



THE ROYAL NEWFOUNDLAND REGIMENT

RP. 5379
No. ~~5379~~

ATTESTATION OF

Name Joseph Mc Intosh Corp Boyer

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Joseph Mc Intosh
2. What is your full Address? 2. 1001 Island, B.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 13 Years 3 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, Joseph Mc Intosh 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: Joseph Mc Intosh
Signature of Witness: Ambr...

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Mc Intosh 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 stated 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 13th day of May, 1915.
Signature of Attesting Officer: Admiral Hunt

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the:
If enlisted by special authority, such will be attached to the original attestation.
Date.....191.....
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

5379

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

Name Joseph Or inter
 Apparent age 23 years _____ months. Height 5 feet 7 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Or inter
P.O. Box, Grand, B.B. | 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. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-5-18</u>									
Joined at <u>St. As</u> on <u>May 23-1918</u>									
<u>Discharged August 11 1919</u>									
<u>Embarked St. As St. Costantella to Halifax N.S. 22-7-18</u>									
<u>Left for demobilization 24-6-1919</u>									
<u>Arrived to embarkment 1-7-1919</u>									
<u>Demobilization St. As 11-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-8-1919</u> (date of discharge) <u>1</u> years <u>82</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5379

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 22nd 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date 11-8-19.

5379, Pte. Jos. Winters.

C.R. 5379

Extract from Daily Orders Part 11 Unit The Royal W^{al}.
Regt. St. W^{ohn}'sm July 16th, 1919.

The discharge of the undernoted on demobilization Has been
APPROVED by O.C. Discharge Depot 28-7-29

5379 pPte. J. Winter.

C.R. 5379

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd 1919.

5379 Pte. J. Winters.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5379

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

#5379 Pte. Joseph Winters.

Attested for General Service with the Royal Nfld. Regt.
from 23, 5.18

C.R. 5379

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

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

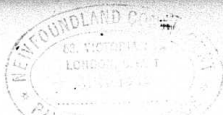
#5379 Pte. Joseph Winters.

J. Winter

C.R. 5379

P. & R. Y

No. 5078/732



N.F.P. 179.

From: 3 NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Hazeley Down Camp,
Winchester.

31st March 1919

5379 Pte Winter J.

April 2nd 1919

With reference to the following telegram from the Minister of Militia / / (102)

Receipt hereunder.

"Pay to- 5379 Winter,
£3. 0. 0.

J. Winter
for **LIEUT. COLONEL**
Officer Comdg. 2nd Bn. **ROYAL NEWFOUNDLAND REGT.**

Cheque £3. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Three pounds
in respect of

telegraphic remittance from the Minister of Militia.

J. Winter
Chief Paymaster & O. i/c Records.

No. 5379 Rank Private

Witness R. Barnes

Nb. 2556/351.

From. NEWFOUNDLAND CONTINGENT



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

To: Officer Commanding
2nd/Bn Ryl Nfld Regt.

Winchester.

14th February 1919

February 17th 1919

5379. Pte. Winter. J.

With reference to the following telegram from the Minister of Militia / / (21)

"Pay to-5379. Winter.

£4.0.0.

Cheque £ 4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt thereon.

Receipt hereunder.

R. K. F.
LIEUT. COLONEL,
COMMANDING 2ND BATTAL NEWFOUNDLAND REGT.

Received the sum of Four pounds

in respect of telegraphic remittance from the Minister of Militia.

J. Winters
No. 5379 Rank Private
Witness M. B. Rochette

A. C. Munroe
Chief Paymaster & O. i/c Records.

No. 2549/1616

From: NEWFOUNDLAND CONTINGENT

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.

12th June 1919

5379, Pte. J. Winter,

With reference to the following telegram from the Minister of Militia / / 19 (230):

"Pay to-

5379 Winter £3:0:0

Cheque £ 3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

"B" *PTD* 100194 *JW*
N.F.P. 1919.

13th June 1919.

Receipt hereunder.

J. J. Winter
LIEUT. COLONEL.
OFFICER COMMANDING
2ND BN. ROYAL NEWFOUNDLAND REGT.

R. N. R.

Received the sum of Three Pounds

in respect of telegraphic remittance from the Minister of Militia.

J. Winter
No 5379 Rank Pte.

Witness: W. R. Hodges.

No. 18598/2065

065474
B



N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

18th November 1918

Nov. 22 1918

Subject: 5379, Pte. J. Winter

Receipt hereunder.
Kane
LIEUT. COLONEL,
COMMANDING 2nd Bn ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n,
Royal Newfoundland Regiment.

With reference to the following telegram (9889) from the Hon. Minister of Militia, received
pay to 5379 Winter £3:0:0

Received the sum of Three
Pounds on account of
cable remittance from Newfoundland.

Draft £ 3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H.A. Minnell Maj.
Chief Paymaster & O. 1/c Records.

The J. Winter
mark.
No. 5379 Rank Pte
Witness 2930 Pte. G. Stein

No. 19793/2226

065753
~~1/2~~
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.

4th December 1918

Subject: 5379, Pte. J. Winters *B*

With reference to the following telegram (¹⁰⁵²⁹) from the Hon. Minister of Militia, received

Pay to 5379 Winters £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Dec. 5th 1918

Receipt hereunder.

Examined
LIEUT. COLONEL
OFFICER COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
ROYAL NEWFOUNDLAND REGIMENT

Received the sum of Five

pounds on account of cable remittance from Newfoundland.

J. Winters
No. 5379 Rank Pte

Witness: A. L. Carter, etc.

No. 21152/2413/P&A.

066299



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.,
Hazeley Down Camp,
Winchester.

21st December 1918

26th 12-1918

Subject: 5379.Pte. J. Winter,

Receipt hereunder.

With reference to the following telegram (11075) from the Hon. Minister of Militia, received

Clare

LIEUT. COLONEL.

OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

"Pay to 5379, Pte. J. Winter, £6.0.0.

Received the sum of Six

Draft £ 6.0.0. is enclosed for payment to this Soldier.

Pounds on account of

Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

H. S. Minard

Chief Paymaster & O. i/c Records.

J. Winter

No. 5379 Rank Pte.

Witness A. Maunde

(8)

Winters, J

5379

Ray Sept.

August 14, 1919

#5379 Pte. Joseph Winters,
Pools Island, B.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3737.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5379 Rank Plt Name Winters J
Intended place of residence Pools Isles

2. Occupation Intermar
Classification of soldier E Medical Category A.I

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 14 1919
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 14 1919
Signature of soldier
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 14 1919
Signature of soldier
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
Discharged from service 28-7-19 Plus 14 days Service 446

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S
Date JUL 28 1919
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place, ST. JOHN'S
Date Aug 11/1919
Officer i/c Records
The Royal Newfoundland Regiment

Handwritten: 2079/3757

The Royal Newfoundland Regiment

Class for Demobilization: *B*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 12/19*

Regimental No. *5379*

Name *Joseph Winters*

Address *Bonaville Bay Camp 1st Pook Island*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

A. R. Cooper Capt
O. C. Discharge Depot.

Members of Board

H. Peterson
Senior Medical Officer

E. W. Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5379 Rank Plt Name Winters J
 Date of Enlistment 23.5.18 Address Pool St District Bonaventure
 Occupation Shoemaker Classification for Discharge E1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 12.7.19

O. C. Discharge Depot.

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. #60.00

(b) Clothing Supplied _____

Date 14.7.19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2385 to his home at Parola Id. and Release Certificate No. 3593 issued.

Date 14-7-19

Amal...
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 11-8-19

Date 14-7-19

W. S. H.
Depot Paymaster.

Discharge approved for 28-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st.	" 2
R 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 14-7-19

Amal...
Demobilization Officer.

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 28 1919

N.R. Cooper Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Amblowster

Signature of the Vocational Officer or his Representative.

J. Winters

Signature of Man.

Reg. No. 5379.

ST. JOHN'S.

Place

Date

14-7-19.

191

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

MEDICAL HISTORY

Surname Winters

OF Joseph Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County St. John's

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>17</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>St. John's</u>		at _____	
Declared Age	<u>33</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Fireman</u>		_____	
Height	<u>5</u> feet <u>7 1/2</u> inches		_____ feet _____ inches	
Weight	<u>137</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>37</u> inches		_____ inches	
	Range of Expansion... <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	_____
	L. E.—V=	<u>6/6</u>	L. E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Samuel P. Brown</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>29</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191 <u>1</u>	
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>1st Bn</u> <u>1379</u>		_____	
	<u>4444</u>		_____	
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Rank)	_____		_____	



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. 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 *Joseph Winters*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5379*

Intended address *Bonaville Bay, Pools Id.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Bonaville, Pools Id. 19th Feb. 1895*

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) *Joseph Winters*

Plk
(Rank)

Station *St John's* Date *8-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Station

Date

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *1379* 3. Rank. *Plt*
4. Name *W. J. J. J.* (Surname) *J. J. J.* (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on at
in category (or grade)
7. Former Trade or Occupation } *J. J. J.*
- 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 ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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 ✓
- (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 Complaint of no
Disability*

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

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

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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.E. Proemier *Capt. Rawl*

Station *Fozzley Moor*
Date *16/1/19*

Medical Officer in charge of case.

* 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.

6
August 18, 1919

Mr. Joseph Winters,
Peel's Island, B.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 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 *Winters* 2. Surname *Joseph*
3. Rank *Private* 4. Regtl. No. *5379*
5. Address in full to which future payments of gratuity are to be forwarded *Pool's Island, Bonaville Bay*
6. Date of enlistment in the Regiment *May 22nd /18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
8. Relationship of such dependents *no*
9. Address in full of such dependents *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service only in Hfld. If so, give dates and particulars of such service *no*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas *fourteen months* 12

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

Once

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? *Yes*

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

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

No

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the R.A.F.? *Yes* If not give: (a) Date of discharge (b) Reason for discharge

*Temporary Discharge
July 14/19*

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.

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:

Jeriah Winters

Place of Residence:

Pools Island

Declared before me at:

S. Johns

This

4th

day of

July

191*7*.....

J.P. Haller

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

POST DISCHARGE PAY.

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

FORM K

No 4691



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simon James Rowe, Regl. No. 5349
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 60 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4334	Mother	Mr (Eldredh) (Elizabeth) Rowe	Old Porticau 7 Bay		60
Total Allotment, \$					60

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

Sig.) Watson Supt
 Officer Commanding
 Company
St Johns
June 12 1918

(Sig.) Simon J Rowe
 (Rank) Plt

33179 Writers

P.M.

Please make press pay W.S.G.

10/17/19

A.C.D. W.P.H.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

July 16th 1919.

Received from the First Newfoundland Regiment
the sum of Seventy 00 Dollars.
on account of Pay. W. S. J. Winters
balance

Ch. No. <u>3102</u>	Initials <u>EW</u>
Pay Ledger <u>297</u>	Initials <u>WR</u>
Gen. Ledger.....	Initials.....

Regtl. No. 3379 Rank Pte

No. 3379. Rank Pte.

Name Joseph Winters.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Number of Sheet

one

Signature of O. C. Company

C. J. [Signature]

Regimental Number and Name		Enlistment		Trade
No.		Age on	years	
			months	
Joined	Date	Place and Date	of Enlistment	Religion
Joined	Date			
Joined	Date			
Joined	Date			
		Period of	with Colours	Place of Birth
			with Reserve	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St John's				11 / 8 / 19

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5379

DEMOBILIZATION OF

Reg. No. 5379 Rank Plat Name Winters J
 Date of Enlistment 3.5.18 Address Pooly St District Bonaventure
 Occupation Butcher Classification for Discharge H Medical Category H.I.
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P36.	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: 12-7-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Winters
with 10/16

Particulars passed to Vocational Officer for information and action.

Date:

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #60.00
 (b) Clothing Supplied

Date: 14-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2385 to his home at Perth, S.A. and Release Certificate No. 3593 issued.

Date 14-7-19 AMC Lush
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 11-8-19

Date 11-8-19 H. J. ...
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1 N.F. Med.	D.F. 1	2 Form B
F 178	W 3494	B 122	Board 1st	" 2	
F 178a	1 D 400A	1 B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	1 D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 14-7-19 AMC Lush
Demobilization Officer.

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 28 1919 A.R. Cooke Capt.
O. C. Discharge Depot.

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

Date Aug 7/19 M. H. T.

Reg. No. 5379 Rank *Sto* Name *Winter Jos*

Attested Address *Pool's Island*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

14-7-19
28-7-19

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION.

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 397 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P, or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... Royal Newfoundland } Former Trade or Occupation } Tradesman
2. Regtl. No. 5379 3. Rank... plc 7a. If the soldier claims previous service in Army, he should state—
4. Name Winters Joseph (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... 23
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (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.
12. Place of origin of disability.
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
nil
nil

14. State whether the disabilities are

(a) attributable to (b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

the complaints of the disability

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

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed ? If so, when and what was its nature ?

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

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. Proemier Capt R.A.M.

Medical Officer in charge of case.

Station *Hazley*

Date *3/11/19*

* 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.