



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5319 Name James Best Corps Medic

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>James Best</u>               |
| 2. What is your full Address? .....  | 2. <u>Swan's Field</u>             |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>no</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, James Best 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

22/5/18 James Best SIGNATURE OF RECRUIT.  
P. R. Power SIGNATURE OF WITNESS.

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

I, James Best 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 May 1918.

Signature of Attesting Officer Edwards

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the: .....

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

Date May 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).....

DESCRIPTIVE REPORT ON ENLISTMENT

5319

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

Name James Best  
 Apparent age 22 years ..... months. Height 5 feet 3 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 James Best  
Swans Island | Relationship Father  
B.B. Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards length of engagement reckons from <u>22-5-18</u>									
Joined at <u>St. John's</u> on <u>Monday 22-19-18</u>									
<u>Discharged July 2/19</u>									
<u>Lowbacked St. John's Strain to Halifax N.S. 22-9-18</u>									
<u>To file for demobilization 22-5-19</u>									
<u>Arrived Hfd 1-6-1919</u>									
<u>Demobilization St. John's 2-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 2-7-1919 [date of discharge] 1 years 49 days  
 " " Pensions " [ " " ] " " "

C.R. 5319

Extract from Nominal Roll Embarked St. John's for Overseas  
Sept. 22, 1918. "D".

5319 Best James.

CR. 5319

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt, St. John's, dated August 9, 1918.

5319, Pte. J. Best.

Granted leave from 7-8-18 to 14-8-18.



C.R. 5319

Extract from Orders by Lt. Col. B. J. BARTON, commanding 2nd.,  
Battalion of the Newfoundland Regiment dated 16th. November 1918.

THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTRY  
CORPS, ON MONDAY the 18th November on Probation.

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#5319 Pte. J. Best.

BC.

C.R. 5319

Extract of Orders by MAJOR M.S. SULLIVAN,  
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,  
19/11/19.

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The undermentioned having arrived from the 2nd Battn.  
Royal Newfoundland Regiment is attached to the strength  
from this date and posted to the following Company.

#5319 Pte. J. Best.

"A" Company.

C.R. 5319

Extract from Daily Orders Part 11 Unit reg The Royal Nfld.  
Regt. Depot, St. John's, June 9th. 1919

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot, with effect from 18-6-19

5319mPte. Jas. Best

C.R. 5319

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 7th 1919

5319 Jas. Best, Pte.

Reported at Headquarters 1-6-19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 5319

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

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 2-7-19

5319 Pte. Jas. Best.

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

#5319 Pte. James Best.

Attested for General Service with the Royal Wfld. Regt.  
from 22.5.18



*Loop 5319*  
Reprint for Royal Nfld. Regt of Army Form B. 178A.

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

# MEDICAL HISTORY

OF

Surname *Aest*

Christian Name *James*

## Table I.—GENERAL TABLE.

Birthplace:—Parish *Swains Bay* County *Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <i>22</i> day of <i>May</i> 191 <i>8</i>	at <i>S. Johns</i>	on	day of 191
Declared Age	<i>27</i> years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>3 1/2</i> inches		feet	inches
Weight	<i>130</i> lbs.		lbs.	
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	<i>15 ca.</i>		
When Vaccinated				
Vision	R.E.—V=	<i>6/6</i>	R.E.—V=	
	L.E.—V=	<i>6/6</i>	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)	<i>James Peterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>S. Johns</i>	at		
	on <i>22</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<i>The Rank 5319</i>			
	<i>Nfld Regt</i>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of Royal New South Wales

Number of Sheet 011  
Signature of O. C. Company P. A. Dick

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on			
5319	Bost James	22	years months	fisherman	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	22.5.18		Melts	
Joined	Date	Period of	with Colours years.	Place of Birth	
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Punies Rink	16-9-18.	Pte		Absent without leave from tattoo 15-8-18 to Aug. 26 <sup>th</sup> also tattoo Sept 3 <sup>rd</sup> to 9.30a.m. 16-9-18	Capt. H. H. H. H.			R. H. Tail. Capt.	Forfeit 25 days pay 18/6
Hazley Down Camp	19.9.19	Pte		Absent from 3 pm parade	C. S. M. Galpy	2 days l.B.	20.9.19	Lieut. Le Mesurier	J. M. G.

