



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4604 Name John Anderson Corps Cpls

Questions to be put to the Recruit before Enlistment.

1. What is your name? John Anderson
2. What is your full Address? Mount St. J. B.
3. Are you a British Subject? Yes
4. What is your age? 32 Years Months
5. What is your Trade or Calling? Postman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? Name Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? Yes

I, John Anderson 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 Anderson SIGNATURE OF RECRUIT.
Raymond Signature of Witness.

John Anderson 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 22 day of April 1918.

Signature of Attesting Officer Geo. Leary, Major

†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 rank of Cpls.

If enlisted by special authority, such will be attached to the original attestation.

Date April 22 1918
 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).....

Report 24-4-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Anderson
 Apparent age 32 years months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Adam Anderson
Box 141 N. Y. D. | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-4-18</u>									
Joined at <u>St John's</u> on <u>April 22-1918.</u>									
<u>Discharged July 5, 1919</u>									
<u>To report for duty 24-4-1918</u>									
<u>Embarked St John's train to Halifax N.S. 11-6-18.</u>									
<u>Embarked for N.S. 26-10-18</u>									
<u>Disembarked Grand 26-10-18</u>									
<u>Joined Battalion 3-11-18.</u>									
<u>Transferred from Rowen 22nd to Arrived White Horse 23rd 19.</u>									
<u>To Newfoundland for demobilization 22-5-1919.</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization St John's 5-7-1919.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 5-7-1919 (date of discharge) 1 years 73 days
 " " Pensions " " " " " " " " " " " "

C.R. 4604

Extract from Daily Orders Part 11 Unit The Royal WFLA.
Regt. Depot, St. John's, June 11th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 21-6-19.

4604 Pte. John Anderson.

C.R.

4604

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

Date

10-6-19.

4604 Pte. John Anderson

Reported at Headquarters 1-6-19.

which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 4604

Extract from Memorial Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps #2/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 25/4/19 and reached
Hazeley Down Camp 23/4/19.

#4604 Pte. J. Anderson

C.R. 4604

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 3-11-18.

The following joined the Batta. 3-11-18.

4604 Pte. J. Andersen.

A Coy.

C.R. 4604

Extract from Nominal Roll Re-inforcement Draft No.55 Embarked Folkestone
26/10/18 from 2nd Batta., Royal Newfoundland Regiment, Hasleby Down
Camp, Winchester, to 1st Batta., Royal Newfoundland Regiment B.E.F.

4604 Pte. Anderson, J.

MP.

C.R. 4604

Extract from Daily Order, part II, Unit The Royal Wilt.
Regiment dated July 21st, 1919.

2

The discharge of the undernoted on demobilisation has been APPROVED
by G. O. discharge report on noted date.

4604 Pte. J. Anderson.

C.R. 4604

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

4604 Pte. J. Anderson.

Embarked for Overseas with draft 11-6-18.

C.R. 4604

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated April 23, 1918.

#4604 Pte. John Anderson.

Attested for General Service with the Royal Nfld. Regt. from
22/4/18 to report 24/4/18.

J. Anderson

C.R. 4604

~~1450~~

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* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4604* 3. Rank... *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Anderson J.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *33*....
6. Posted for duty on *21. 4. 18.* at *St. John's*... 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. *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.

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.)

He complains of
disability

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.

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

no

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?

no

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
of W. Browne
Capt Raine
Medical Officer in charge of case.

Station Hazleley D. Camp

Date 29. 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

TO,- The Chief Paymaster,
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 N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.
Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
1604	Pte	Anderson J.	\$250	J Anderson

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

Date July 1/18

J Anderson

13594/1374

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn. R. Newfoundland Regt.,
Winchester.

27th, August

Subject: 4604, Pte. J. Anderson

With reference to the following telegram (7804) from the Hon. Minister of Militia, received

"Pay to 4604 Anderson £4. 0. 0

Draft £ 4. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Witness:

4693 Pte. R. Manning

Aug 29th 1918

Receipt hereunder.

forwarded here for **LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of 4.0.0

Four pounds on account of
cable remittance from Newfoundland.

John Anderson,
No. 4604 Rank Pte.

How

No. 1778/63/P.&A

From: NEW FOUNDLAND

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

CHIEF PAYMASTER & OFFICER I/C RECORDS
NEWFOUNDLAND CONTINGENT /80.
To 58, Victoria Street,
London, S.W. 1.
Lt. Col. T. G. Matthews
Commanding
1st Bn. Royal Newfoundland Regt.
B.E.F.

1st February 1919.

15/2 - 1919

4604 Pte. Anderson

With reference to the following telegram from the Minister of Militia, 30/1/19 (976)

"Pay to- Pte. Anderson

£6:0:0

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.

Chief Paymaster & O. i/c Records

Deposited 30/1/19

4604 Pte J. Anderson

This man wishes this amount retained to the credit of his account please

T. G. Matthews **LIEUT. COL.**
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT

NEWFOUNDLAND CONTINGENT
58, VICT. ST.
LONDON, S.W. 1.
18 FEB 1919
PAY & RECORD OFFICE

Anderson, J

4604

Ray Sept.

July 5, 1919

#4604 Pte. John Anderson,

British Harbor, F.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2629.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4604 Rank Private Name Anderson John
 Intended place of residence British Harbor

2. Occupation Dischargee
 Classification of soldier E Medical Category PT

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 ST. JOHN'S JUN 7 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 and date ST. JOHN'S JUN 7 - 1919
 Signature of soldier J. Anderson
 Signature of witness W. B. Bouston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S JUN 7 - 1919
 Signature of soldier J. Anderson
 Signature of witness W. B. Bouston

STATEMENT OF SERVICE

7. Enlisted for service 22.4.18 No of days on Military
 Discharged from service JUN 21 1919 Plus 14 days Service 440

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 JUN 21 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, Nfld
 Date July 5 1919
 Officer in Charge
 The Royal Newfoundland Regiment

CFB 2019/2629

The Royal Newfoundland Regiment

Class for Demobilization: *F.*

Report of Demobilization
Travelling Board, held on soldier for
discharge. 8

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *6.6.19*

Regimental No. *H.604.*

Name *Anderson, John*

Address *British Hr. S. B.*

Present Medical Category *A-1*

Recommended for:—

- (a) Immediate discharge
- (b) ~~Standing Medical Board~~

Members of Board

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

L. Paterson
Senior Medical Officer

D.W. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4604 Rank. Plt Name Anderson John
 Date of Enlistment 22 11 18 Address British H District St. John's
 Occupation Postman Classification for Discharge By Medical Category 1
 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.....	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.....	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 6-6-19 O. C. Discharge Depot. Anderson

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Anderson

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..... Anderson

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11155-65,017 to his home at British He and Release Certificate No. 2423 issued.

Date 7-6-19 J.A. Lunn 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 5-7-19

Date 7-6-19 J.A. Lunn Capt
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		

Form B

Date 7-6-19 J.A. Lunn Capt
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
R.H. Sait Capt.

Date JUN 21 1919
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

Signature of Man.

Reg. No. *4604 J Anderson*

J. A. Snowball
Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *JUN 7 1919* 191

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

MEDICAL HISTORY

OF

Surname Anderson Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish British Hbr, County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>22nd</u> day of <u>April</u> 191 <u>8</u> at <u>St John P, Nfld,</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>32</u> years _____ days		years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>5½</u> inches		feet _____ inches	
Weight	<u>125</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of Expansion... <u>3</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm	<u>(line)</u>		
	Number			
When Vaccinated	<u>7 years ago</u>			
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 insufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Amund Peterson</u>			
(Rank)	<u>Medical Officer.</u>		Medical Officer.	
Enlisted	at <u>St John P, Nfld,</u>		at _____	
	on <u>22nd</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191____	
Joined on Enlistment	Corps.	<u>The Royal Nfld Regt,</u>	Corps.	_____
	Regtl. No.	<u>4604</u>	Regtl. No.	_____
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
[Signature]				
[Rank]				

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4604 Rank

Name

Anderson J

Warned for demobilization on

JUN 7 1919

BOMB

JIMMIE MAH

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 F., 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* } *Gisborman*
 7. Former Trade or Occupation }
 2. Regtl. No. *4604* 3. Rank... *Pte* } *Gisborman*
 7a. If the soldier claims previous service in Army, he should state—
 4. Name... *Anderson* }
 (Surname) (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday... *33*
 6. Posted for duty on... *21/4/18* at... *St John's*
 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
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. }

na

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

na.

15. What is his present condition ?

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

no complaint & 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.

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

na

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

na

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 ?

na

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 ?

na

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Repatatriation

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

W.E. P. Wrennie Capt Name

Station Hazley Down

Medical Officer in charge of case.

Date 29/7/19

* 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

Casualty Form - Active Service.

Regiment or Corps 27th ROYAL NEWFOUNDLAND REGT.

Rank PLC Surname Anderson Christian Name John

Religion C.E. Age on Enlistment 32 years..... months

Enlisted (a) 22/4/18 Terms of Service (a) Duration Service reckons from (a) 22/4/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended S Re-engaged Qualification (b).....
or Corps Trade and rate.....

Occupation Fisherman Signature of Officer J. M. Curran

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.219, Army Form A. 36, or other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.219, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked		
			Disembarked		
			Joined Battalion	3-11-18	
			Arrived in UK	23/4/19	

(a) In the case of a man who has re-engaged for or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoelace, Sign, &c.

Next of Kin
Father
Abraham Anderson
Burhat St., Trinity Bay, Newfoundland

(P. 502) Wt. W. 3602/P-463 3,000,000, 1/18 W. M. Army Form B. 266

MORNING SICK REPORT

MEDICAL INSPECTION REPORT* { Squadron,
Unit 1st Battalion 9th Inf. } Battery, or
Company.

Station Hagerstown Date 10-8-18

Regt. No. 4604 Rank Pvt

Name Anderson
(Christian Name in full; Surname first)

Married? _____ Religion _____

Completed years of Age _____ Service _____

If for duty † _____

Whether a defaulter _____

Lines or barracks _____ Room _____

Disease Acute Gastritis

Disposal—Medical Officer's Remarks and Signature—

The Occulid Winchester

Orderly
N.G.O.

* Strike out whichever is not applicable.
† State nature of duty for which warned. In case of 1st for medical inspection, the reason, such as "Soldiers for trial by Court-Martial," or "Joining the status," &c., should be stated against their names.

From : Ophthalmic Surgeon, Central Military Hospital

To : Medical Officer in Charge 2nd Bath. R. fld

Hazely Down.

Aug. 10th 1918.

" REPORT OF VISION "

No. 4604 Pte. Anderson J.

V.A. R.E. $\frac{6}{24}$
Has ... R.E. $\frac{6}{12}$

With correct-
ing lenses. R.E. $\frac{6}{12}$
R.E. $\frac{6}{6}$

Very slight myopia. glasses not indicated

Robert Lockhart

M. R. C. U. S. A.
Capt. R. A. M. C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this Man's Medical History Sheet for future reference please.

July 16, 1919

#4604 Pte. John Anderson,

British Harbor, T.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 & 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..... *John* 2. Surname..... *Anderson*

3. Rank..... *Pte* 4. Regtl. No. *4604*

5. Address in full to which future payments of gratuity are to be forwarded..... *Private Str. S. B.*

6. Date of enlistment in the Regiment..... *Apr. 27/18*

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

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in 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..... *From Apr. 27/18 to*

June 7/19 1. ^a

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.

15. Have you been issued with a War Service Badge? *No*

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

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

19. Are you now serving in the Regt.? *No* If not give:- (a) date of discharge *June 7/19* (b) Reason for discharge *Temporary Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France, Belgium + Germany - From Oct. 26/18 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *John Anderson*
 Place of Residence: *Britzel St. J. B.*
 Declared before me at: *R. Johns, Nfld*
 This *7th* day of *June* 19*19*....

John W. Carthy
 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.					Paymaster

The Department of Militia,

June 13/19

The sum of *five* \$ *5.00* dollars and
cents is due *Pte. G. Anderson* British *Mr.*
for driving No.....

~~to the~~ from *Trinity*

To *British Mr.*
voucher attached

certified correct
for \$5.00
J. A. [Signature]

DISTRICT OFFICER
NEWFOUNDLAND
JUN 14 1919
COMMANDING

ACCOUNT NO. *2475* INITIALS *[Signature]*
I.O. Discharge Depot Newfoundland
PAY LEAFLET INITIALS

No. *4* 617

TRAVELLING WARRANT

Date *7-6-19*

The Royal Newfoundland Regiment

General

*4604 prnt
John Anderson*

Please issue 1st Class Passage and Meals for

No. *4604* Rank *1st Lt* Name *Anderson J.*

From *ST. JOHN'S* To *British Lr.*
Trinity

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Snow

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer
Discharge Depot-Newfoundland

June 10 1919

Perth Harbour

I fear Sir of sending back
travelling Warrant the charge is ~~five~~ ^{five} dollars
but I paid it out of my own pocket and please send the money back
to Perth Harbour.

