISCHARGE PAY.

Date paid *Wid.* *Sold*  
*Soldier.* *Dependent.*

War Service  
Gratuity.

Net amount  
due

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

Certified correct.

Paymaster





J. Wells.

5406.

P. Y. R. O.

5

C.R. 5406

Extract from Daily Orders Part II Unit The Royal RFA, Regt.  
St. John's, July 25/19.

The discharge of the undetailed on demobilisation has been  
CONFIRMED by officer i/c Records from 28-7-19.

5406 Pte. James Wells.

C.R.

5406

Extract from Daily Orders Part 11 Unit The Royal Rifles.  
Regt. St. John's, July 5th, 1919.

The discharge of the undersigned on demobilisation has been  
APPROVED by G.O. Discharge Depot with effect from 2-7-19.

5406 Pte. J. Wells.



# The Royal Newfoundland Regiment

540

## DEMOBILIZATION OF

Reg. No. 5406 Rank Plt. Name Walls, J.  
 Date of Enlistment 24-5-18 Address London, England District 141  
 Occupation Postman Classification for Discharge 141 Medical Category 141  
 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 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 30-6-19 O. C. Discharge Depot. St. John's

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*James Wallace*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$160.00

(b) Clothing Supplied \_\_\_\_\_

*James Wallace*

Date 2-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2.137 to his home at Burling and Release Certificate No. 3093 issued.

Date 2-7-19 *J.A. Snowball*  
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 4-7-19

Date 2-7-19 *J.A. Snowball*  
Depot Paymaster.

Discharge approved for 4-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.P. P/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		

*Form B*

Date 2-7-19 *J.A. Snowball*  
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 JUL 4 1919 *R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date July 18/1919 *Almclath*  
*for records*

Reg. No. *10406* Rank *PL* Name *Wells, Jas*  
Attested ..... Address *Larkins*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.1.19*  
Returned on S.S. *Corssican* Cause *Discharge*

30 6 19

PASSED TO DEMOBILIZATION OFFICER

4 7 19

DISCHARGE APPROVED ON DEMOBILIZATION



C.R. 5406

Extract from Daily Orders part 11, from War Office The Royal Wiltshire  
Regt. St. John's, dated May 27, 1918.

#5406 Pte. J. Wells.

Attested for General Service with the Royal Wiltshire Regt.  
from 24.5.18

C.R. 5406

Extract from Daily Orders Part A1 Depot, Sg. Johns,

Date

June 18th 1919.

5406, Pte. J. Willis.

Reported at Headquarters 1/6/19. ex "Corsican"

which sailed Liverpool May 22/1919.

C.R.

5406

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

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

#5406 Pte. James Wells.

No. 18540/2031

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

16th November 1918

Subject: 5406, Pte. J. Wells,

With reference to the following telegram (9819 ) from the Hon. Minister of Militia, received

pay to 5406 wells £1:0:6

Draft £ 1:0:6 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*R. Hunt* *Officer*

Chief Paymaster & O. i/c Records.

November 20 1918

Receipt hereunder

*Okam* *J.* LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.          Batt'n  
Royal Newfoundland Regiment

Received the sum of One

pounds 1:6 on account of cable remittance from Newfoundland.

*Jones Wells*

No. 5406 Rank Pte

2930 *Pte Stein*

*065194*  
*FR*

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

# MEDICAL HISTORY

Surname off ells OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish Curling, No. 2 County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	1918	at	191
Declared Age	19	years		days
Trade or Occupation	fisherman			
Height	5	feet 6		inches
Weight	120	lbs.		lbs.
Chest Measure-ment	Girth when fully expanded	36		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	(Arm Number)			
When Vaccinated				
Vision	R.E.—V=	6/6 6/6	R.E.—V=	
	L.E.—V=		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>Samuel Paterson</u>			
(Rank)	Major			
		Medical Officer.		Medical Officer.
Enlisted	at	1918	at	191
	on	day of	on	day of
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	Royal Nfld. Regiment.			
Transferred to	5406			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

31-7-51  
MED



st in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

*H. H. Kessel*

MAJOR, R.A.M.C.

OFFICER in MILITARY HOSPITAL.





## Medical Report on an Invalid.

Station Royal Newfound LandDate 1-5-19

1. Unit Royal Newfound Land 7. Former Trade } Fisherman  
or Occupation }
2. Regimental No. 5406
3. Rank Pte
4. Name Wells, Jas.
5. Age last birthday 20
6. Enlisted { on May 24, 1908  
at S. John's.
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

*(Other disabilities should be reported upon in answer to question No. 19).*nilStatement of Case.

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

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

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

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3f.)
- (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.

nil

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.

General condition good. Has very much improved on tonics and deep breathing exercises.

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

na.

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

na.

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

na.

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

Was found to be of inefficient physique to <sup>be</sup> ~~make~~ a soldier <sup>with</sup> on 12-2-19. But has greatly improved since.

20. Do you recommend—

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

Rehabilitation

G. E. Procter. Captn R.A.M.C. <sup>W. J. H.</sup>  
Officer in medical charge of case.

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

Station Hayley Down.

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

Date 1.5.19

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

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

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5406 Rank Pte. Name Wells, J.  
 Intended place of residence Curling
2. Occupation Postman  
 Classification of soldier H Medical Category AI
3. The above named man is discharged in consequence of

## DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S  
 Date JUL - 2 1919
- J. M. H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL - 2 1919
*James Wells*  
 Signature of soldier

*W. Blount*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL - 2 1919
*James Wells*  
 Signature of soldier

*J. W. Chancy*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military  
 Discharged from service 4-7-19 Plus 14 days Service 421

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919
*R. H. East Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 18/1919
*M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

A 132079 / 3110



## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *James Wells*  
Regiment from which discharged **Royal Newfoundland**  
Regimental number *5406*  
*Curling Bof S*  
Intended address *Curling Bof S*  
Height on discharge *5* Feet *10*  
Color of hair on discharge *Black*  
Complexion *Sark*  
Color of eyes *Blue*  
Descriptive Marks *—*  
Figure on discharge *Tall*  
Christian name of Father *James*  
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 *Curling Bof S. 5-11-age. 20-1899*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

*James Wells*

(Rank)

*PL*

Station

*M. J. Johns*

Date

*June. 30-6-19*

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.

Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station

Date

## Medical Report on an Invalid.

Station Bayley Down.Date 1/5/19

1. Unit Royal Newfoundland 7. Former Trade } Fisherman  
or Occupation }
2. Regimental No. 5406.
3. Rank 8th
4. Name Wells. Jas.
5. Age last birthday 20.
6. Enlisted { on 24 May/18  
at St Johns.
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.; 229  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

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

nilStatement of Case.

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

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

nil  
nil  
nil

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

na

13. What is his present condition?

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

*General condition good. Has very much improved on Jones and Deep breathing exercises*

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.

*was found to be in efficient in physique to a soldier 12-2-19 but has greatly improved*

*Re-patriation*

20. Do you recommend—

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

*W.E. Proctor. [Signature]*

Officer in medical charge of case.

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

Station *Wagley Down.*

Officer in charge of Hospital.

Date *1/5/19.*

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

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*Aug*

Signature of O. C. Company

*Edwards*

Regimental Number and Name  
No. *5706 Wells Jas.*  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_

Enlistment  
Age on *19* years *3* months  
Place and Date of Enlistment *St John's*  
Period of } with Colours *156* years. Place of Birth *N.C.*  
              } with Reserve *365* years. *Curling*

Trade *Siskerman*  
Good Conduct Badges, Service pay or proficiency pay

*Prof 9*

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>18-7-19</i>				

To be carried over.

Army Form B. 121.

Wells:

32" - 34"

Flat Chertea -

Anemic.

17" on left side.

2 few. Cap.

weight -

Put on left side.

At Lane side 3rd day

---

2/2/19.

WIK  
CAMP



## 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. Wells*

Signature of Man.

*J. H. Lawless*

Signature of the Vocational Officer or his Representative.

Reg. No.

Place

ST. JOHN'S.

Date

JUL - 2 1919

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# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5406 Rank Plt Name Wells J  
 Date of Enlistment 24-5-18 Address Lowley St District St George  
 Occupation Fisherman Classification for Discharge 1/1 Medical Category 1/1  
 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 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 30-6-19 O. C. Discharge Depot. H. M. Wells

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable.....

(b) Clothing Supplied.....

Date 2-7-19

O i.c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2137 to his home at burning and Release Certificate No. 3093 issued.

Date 2-7-19 *J.A. Snow Capt*  
Demobilization Officer

### 4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 15/11/19 *J.A. Snow Capt*

Date 2-7-19  
Depot Paymaster.

Discharged approved for 4-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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		

Date 2-7-19 *J.A. Snow Capt*  
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 JUL 4 1919 *R.H. Jait* MAJOR  
O. C. Discharge Depot.

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

Date .....

# The Royal Newfoundland Regiment

Class for Demobilization:

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No. 5406

Name Wells James Rank Pte

Address Curling B. of Ireland

Present Medical Category A.T.

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

Members of Board

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

H. Paterson  
Senior Medical Officer

D.W. Burden  
M. O. Depot