



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4377 Name Daniel Carew Corps R.C.

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>Daniel Carew</u> |
| 2. What is your full Address? | 2. <u>84 Pleasant Street</u>
<u>St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Electrician</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, Daniel Carew 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.

D. Carew SIGNATURE OF RECRUIT.
James Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Daniel Carew do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 30 day of March 1918
Signature of Attesting Officer James Hunt

†CERTIFICATE OF APPROVING OFFICER.

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

† 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 Daniel Coeur
 Apparent age 19 years - months. Height 5 feet 3 1/4 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs H V Symonds
84 Pleasant Street | Relationship Mother

Particulars as to Marriage

(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>30-3-18</u>									Lance Capt. <u>H 5/18</u>
Joined at <u>Mt Vernon</u> on <u>March 30 1918</u>									
<u>Discharged June 29/19</u>									
<u>Embarked at Mt Vernon on train to Halifax N.S. 11-6-18</u>									
<u>to Newfoundland for demobilization 29-5-1919</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization at St John's 29-6-19</u>									
<u>to Active Service.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-1919 (date of discharge) 1 years 92 days
 " " Pensions " " " " " " " " " " " "

C.R. 4377

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officers i/c Records from 29-6-19.

4377 L/Cpl. Daniel Carew.

C.R. 4377

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, June 14th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by C.C. Discharge Depot with effect from 24-6-19.

4377 L/Cpl. D. Carew.

C.R. 4372

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

Date 13/6/19.

4377, L/C. D. Carew.

Reported at Headquarters 1/6/19.

EX "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4377

Extract from Casualties received from Pay & Record
Office, London,

Admitted to 3rd London General Hospital, Wandsworth
1-10-18.

4377 Pte. N. McKay.

G.S.W. Thigh & Head.

M.M.

C. v. 4377

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

4377 L/C D. Carew

Embarked for Overseas with draft 11-6-18.

C.R. 4329
2

Ex rest from Daily Orders part II, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 6th, 1918.

#4377 Pte. D. Carew.

To be Lance Corporal from 4/5/18.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, April 1st, 1918.

#4377 Pte. D. Carew.

Attested for General Service with the 1st, Newfoundland
Regiment with effect from 30/3/18.

Carew, D.

CR. 4377

P.F.R.O.

52

FORM K



No 4207 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Daniel Carew, Regl. No. 4377

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3974	mother	Mrs Henry (Annie) Finnis	84 Pleasant Street	
			Total Allotment, \$	60 ⁰⁰

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

Sig.) J. James
 Officer Commanding
A Company
John
May 23rd 1918

(Sig.) Daniel Carew
 (Rank) S/Lt

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 } *Black*
2. Regtl. No. *4377* 8. Rank. *491* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cavear* *Daniel* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *26*
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 ;
9. If a Court of Inquiry was held on an injury state :— (c) Cause of Discharge.
- (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? ..

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 complaint 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 ?

Reputation

20. Do you recommend—
(a) Discharge as permanently unfit ?
(b) Change to United Kingdom ?

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

W.S. Proenier. Capt Ranc
Medical Officer in charge of case.

Station *Hazely Down*

Date *8/14/19*

* 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

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
59 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 the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4377	L/C.	Carew D.	£250	D. Carew

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

Date

July 7/18

D. Carew

Carew, 20

4377

Ray Sept.

June 29, 1919

#4377 L/Cpl. Daniel Carew,
#84 Pleasant St.,
City.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2406.

Yours truly

Captain
Paymaster & Officer i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4377 Rank 21 Cpl Name Barrow Daniel

Intended place of residence 84 Pleasant St

2. Occupation clerk

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 W. H. H.

Date JUN 10 1919 for 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 JUN 10 1919 D. Barrow
ST. JOHN'S Signature of soldier

Am. O. Constan
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 D. Barrow

JUN 10 1919 Signature of soldier

James O. Nuoman
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 30-3-18 No of days on Military

Discharged from service JUN 25 1919 plus 14 days Service 466

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 ST. JOHN'S R. H. Lait Capt

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date JUN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld M. Bowley Capt

Date June 29/1919 Officer in Charge of Records
The Royal Newfoundland Regiment

RFB 2029/2406

The Royal Newfoundland Regiment

Class for Demobilization:—

G.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

9.6.19

Regimental No *4377*

Name

Carew D

Rank

Cpl.

Address

84 Pleasant St.

Present Medical Category

A-1

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

Ret Lt Col Capr

O.C. Discharge Depot.

J. Paterson

Senior Medical Officer

W. O. Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4527 Rank Sgt Name Carew, Daniel
 Date of Enlistment 30.3.18 Address 8, Pleasent St. St. John's
 Occupation Clerk Classification for Discharge 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
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 9-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

D. Carew

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £6.00

(b) ~~Clothing Supplied~~

Ambleton

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2543 to his home at 84 Pleasant St City and Release Certificate No. 2543 issued.

