



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4715 Name John Baker Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>John Baker</u> |
| 2. What is your full Address? | 2. <u>Hodges Cove</u>
<u>St. John's Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, John Baker 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.

A
26th 18
John Baker SIGNATURE OF RECRUIT.
James H. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Baker 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 26 day of April 1918
Signature of Attesting Officer James H. [Signature]

† 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 1st Battalion

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

Date April 26 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Baker
 Apparent age 21 years 10 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 Hannah Baker
Hodger Cove | Relationship Mother
1103 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>26-4-18</u>									
Joined at <u>St. John's</u> on <u>April 26-1918</u>									
Discharged July 5/19									
Admitted to 1st Hosp. (then 22-5-18) sent back to duty 14-6-1918									
Embarked St. John's St. Columella to Halifax N.S. 22-7-1918									
to Newfoundland for demobilization 22-8-1919									
Arrived Newfoundland 1-6-1919									
<u>Demobilized above 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 70 days
 " " Pensions " " " " " " " " " " " "

C.R. 4715

Extract from Daily Orders part II, Unit the Royal Wfld.

Regiment dated July 9th .1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer I/O. Records.

m #4715 Pte. John Baker.

~~5/7/19~~
~~9/7/19~~

C.R. 4715

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

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

4715 Pte. John Baker.

C.R. 4715

Extract from Daily Orders Part 11 Depot, St. John's,

Date ~~9-6-19~~ 10-6-19

4715 Pte. John Baker

Reported at Headquarters 1-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4715

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

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

#4715 Pte. John Baker.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 29, 1918.

#4715 Pte. J. Baker.

Attested for General Service with the Royal Nfld. Regt.
from 26.4/18.

J Baker

C.R.

4715

~~180~~

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. *4715* 3. Rank. *Plt*
4. Name *Baker* *John*
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation } *Seaman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 (b) Date of Discharge;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
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

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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*

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 ?

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.)

His Complaints of no 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. Gwynne, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *1-4-19*

* 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

3722



N.F.F./79.

No. ~~3677~~ 570

FROM: NEW FOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Mfld. Regt.
Winchester.

*P.D. 064639
7/3/19*

March 7th. 1919

March 10th 1919

4715 Pte Baker. J.

Receipt hereunder.
J. Seymour *lieut*
LIEUT. COLONEL
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n.

With reference to the following
telegram from the Minister of
Militia / / (67)

"Pay to- 4715 Baker.

£ 5 - 0 - 0

Received the sum of *Five pounds*

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

in respect of
telegraphic remittance from the
Minister of Militia.

F.H. Marshall
Chief Paymaster & O. i/c Records.
B

John Baker
No. *4715* Rank *Pte*
Witness *M. Hockett*

Baker, John.

421
4715

Ray Dem

May 1st. 1919

Mrs. James Baker,
Norman's Cove, B.B.,
B.B.

Dear Madam:

With reference to your letter of April 19th. will you kindly state on whose account you receive allotment. Please furnish his number and name, so that the necessary information may be communicated to you.

Yours truly,

Lieut
FOR Paymaster

July 15, 1919

#4715 Pte. John Baker,

Hodge's Cove, 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..... *Baron*
3. Rank..... *PLC* 4. Regtl. No..... *4715*
5. Address in full to which future payments of gratuity are to be forwarded..... *St. George's Cove T. B.*
-
6. Date of enlistment in the Regiment..... *April 26/18*
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..... *Do*
9. Address in full of such dependents..... *Do*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*
11. Were you on active service only in 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..... *Thirteen months*
- 26 days* 1. *1/2*

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.

Yk \$ 66.29. Cothran, Etc

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?

No

19. Are you now serving in the R.C.S.T.? If not give - (a) date of discharge.

No

June 21/19

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.

Winchester

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: *J. Baker*
 Place of Residence: *Madison Ave. T. B.*
 Declared before me at: *St Johns Afd.*
 This *7th* day of *June* 19*19*.....

John M. 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

July 5, 1919

#4715 Pte. John Baker,

Hodge's Cove, T.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2621.

Yours truly

Captain,
Paymaster & V.I.C. Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4.715 Rank P.C. Name Baker John
 Intended place of residence. Hopps Cove Twelfth Bay
 2. Occupation Fisherman
 Classification of soldier F Medical Category A L

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 7 1919

J. M. [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 and date ST. JOHN'S

JUN 7 1919

J. Baker
 Signature of soldier

W. K. [Signature]
 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 and Date

ST. JOHN'S

7-6-19

J. Baker
 Signature of soldier

James O. [Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
 Discharged from service 21-6-19 plus 14 days Service 436

APPROVAL OF DISCHARGE

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

Place

R. H. [Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

Date JUN 21 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's, Nfld

Date July 5/1919

A. Bowley [Signature]
 Officer in Charge of Records
 The Royal Newfoundland Regiment

ADP 7079/2621

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

^{his} John Baker ^{and}
man (Signature of Man.)

