



# FIRST NEWFOUNDLAND REGIMENT

4091

## ATTESTATION OF

No. 4091 Name John A. Winter Corps R.I.C.

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

1. What is your name? ..... 1. John A. Winter
2. What is your full Address? ..... 2. Clarke's Beach  
A.B.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 21 Years 3 Months
5. What is your Trade or Calling? ..... 5. mechanic
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 A. Winter 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 A. Winter SIGNATURE OF RECRUIT.

James T. Waugh Signature of Witness.

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

John A. Winter 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 Clarke's Beach on this 2nd day of Nov 1917

Signature of Attesting Officer H. J. Fitzgerald S.M.

### †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 7th Nov 1917 Place St John's } 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).....



Reg. No. 4091 Rank Pk Name Winter J. O.

Attested 9-11-17 Address Clarkes Beach C. Bay.

Allotment 60<sup>y</sup> Allottee W Henry Henry Winter Foster

Date of Allotment 16-12-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas 11 | 17 | 17 Cause \_\_\_\_\_

Leave 1<sup>st</sup> 10-11-17 2<sup>nd</sup> 16-11-17 3<sup>rd</sup> 29-11-17 Vac 7-12-17  
H.L. 29-11-17 to 24-1-17 Ret'd 27-11-17

C.R. 4091

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt  
France, 21-4-19.

Promotions.

4091 Pte. J. Winter

to be L/Cpl. 16-4-19.

C.R. 4091

Extract from Daily Orders Capt 11 Unit The Royal Rifles ..

Regt. St. John's, July 19-1919

The discharge of the undernoted on demobilization has been  
*confirmed*  
~~ARRANGED~~ by Officer i/c Records from 12-7-19

4091 L/Cpl. John Winter

C.R. 4091

Extract from Daily Orders Part 11 Unit The Royal WFLD. Regt.  
St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 28-6-19.

4091 L/Cpl. John Winter

C.R. 4091

Extract from Medical Board held on Tuesday June 24th, 1919.

4091 L/Cpl. J. Winter

Recommended discharge from the Army

ADMISSION TO N.&M CONVALESCENT HOSPITAL.

C.R. 4091

Extract from Daily Orders Part 21 Depot, St. John's,

Date June 18th 1919.

4091, L/C. J.A. Winter.

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

which sailed Liverpool May 22/1919.



C.R.

4091

Extract from Memorial Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 20-1-19.

The undermentioned of the 1st. Battalion left  
Raven Camps #2/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 25/4/19 and reached  
Hazeley Down Camp 28/4/19.

4091 L/Cpl. J.A. Winter

C.R. 4091

Extract from Casualties.....List No.H.A. 34826.

4091 Pte, J. Winter.

Adm. to 5 Gen.H. Rouen, 9 Feb.19. Scabies.

C.R. 4091

Extract from Memorial Roll to B. E. F. embarked  
Folkestone 8-7-18

#4091 Pte. J.A.Winter.

C.R. 4091

Extract from Daily Orders part 11, by Lieut.Col.R.A.Werners  
Commanding 2nd.Bn. The Royal Wfld.Regt. dated 18/3/18.

#4091 Pte. Winter.

to be Lance Corporal.

C.R.

4091

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

#4091. Pte J. Winter.

C.R. 4091

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt., St. John's, Nov. 9th, 1917.

4091 Pte. J. Winter.

Attested for General Service with the Nfld. Regt.,  
on Nov. 5th, Grand Falls.

J. A. Winter

C.R. 4094

R. R. O.

**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 7th L.D.*.....
2. Regtl. No. *4091*..... 3. Rank..... *Lieut.*.....
4. Name *Winter*..... *John*.....  
(Surname) (Christian Names)
5. Age last birthday..... *23*.....
6. Posted for duty on *6.11.17*.. at..... *W. Tro.*  
 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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

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
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | } <i>no</i>         | .....             |
| (ii.) Previous active service .. .. .                      |                     | .....             |
| (iii.) Climate in pre-war service .. .. .                  |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .     |                     | .....             |
| (v.) Serious negligence or misconduct on the man's part. } |                     | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *no*

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

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

*Idk Complaints of no disability*

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *no*
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? *no*
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? *no*

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*

*W. J. Proctor - Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *29/4/19*

\* 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

TO, - The Chief Quartermaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the M.P.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
2091	Pte	Winter S.	\$2 <sup>50</sup> / <sub>100</sub>	

I have the honour to be, Sir,

~~Yours faithfully,~~  
Your obedient servant.