Yours John Anderson

July 2, 1919

Pte. J. Anderson,
British Hr.,
T.B.

Dear Sir:

I enclose herewith cheque
for \$5.00, amount of refund due you on account
of expenses of conveyance to your home.

Yours truly,

Capt.
Paymaster.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
30.Number of Sheet oneRegiment of Royal NewfoundlandSignature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years months			
<u>4001</u>	<u>Anderson, Jas</u>	<u>32</u>		<u>Fisherman</u>		
Joined	Date	Place and Date of Enlistment		Religion		
		<u>St. John's</u>	<u>22.11.18</u>	<u>C of E</u>		
Joined	Date	Period of } with Colours <u>1⁷⁵</u> years. with Reserve <u>3⁶⁵</u> years.		Place of Birth		
Joined	Date			<u>British Hlv. T.B.</u>		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>5 7/9</u>			

To be carried over

Army Form B. 121.



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 *Anderson Jh*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4604*

Intended address *British H. I. B*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Med.*

Christian name of Father *Abraham*

Christian name of Mother *Harrett*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *British H. I. B, 18 May 1886*

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 Anderson*

Station *ST. JOHN'S.*

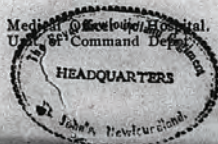
Date *2-6-19*

(Rank) *Plt.*

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

Station

Date



The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4604 Rank Plt Name Anderson, John
 Date of Enlistment 22-4-18 Address British St District Trinity
 Occupation Fisherman Classification for Discharge Ty Medical Category H.I.
 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 6-6-19 O. C. Discharge Depot H. J. [Signature]

PARTICULARS FOR DEMobilIZATION

r. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. Anderson

Particulars passed to Vocational Officer for information and action.

Date _____

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied _____

[Signature]

Date 7-6-19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2423 to his home at Bristol and Release Certificate No. issued.

R.1556 P. 617

Date 7-6-19 *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 5-7-19

Date 7-1-19 *J.A. Snow Capt*
Depot Paymaster.

21-6-19

Discharge approved for.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
F 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 7.6.19 *J.A. Snow Capt*
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

R.H. Sait Capt.

Date JUN 21 1919 O. C. Discharge Depot.

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

Date June 24/19 *J. M. Kelly*
For O.C. Depot

Reg. No. *4604* Rank *PLt* Name *Audens J.*
Attested Address *Wentworth St.*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *29.1.19.*
Returned on S.S. *Rossian* Cause *Discharge*

6-6-19 PASSED TO DEMOBILIZATION OFFICE
21-6-19 DISCHARGE APPROVED ON DEMOBILISATION



CANADA

DEPARTMENT OF VETERANS AFFAIRS

DEPARTMENT OF
VETERANS' AFFAIRS
JUN 11 1957
WAR SERVICE RECORDS
OTTAWA - CANADA

IN YOUR REPLY REFER TO FILE NO.

DVA: 95-7-1 Vol. 1

OTTAWA 4, June 11th, 1957.

RECORD OF SERVICE

ROYAL NEWFOUNDLAND REGIMENT

Service Rank and/or Number 4604 Name John ANDERSON

1. Age on Enlistment: **32 years**
2. Date and Place of Appointment or Enlistment: **22nd April, 1918 St. Johns, Nfld.**
3. Theatres of Service: **NEWFOUNDLAND - UNITED KINGDOM - FRANCE**
4. Date and Place of Discharge: **5th July, 1919 St. Johns, Nfld.**
5. Reason for Discharge: **"Demobilized"**
6. Rank on Discharge: **Private**

Awards: BRITISH WAR & VICTORY MEDALS

NOTE:

This record is not valid without the imprint of the official stamp of the Department.

Ottawa, Ontario, Canada.

June 11th 1957.

H.M. Jackson
H.M. Jackson,
Director,
War Service Records.