Reg. No. 4715

J. P. Crowley
Signature of the Vocational Officer or his Representative.

Place St Johns

Date JUN 7 1919 191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4715 Rank Pte Name John Baker
 Date of Enlistment 26/14/18 Address Hodge Lane District Trinity Bay
 Occupation Fisherman Classification for Discharge E Medical Category AI
 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.....	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.....	
B 179c.....	B 120.....	M 93.....			

Date 6/6/19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J Baker

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

Amble Lister

Date 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.15719.625 to his home at Hodgkove S.B. and Release Certificate No. 2406 issued.

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 SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

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

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	1	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122		Board 1st.	" 2	1
B 178a	D 400A	B 1915		do 2nd.	" 3	2 Form B
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 in Records.
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

JUN 21 1919

Date 7-6-19 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date

The Royal Mtd. Regiment

DEMOBILIZATION

No. 4713 Rank _____

Name Baker. J. _____

Warned for demobilization on

JUN 7 1919

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *6. 6. 19*

Regimental No. ... *4715*

Name *Baker John Pte*

Address *Hodge Cove S.P.*

Present Medical Category *A1*

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

Members of Board {

R.H. East Capt

O.C. Discharge Depot.

H. Paterson

Senior Medical Officer

Geo Burden

M.O. Depot

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

MEDICAL HISTORY

Surname Baker OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Hodge's Cove, T.B., County Wfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Wfld.</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>21 1/2</u> years — _____ days		years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7 1/4</u> inches		feet _____ inches	
Weight	<u>138</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	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <u>49</u> L.E.—V= <u>49</u>		R.E.—V= L.E.—V=	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lamm Watson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Wfld.</u> on <u>26</u> day of <u>April</u> 191 <u>8</u>		at _____ on _____ day of _____ 191____	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Wfld. Regt.</u>	<u>4715</u>		
Transferred to	<u>B.</u>			
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
<i>M. J. D. Hospital.</i>	<i>22.</i>	<i>5.</i>	<i>18</i>	<i>17</i>	<i>6</i>	<i>18</i>	<i>Measles</i>	<i>26</i>	

list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

[Handwritten Signature]



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 *John Baker*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4715*

Intended address *Hodge Cove, L.B.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *Hannah*

Christian name of Mother *Hannah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Hodge Cove, 25th June, 1894*

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. Baker

Pte.
(Rank)

Station **ST. JOHN'S.**

Date

5-6-19

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

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 New Foundland*
2. Regtl. No. *4715* 3. Rank. *Pvt*
4. Name *Baker* *John*
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade } *Fuhrman*
 or Occupation }
- 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
- (b) Date of Discharge ;
 (c) Cause of Discharge.
 (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.
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

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 ? } ✓

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.)

No complaints of no sensibility

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.

Refused

W.S. Preunier. Capt. Havre

Station *Hazely Down*

Date *1-4-19*

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

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE:

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Regt. or Unit. Regt. No.

John Baker Private Regt. 4715

2. Age of soldier. Married or single

22 Single

3. Name in full of mother. Age. Occupation. Permanent address

Hannah Baker 52 Widow Hodgeboos Random South
Nfld.

4. Give name of your husband. Age. Occupation. Where employed

Husband is dead

5. If your husband is not supporting you, state the reason.

Noted above

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady (A medical certificate must be enclosed with this document, stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)

7. If you are a widow, state date and place of death of your husband.

Died at Hodgeboos Jan 22 - 1912

8. Have you married again since death of above mentioned husband?

No

9. Names of your other children. Address in full. Age. Occupation.

Martha Baker Hodgeboos 19 Home with mother
Thomas Baker Hodgeboos 14 Home with mother

Attachment correct from Aug 1 1911
700's
RA

Attachment correct for 704 in diem commencing Aug-1-18

9. State amount earned by (a) yourself Nothing
(b) your husband,

10. State amount and source of any other Nothing
income

12. State value of real property belonging ~~xxxxxxx~~
to your husband, \$ 100.00

13. State value of personal property belonging
to you and your husband ---

14. If husband is dead, state value of real and Above
personal property

15. Actual amount contributed by soldier
during the year prior to enlistment. ---

16. Was this amount contributed weekly or
monthly. ---

17. Did this amount include payment of son's
board, etc. ---

18. State your son's trade or occupation Home
prior to enlistment

19. State amount of his wages per week. ---

20. State name and address of his last
employer. ---

21. State amount of monthly support from Have only received
son since enlistment. his Cheques since enlistment
\$ 21.00 each

22. State amount of allotment received
by you from son monthly. ---

23. State amount contributed by other Weekly, monthly.
children.

24. Actual amount contributed by weekly. monthly.
other children.

25. Are any of these children in the
employ of you or husband? ---

26. If not receiving support from other children, state cause. Explain fully?

27. With whom are you residing at present?

Alone.