Date

29-6-16

J. A. Winter

No. 5761/3

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
5th General Hospital  
Rouan.

11th April 1919

191

4091 Winter J.A. Pte.

With reference to the following telegram from the Minister of Militia, / / ( 130)

"Pay to- 4091 Winter J.A.

£1. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

*A.A. Munnell Maj.*  
Chief Paymaster & O.i/c Records

*Deposited*







Winter, J

4091

Ray Sept.

July 17, 1919

#4081 L/C. John A. Winter,

Clarks Beach, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3064.

Yours truly,

Captain & Paymaster



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4091 Rank. Capt Name. Winter, John  
 Intended place of residence. Clarks Beach

2. Occupation Machinist  
 Classification of soldier. B Medical Category F

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 27 1919

*[Signature]*  
 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 JUN 27 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

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

6. I hereby certify that I am <sup>not</sup> in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUN 27 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service... 5-11-17 No. of days on Military  
 Discharged from service... 28-6-19 Plus 14 days Service... 615

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 28 1919

*[Signature]*  
 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 12/1919

*[Signature]*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*[Handwritten]* A.F.B 2019/3064

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4091 Rank Sergeant Name Winter  
 Date of Enlistment 5-11-17 Address Black Beach District P.S.  
 Occupation Mechanic Classification for Discharge B Medical Category 17  
 Recommendation S.M.B. permitted to Disability Rating 40% 3 Mo  
 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	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 27/6/19 O. C. Discharge Depot. H. M. S. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 27-6-19 J. A. Snowball

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing Supplied~~ Colonel B

Date 27-6-19 O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling <sup>3069</sup> No. .... to his home  
at Blakes Beach and Release Certificate ..... issued.

Date .....

27-6-19

*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 .....

Date .....

27-6-19

*W. Moore*  
Depot Paymaster.

Discharged approved for .....

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

28-6-19

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		

*2 Form B*

Date .....

27-6-19

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

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

**JUN 28 1919**

Date .....

*R.H. Sait* MAJOR  
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 take course in Electrical  
Engineering

*J. W. Winter*  
Signature of Man.

Reg. No. 4091

*J. Hunter*  
Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*June 27th* 191*9*

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No 4091

Name Winter John A. Rank S/Pl

Address Clarks Beach

Present Medical Category F

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

Members of Board {

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

W. Paterson  
Senior Medical Officer

D. W. Burden  
M. O. Depot



# 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 *Winter John A.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4091*

Intended address *Blacks Beach, P. O. G.*

Height on discharge *5* Feet *8* :

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *Med*

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 *Blacks Beach. 28 Aug 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) *J. A. Winter*

Station *John A. Winter*

Date *23.6.19*

(Rank) *Plat*

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 \_\_\_\_\_



Department of Militia, Newfoundland  
Medical Department

*Medical Report on an Invalid*

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....**St. John's**.....

Date.....**Jan. 24/19**.....

- |                   |                           |                               |                     |
|-------------------|---------------------------|-------------------------------|---------------------|
| 1. Unit           | <i>Royal Newfoundland</i> | 5. Age last birthday          | <b>23</b>           |
| 2. Regimental No. | <b>4091.</b>              | 6. Enlisted on                | <b>5/11/17.</b>     |
| 3. Rank           | <b>L/C.</b>               | at                            | <b>Grand Falls.</b> |
| 4. Name           | <b>Winter John</b>        | 7. Former trade or occupation | <b>Machinist.</b>   |

8. Disability

**GASSED.**

9. History

Complained no disability at Hazelley Down. States that he was gassed in 1918. Could not speak for  $\frac{1}{2}$  an hour. Sick to Stomach for about a week after. Report of sick & sent to HP. Jan 1919. Entry in 105 says he had scabies. ~~1919~~ he says he was sick as well.

10. What is his present condition ?

He states he still feels sick like a Lump in his Throat. He doesn't vomit.  
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above). Has an aching pain in stomach when Lump comes in Throat. Tongue  
No abnormality to be seen in Throat.

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ? **Beard.**

Signature **J. ST. P. KNIGHT.....**

Rank or Qualification **MAJOR.....**

Remarks if any by Officer i | c Hospital.

Place ..... Signature .....

Date ..... Rank .....

Complained of difficulty at Hazelton. Stated that he was released in 1912. Sick to stomach for about a week after. Report could not speak for 100 days. Entry in 103 says he had scarlet fever. He was sick & sent to H.P. Jan 1912. Entry in 103 says he had scarlet fever. He was sick & sent to H.P. Jan 1912.



## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x

be considered as aggravated by :—  
due to

(a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service  
Remarks if any :—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**Yes. Pulse 68. Gets a soreness across the stomach. No energy. General condition poor.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

**40%.**

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

**40% 3 Months.**

Remarks if any :—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation sanatorium is :— (a) Reasonable (b) Unreasonable

Remarks if any :—

19. If fit subject for Hospital do you recommend admittance to General Hospital  
Naval and Military Con-  
valescent Hospital, **Yes.**  
~~Jensen Tuberculosis Camp.~~

20. We recommend discharge from attention in the Army

Remarks if any :—

..... N. S. FRASER .....  
President

Signatures..... J. B. TALT .....

..... L. PATERSON MAJOR .....

Place St. John's .....

Date June 24/19 .....

APPROVED

Station .....

Date .....



(SGD) CLUNY MACPHERSON MAJOR ..  
Administrative Medical Officer.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4091 Rank \_\_\_\_\_

Name Winter

Warned for demobilization on

JUN 27 1919

July 21, 1919

#4091 L/C. Hohn Winter,

Clarke's Beach, 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

Captain & Master.

whether in Field or Overseas.....

14 years 25 1/2 days

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..... *John* ..... 2. Surname..... *Winter* .....

3. Rank..... *Lance Corporal* ..... 4. Regtl. No. .... *4094* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Charles Beach St. J.* .....

6. Date of enlistment in the Regiment..... *Nov. 2<sup>nd</sup> 1917* .....

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..... *Not App.* .....

9. Address in full of such dependents..... *Not Applicable* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *Not App.* .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 Year 25 1/2 days* .....

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?

*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.

*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*

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

*Not Applicable*

19. Are you now serving in the Regt.? If not give? - (a) Date of discharge... *11/7/19* (b) Reason for discharge

*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 June 1<sup>st</sup> 1918 to March 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.

*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.

Signature of Applicant:

*John Winter*

Place of Residence:

*Clarks Beach*

Declared before me at:

*M Johns*

This

*27<sup>th</sup>*

day of

*June 19.19....*

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

*J M Jones*

POST DISCHARGE PAY.

Date Paid

Paid  
Soldier

Paid  
Dependent

War Service  
Gratuity.

Net amount  
due

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

Certified correct.

Paymaster

ST. JOHN'S, June 27<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To L/C. J. Winter

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 23<sup>rd</sup> /19

4091 L/C J. Winter 23 80

ACCOUNT	B V m
EM. NO.	25050
L.D. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 23 80

R.Y.

J. Winter

Billeting Officer.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Sept. of Militia,

St. John's, Nfld.

---

Fold Here





July 9th., 1921. 1919.

The accompanying King's Certificate, on his discharge,

(No. 1333), is forwarded herewith to

Lance Corporal John A. Winter

in respect of his service as No. 4091 Rank L/Cpl.

Name J.A. Winter Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

*King's Discharge Certificate*

Signature

*J. A. Winter, per Mary Winter*

Date

*July 15<sup>th</sup> 1921*

Address

*W. 55 St. J. Winter Clarks Beach*

1897



Fold Here

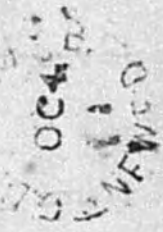
**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

**Royal Nfld. Regt.**

**Dept. of Militia,**

**ST. JOHN'S. Nfld.**



Fold Here

SEP 28 1921.

The accompanying **Victory Medal** and ~~/or~~ **British War Medal**

~~is~~ are forwarded herewith to

John A. Winter

in respect of his service as No. 4091 Rank Pte.