To be carried over.

**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* } *Hibernian*  
 7. Former Trade or Occupation }  
 2. Regtl. No. *5.3.1.8* 3. Rank... *pl* } *Hibernian*  
 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Best James* }  
 (Surname) (Christian Names) } (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 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  
 (b) Where (if any)  
 (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. *nt*  
 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 ?

*He complains of no 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.

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. D. Proemier. Copy Rawat*

Station *Bozeley Down* .. .. .  
 Date *11/19* .. .. .

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



J Best

C.R. 5319

11/10



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 Artillery*
2. Regtl. No. *5319* 3. Rank. *Plt*
4. Name *Best* *James's*  
(Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity  
(b) Where (if any)  
(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<br>man's part. } | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

*The Complaint of this 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.

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.

*Rehabilitation*

*W. E. Proctor* *Capt*  
*Rame*

Medical Officer in charge of case.

Station *Hazeley Barr*

Date *9.14.19*

\* 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



## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James Best, Regl. No. 5219  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 \_\_\_\_\_ Dollars and 50 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup><sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup><sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 15 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4508</u>	<u>Wife</u>	<u>Evilge Best (Mrs)</u>	<u>Wesleyville, P.B.</u>	<u>70</u>
			Total Allotment, \$	<u>70</u>

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

(Sig.) Swatson Lieut

Officer Commanding

G. Company

(Sig.) James X Best  
Wesleyville

(Rank) Plc

89 John

June 26 1918

FORM K

Nº 6005



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Best

, Regl. No. 5319

hereby agree, until further notification by me, and in similar official form to make an Allotment of                  Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins July 15 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4508	Wife	Evelyn Best (Mrs)	Wesleyville P.B.	70
Total Allotment, \$				70

ENTERED  
PAY LISTERS  
NAME LIST  
ALLOT. INDEX  
P. MASTER  
EXAMINED

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

(Sig.) Quarson Leub  
Officer Commanding  
E Company

(Sig.) James X. Best  
(Rank) Plt

SA John  
June 26 1918



Best James

5319

Hay & Sept.

July 2, 1919

#5319 Pte. James Best,  
Wesleyville, 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 the "War Service Gratuity"

Yours truly

Captain  
Paymaster & O.i/c Records.



1289  
DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th, 1918.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name, *James. ~~Best~~ Best*.....

3. Rank, *Pte.*..... 4. Regt. No. *5219*.....

5. Address in full to which future payments of gratuity are to be forwarded, *Wesleyville*.....

*B. Bay*.....

6. Date of enlistment in the Regiment, *15<sup>th</sup> Bay 1918*.....

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

*Evelyn Best*.....

8. Relationship of such dependents, *Wife*.....

9. Address in full of such dependents, *Wesleyville BB*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....

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

12. Give total length of time which you served on active service, whether in Mfld. or Overseas, *1 year 33 days or about*.....

..... 12.....

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

*No*

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

*No*

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

*No*

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

*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.

*Not app.*

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?

*Not app.*

19. Are you now serving in the Regt.? If not give:- (a) date of discharge. (b) Reason for discharge.

*18/6/19*

*Reinstilled*

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*

*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.

*Not app.*

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.

*Nis*

Signature of Applicant: *James Best*  
 Place of Residence: *Wesleyville, B-Bay*  
 Declared before me at: *St. Johns*  
 This *Fifth* day of *June* 19*19*...

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

*Wm. James*

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....	.....	.....	<i>4 mos</i>	<i>400 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	<i>W</i>

July 2, 1919

#5319 Pto. James Best,

Wesleyville, B.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 2283."

Yours truly

Captain,  
Paymaster & Officer i/c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5319 Rank Plt Name Best J  
 Intended place of residence Wesleyville B-B

2. Occupation Postman  
 Classification of soldier E Medical Category A-1

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 4 1919

*H. M. S. T.*  
 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 4 1919

*J. Best*  
 Signature of soldier

*M. S. T.*  
 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  
4-6-19

*J. Best*  
 Signature of soldier

*M. S. T.*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 15-3-18 No of days on Military  
 Discharged from service 18-6-19 then 14 days Service 414

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 18 1919

*R. H. S. T. Capt.*  
 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 2, 1919

*M. S. T. Capt.*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*20799/2283*

## 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.

*Amblowstun* Reg. No. *Ren-92*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*4-6-19*

191

*1919*



# The Royal Newfoundland Regiment

Class for Demobilization:   
*E1*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

 Date ..... *4-5-19* .....

 Regimental No. .... *5319* .....

 Name ..... *Best Jas* ..... *P6*

 Address ..... *Wesleyville B.B.* .....

 Present Medical Category ..... *A1* .....

Recommended for:—

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

*It is hereby certified that this soldier  
has been before a Travelling Medical  
Board and has been classified as*

*E1* for discharge on demobilisation.  
Medical category *A1*

Members of Board

Date of T.M.B.

*4-5-19*

*H. Russell*  
*Ju*

*Captain*  
As Agent Adjutant  
Discharge Depot Newfoundland

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

*W. Robinson*  
Senior Medical Officer

*W. Borden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5319 Rank Pvt Name Best Jas  
 Date of Enlistment 5-5-18 Address Wesleyville District BB  
 Occupation Fisherman Classification for Discharge 1/1 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.	5
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 4-2-19

O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am in in a position to resume civilian occupation.

*to*  
Wit Jas x Best  
James

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 James

Date 4-6-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 1410-y. 532* to his home at *Wesleyville* and Release Certificate No. *2272* issued.

Date *4-6-19*

*Hub Toust*  
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 *1-7-19*

Date *4-6-19*

*J. H. ...*  
Depot Paymaster.

Discharge approved for *15-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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 *4-6-19*

*J. A. ...*  
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 18 1919*

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

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

Date .....



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

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

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

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

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

Name in full *James Best.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5319*

Intended address *Wesleyville. B.B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *James*

Christian name of Mother *Lucy*

Wife's maiden name in full *Evelyn Mullett*

Date and place of marriage *Wesleyville, June 10<sup>th</sup>, 1918*

Christian names of children *Helen.*

Place and date of soldier's birth *Wesleyville, Aug 25, 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) *James Best*

*Pte*  
(Rank)

Station *St Johns* Date *4-6-19*

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

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





# The Royal Newfoundland Regiment

55319

DEMobilIZATION OF

Reg. No. 55319 Rank Ph Name Best Jas  
 Date of Enlistment 15-5-18 Address Wesbyville District BB  
 Occupation Friseman Classification for Discharge By Medical Category FI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	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	5
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 4-5-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in in a position to resume civilian occupation. his  
Wit Jas Best  
man  
Newman

Particulars passed to Vocational Officer for information and action.

Date 4-5-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £165.00
- (b) Clothing Supplied Shaw cap

Date 4-6-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1410 G.332 to his home at Hesleyville and Release Certificate No. 2272 issued.

Date 4-6-19 [Signature]  
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 1-7-19

Date 4-1-19 [Signature]  
Depot Paymaster.

Discharge approved for 15-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1 Form B
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 4-6-19 [Signature]  
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**

[Signature]

Date JUN 18 1919 [Signature]  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date June 18/19 [Signature]  
[Signature]

Reg. No. *1319.* Rank. *1st* Name *1st Lt. Jas.*

Attested ..... Address. *Swans Island.*

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

Date of Allotment..... Returned from Overseas. *1.6.19.*

Returned on S.S. *Cossican* Cause *Discharge*

*4-5-19*

*18-6-19*