28. Have you made a previous claim for Separation Allowance, if not, why, Give particulars.

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

No

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

No

31. Was the soldier at the time of his enlistment an employee of the Mfld. Government

32. In what capacity and in what place.

33. Is he in receipt of a salary as such while serving in the Royal Mfld. Regt. If so, how much?

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant. *Hannah Babes*
Place of residence. *Lodges Cove, Randon South*

Declared and subscribed before me *Hillman, Randon South, J.B.*
at.....
this *nineteen*..... day of *Oct* 1918

Stipendiary Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *Newman, Fresh Justice Peace*

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge and belief after careful investigation, the above statements are correct, and the soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman. *D. E. Preake, Hillman Randon South, J.B.*

Signature of Member of Patriotic Fund Committee.....

Note:

Search: This woman and family ^{are} in extreme need of any allowance that can possibly be made for her. Please see that the allowance is made, and any other Patriotic money that is granted to such important cases. *D. E. Preake*

O.H.M.S Newman's case

april 19th 1919

4351
6044

4708

Dear Honorable

will you please
tell me the Reason I ^{did} not
get one allotment of
money in months I
tell me if my son
got it stopped or not

I Remain your sincerely
Mrs James Baker
Newman's case B.B

Please have the Lady state
on whose account she is
receiving allotment
we have one or two others
by that name & address

47¹⁵

Hodges Cove,
Randolph South
Trinity Bay.

7424

Paymaster
Militia Dept.
Dear Sir:-

Havent received
any allowance for
month of october
Is it overlooked,
or am I not to
get anymore please
reply to this and
let me know
and oblige.

Yours Respectfully
Mas Joseph Baker

3 Payments of \$30⁰⁰/₁₀₀ 90.00
overpayment

returned check 37.33

127.33

overpayment 747.33

ST. JOHN'S, June 9th /19

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} D. Dodge
22. Year. Sub.

Billeting Soldiers as undermentioned

from June 1st /19 to June 8th /19

4715 - Mr. J. Baker 8 30

ACCOUNT	<u>B. D. M.</u>
CH NO	<u>33202</u>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$

M^{rs} D. Dodge
Mark D. D. D.
W. D. D.

W. D. D.

Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company W. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4715 Baker Troop</u>	Age on	years	months		
Joined		Date	Place and Date of Enlistment	Trade		
Joined		Date	with Colours	years.		Religion
Joined		Date	with Reserve	years.		Place of Birth
Joined		Date			<u>Method.</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>5⁷/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

B 411

DEMobilIZATION OF

Reg. No. *4715* Rank *Pte* Name *John Baker*
 Date of Enlistment *26/11/18* Address *Wedge Cove* District *Imity Bay*
 Occupation *Fisherman* Classification for Discharge *E* Medical Category *AI*
 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	<i>1</i>
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	<i>3</i>
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 *4/6/19*

J. M. West
 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 *none*

Date *7-6-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 45719.625* his home at *Hodgkove S. B.* and Release Certificate No. *24466* issued.

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 *11-6-19*

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

Discharge approved for *11-6-19*
Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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

Date *JUN 27 1919* *Trist. Capt.*
O. C. Discharge Depot.

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

Date *June 14/1919* *J. A. Snow Capt.*
Depot Records

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.1571 G. 6.25 his home at Hedgobore S.B. and Release Certificate No. 2446 issued.

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 21-6-19

Date 7-1-19 *J.A. Snow 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	1
F 178	W 3494	B 122	Board 1st	" 2	1
R 178a	D 400A	B 1515	do 2nd	" 3	2 Form B
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

Date JUN 21 1919 *R.H. Jant Capt*
O. C. Discharge Depot.

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

Date June 14/1919 *J.A. Snow Capt*
Records

Reg. No. 4755 Rank Plt Name Baker, Char.

Attested Address Wedge Lane

Allotment Allottee

Date of Allotment Returned from Overseas 1.6.19.

Joined on S.S. Consearn Cause Discharge

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

6
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