Name J.A. Winter

Royal Nfld. Regt.  
Nfld. Infantry Corps.

Receipt of the same should be acknowledged hereon.

Received

Oct 3<sup>rd</sup> 1921 Victory Medal + B.W.M. M.B.

Signature

M. Winter per J.A. Winter

Date

Oct. 3<sup>rd</sup> 1921

Address

Clarke's Beach

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*1<sup>st</sup> Newfoundland*

Number of Sheet

*one*

Signature of O. C. Company

*H. Baker*

Regimental Number and Name	
No.	<i>4091 Winter John A.</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>21 years 3 months</i>
Place and Date of Enlistment	<i>St. John's</i>
Period of	<i>5-11-17</i>
	with Colours <i>250</i> years.
	with Reserve <i>365</i> years.

Trade	<i>Machinist.</i>
Religion	<i>R.C.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay
<i>Appointed Lance Corporal 18-3-18.</i>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hayley Down Camp</i>	<i>1-5-18</i>	<i>L/C</i>		<i>Absent from Latoo to Reville 2-5-18.</i>					
<i>"</i>	<i>26-5-18</i>	<i>"</i>		<i>Neglect of duty</i>	<i>Sgt. Syme</i>	<i>Reprimanded</i>	<i>2-5-18</i>	<i>Lt. Col. R. A. Barnes</i>	<i>As per report on...</i>
					<i>Cpl. Scammell</i>	<i>deprived of lance stripe</i>	<i>28-5-18</i>	<i>Capt. Kern</i>	
<i>Demobilized St. John's, 12-7-19</i>									

To be carried over

# The Royal Newfoundland Regiment

4091

## DEMOBILIZATION OF

Reg. No. 4091 Rank Sergeant Name Winter

Date of Enlistment 5-11-17 Address Black Road District P.D.G.

Occupation Machinist Classification for Discharge B Medical Category F

Recommendation S.M.B. permitted Disability Rating 40% 3 Mo

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 27-6-19

H. Muns H.  
h O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

J. A. Winter

Particulars passed to Vocational Officer for information and action.

Date 27-6-19

J. A. Snowball

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Collostruction

Date 27-6-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling <sup>3169</sup> and Release Certificate No. 3169 to his home at 3169 issued.

Date 27-6-19

*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 17-6-19

Date 17-6-19

*M. Mas H*  
Depot Paymaster.

Discharge approved for 28-6-19

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		

*1/2 Form B*

Date 17-6-19

*J.A. Snowball*  
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 28 1919

*R.H. Lait* MAJOR  
O. C. Discharge Depot.

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

Date July 15 1919

*J. Melmoth P*  
*For O.C. Depot*

Reg. No. 409 Rank LC Name Winters J

Attested ..... Address Clarke's Beach

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

Date of Allotment ..... Returned from Overseas 29-5-79

Returned on S.S. Corsican Cause Discharge

26-6-19

Recd. Discharge from Army  
Admission to HM Convalescent Hosp.

27-6-19

**PASSED TO DEMOBILIZATION OFFICER**

28-6-19

**DISCHARGE APPROVED ON DEMOBILIZATION**

6 Lakes Beach

May 27<sup>th</sup> /20

J  
Dear Sirs

I have it in my mind to go to Toronto next week I am unfit to do the hard work in this country, I think if I was somewhere in Canada I could get work I could do, I cannot stay in this country and live on five dollars \$5<sup>00</sup> per month which is called a pension I would ask, if I could get my passage paid to Toronto by the Malitia Department if so please send pass for Toronto if that is impossible send one for Halifax as I am going some where the



first week in June

please let me know if I am  
entitled to a pass or if I am not  
and oblige

yours Respectfully

J. A. Winter

Ref no 1834.

P.S.

Please send reply as soon  
as possible

J. A. Winter

4091  
C.R. 1834

June 1st, 1920

4091  
Ex-No. 1834 Pte. J.A. Winger  
Clarke's Beach

Dear Sir:-

I have to acknowledge receipt of your letter of May 27th in which you request that passage to Toronto or Halifax be provided by this Department to you.

I have to inform you that this Department is controlled by regulations none of which authorises us to expend monies at the disposal of the Department in the way as per your request; and I regret, therefore, that a pass cannot be provided to you.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.