Date 10-6-19 *J.A. Brown 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 29-6-19

Date 10-6-19 *J.A. Brown Capt*
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
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		

1
2 Form B

Date 10-6-19 *J.A. Brown 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 15 1919 *R.H. Sait Capt*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation

D. Lane

Signature of Man.

J. A. Shaw

Signature of the Vocational Officer or his Representative.

Reg. No. *4397*

Place *St Johns*

Date *10-6-19*

191

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

MEDICAL HISTORY

Surname Carew

OR

Christian Name Daniel

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns

County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	30 day of March 1918	St. Johns	day of	191
Declared Age	19 years	days	years	days
Trade or Occupation	Clerk			
Height	5 feet	3 1/4 inches	feet	inches
Weight		117 lbs.		lbs.
Chest Measurement {	Girth when fully expanded....	34 inches		inches
	Range of Expansion..	4 inches		inches
Physical Development....				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number....				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Laminor Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	30 day of March 1918	on	day of 191
Joined on Enlistment....	Corps.	The Royal	Corps.	Regtl. No.
		Nfld Regt		4377
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
14. 18.	Nae. <i>SP</i>
9. 4. 18.	T. a. B. <i>SP</i>
15- 4- 18.	Do. <i>SP</i>
30. 4. 18.	Do <i>SP</i>

*It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as E for Discharge on Inhabitation. Medical category AMT
9.6.19
Date of T.M.B. *J. M. H.**

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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

Carew. David

Regiment from which discharged

Royal Newfoundland

Regimental number

4-377

Intended address

82 Pleasant St.

Height on discharge

5 Feet 4

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

None

Figure on discharge

*W.C.*Christian name of (Father ~~step~~)*A. Williams*

Christian name of Mother

Annie

Wife's maiden name in full

None

Date and place of marriage

None

Christian names of children

Place and date of soldier's birth

St. John's 3-4-1899

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)

D. Carew

(Rank)

S/P.C.

Station

ST. JOHN'S.

Date

9-6-19

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



The Royal Nfld. Regiment

DEMOBILIZATION

No. 4377 Rank _____

Name Jares Lp

Warned for ~~dem~~obilization on

JUN 10 1919

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. 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. *377* 3. Rank *Capt.*
 4. Name *Carew* *Samel*
 (Surname) (Christian Names)
 5. Age last birthday *20*
 6. Posted for duty on at
 in category (or grade)
 7. Former Trade } *Clark*
 or Occupation }
 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.
 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 (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 general 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? }

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?

Repatriation

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

W. Procavia, Captain

Station .. *Hazley born* .. .

Medical Officer in charge of case.

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

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..... *Rhaniel* Surname..... *Carow*

3. Rank..... *R. Lt.* 4. Regt. No. *4377*

5. Address in full to which future payments of gratuity are to be forwarded..... *84 Pleasant St. St. John's*

6. Date of enlistment in the Regiment..... *Mar 29/18*

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 field, if so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas..... *From May 29/18 to June 10/19*

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..... *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 Rest?..... *No* If not give:- (a) date of discharge..... *June 10 1919*

..... Reason for discharge..... *Demobilization*

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

..... *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *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: *D. Carrow*
 Place of Residence: *54 Pleasant St. N. John*
 Declared before me at: *N. John, N. Y.*
 This *10th* day of *June* 19*19*...

John M. McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trates, 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
.....	<i>4 mos \$ 200 00</i>
.....
.....
Certified correct.			Paymaster	<i>He</i>



DEPARTMENT OF MILITIA


ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

----- July 7th. -----

Please make payments of war service gratuity to my Mother

Mrs H. V. Simms 84 Pleasant Street.



Sign. 4277 7/6 D. Barrett

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

52
OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal
is/are forwarded herewith to

Daniel David Carew

in respect of his service as No. 4377 Rank Pte.

Name D. Carew Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received _____

Signature Daniel P Carew

Date per HV Simms

Address Step Father
84 Pleasant St. City

Oct 15 1921

[P.T.O.]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

14377

Reg. No. 14377 Rank L/C Name Carew, Daniel
 Date of Enlistment 30-3-18 Address 84 Pleasant St. St. John's
 Occupation Clerk Classification for Discharge F Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	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 198	ME 2		" 6
B 179c	B 120	M 93		

Date 9-6-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

D. Carew

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$6.00
- (b) Clothing Supplied _____

Date 10-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at 24 Pleasant St. City and Release Certificate No. 2543 issued.

Date 10-6-19 J.A. Brown 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 29-6-19

Date 10-6-19 H.M. [unclear]
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	1	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122		Board 1st	" 2	1
R 178a	1 D 400A	1 B 1915		do 2nd	" 3	2 Form B
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-6-19 J.A. Brown 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

Date JUN 15 1919 R.H. [unclear] Capt.
O. C. Discharge Depot.

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

Date June 19/19 James [unclear] / George [unclear]

Reg. No. *4377* Rank *Pl* Name *Carw. S.*
Attested Address *44 Pleasant St.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19.*
Returned on S.S. *Loiseau* Cause *Discharge*

9-6-19
15-7-19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION