



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1130 Name Burt Cole Corps P.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Burt Cole
2. What is your full Address? 2. Bull Island
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. None
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10.) Name) Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Burt Cole 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.

Burt Cole SIGNATURE OF RECRUIT.
J. P. [Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Burt Cole 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 on this 23 day of April 1918.

Signature of Attesting Officer [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 If enlisted by special authority, such will be attached to the original attestation.

Date April 23 1918
 Place [Signature] } 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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. H601 Name James James Corps R. I.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------------|
| 1. What is your name? | 1. <u>James James</u> |
| 2. What is your full Address? | 2. <u>Clarke's Beach, C. B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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, James James 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
22-4-18
James James SIGNATURE OF RECRUIT.
James Clarke SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James James 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 22nd day of April 1918

Signature of Attesting Officer Geo. Hartley

†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..... } 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).....

J. Carver

C.R. 4601

1100

B. F.

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

MEDICAL HISTORY

OF

Surname *Parson*

Christian Name *James*

Ed. 56. Casby.

Table I.—GENERAL TABLE.

Birthplace:—Parish *St. Luke's Beach,* County *Nfld.,*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>22nd</i> day of <i>April</i> 191 <i>8</i>		on _____ day of _____ 191	
	at <i>St John's, nfld.,</i>		at _____	
Declared Age	<i>21</i> years — days		years	days
Trade or Occupation	<i>Labourer</i>			
Height	<i>5</i> feet <i>3 1/4</i> inches		feet	inches
Weight	<i>125</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <i>36</i> inches		inches	
	Range of Expansion... <i>2</i> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
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 Parson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>St John's, nfld.,</i>		at _____	
	on <i>22nd</i> day of <i>April</i> 191 <i>8</i>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>The Royal nfld Regt. 4601</i>			
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
[Signature]				
[Rank]				

ital or to the sick list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Admitted suffering with mumps - bilateral developed chicken pox the day after admission.

H. E. Haver Capt a me

2

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
23-4-18.	Vacc. <i>LD</i>
3-5-18.	T.A.B. <i>LD</i>
17-5-18	T.A.B. <i>LD</i>
16-6-18	do. <i>LD</i>
9-8-18	Hospital not supplied, immediate care to hospital <i>LD</i>

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

Report of Medical Board.

Station	St. John's, Nfld.	Date	August 19th., 1918
No. and Rank	4601 - Pte. 4601	Age	21 Height 5'3 1/2"
Name	CAREW, JAMES	Complexion	Medium
Unit	Royal Nfld.	Eyes	Blue Hair Brown
Address	Clarks Beach, C. B.		
Former Trade	Fisherman		
Enlisted at	St. John's On 22/4/18	(The Board will please note how the soldier's appearance corresponds with above description.)	
Disease or Disability	Original	Myalgia.	Chronic Bronchitis

Subsequent

Present Condition (Compare with previous Board)

As in last Board.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

as below

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

less than 20%

Recommendation of Medical Board

Discharge as permanently unfit

Members of Board

Clay Macpherson,
Major

D. M. S. NEWFOUNDLAND.

Approving Medical Officer.

John D. Dineen
James J. Dineen
Archibald



MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Halifax, N.S. DATE July 3-1918.

1. (a) Unit No. 6. Casualty Co. (b) Regimental No. 4101. (c) Rank Pte.
(d) Surname Garew. (e) Christian name James.
2. Age last birthday 21. Date of birth Aug. 1896.
3. Enlisted at St John Nfld. on Apr. 22-1918.
4. Personal description:—
(a) Height 5' 3.1/4" (b) Weight 125. (c) Complexion Medium.
(d) Colour of hair Brown. (e) Colour of eyes Blue. (f) Identification marks None.
5. Address after discharge (for the use of the Board of Pension Commissioners) Clarks Beach Conception Bay Nfld.
6. Former trade or occupation Fisherman.

7. (a) Service	Years	Days
	PERIODS	
<u>Royal Nfld Regt.</u>	From	To
	<u>Apr. 22-18.</u>	

- (b) Has he been overseas? No. 8. Original disease or disability Myalgia.
(b) Chronic Bronchitis.
- (a) Date of origin Do. (a) Previous to enlistment. (b) Place of origin Clark Beach.
(c) Cause* (2) Exposure
(d) Present disease or disability (a) Myalgia (b) Chronic Bronchitis.

9. Present condition (a) (important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.
[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]
Patient complains of dull ache in back. Constant pain. Back and legs easily tire. No limitation of movement, no tenderness on pressure. Considerable in lumbar region, natural build.
Patient complains of cough with expectoration a few

MEDICAL HISTORY OF AN INVALID

9. Present condition. — (Continued.)

Sibilant rales are heard in right axillary region. No dullness on percussion. Patient is of rather a dull mentality? Fair development nourishment is fair.

(b) Are the following systems normal? If not, briefly state abnormality.....

Nervous. Yes. Digestive. Yes. Respiratory. Yes. Cardiac. Yes. Genito-Urinary. Yes. Skin, Middle Ear, Eye or any other part. Yes.

10. History: (a) of Condition referred to in "a" section 9.

(a) & (b) Ans to (a)

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 9. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

None.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?.....

(a) & (b) No.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?.....

(a) & (b) No.

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?.....

(a) Three months. (b) Six months.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Hospital.

OPINION OF THE MEDICAL BOARD

14. (Continued)

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed Yes?
(If not, briefly state why.)

17. Recommendations I recommend that No4607 Pte J. Carew be placed
in Category. C-3.

W. W. Woodcock
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

Witness to his mark
Corpl J. Hoglin

His mark
J. Carew
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). No.
- (b) Service abroad, not general service, (" B) (Yes or No). No.
- (c) Home service, (Canada only), (" C) (Yes or No). Yes.
- (d) Temporarily unfit, (" D) (Yes or No). No.
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No). No.

20. It is certified that the soldier

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration).
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD (Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Placed in Category. C-3.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

PLACE Halifax, N.S.

DATE 1-8-19 18.

H. J. ... President.
R. F. ... Members.

APPROVED BY



APPROVED BY

DATE 2-8-18

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE
DATE
President.
Members.

Report of Medical Board.

Station	St. John's, Nfld.	Date	August 19th., 1918
No. and Rank	4601, Pte.	Age	21 Height 5'3 1/2"
Name	CAREW JAMES	Complexion	Medium
Unit	Royal Nfld.	Eyes	Blue Hair Brown
Address	Clarks Beach, C. B.		
Former Trade	Fisherman		
Enlisted at	St. John's On 22/4/18	(The Board will please note how the soldier's appearance corresponds with above description.)	
Disease or Disability	Original	MYALGIA. CHRONIC BRONCHITIS	

Subsequent

Present Condition (Compare with previous Board)

As in last Board

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ? **as below**

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ?

Recommendation of Medical Board **LESS THAN 20%**

Members of Board

(SGD) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND.

(Sgd) HOHN G. DUNCAN

J. SINCLAIR TAIT

ARCH C. TAIT

Approving Medical Officer.

CERTIFIED CORRECT COPY

CLUNY MACPHERSON, Major

Per *A. W. B.*



C.R.

4601

Extract from Daily Orders West II Unit The Royal 22nd.
Regt. St. John's, dated Sept. 2th, 1918.

4601 Pte. James Carew.

Having been found medically unfit is struck off the strength
from 2-2-18.

C.R. 4601

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

2

4601 Pte. J. Carew,

Discharged 2 - 9 - 18, Medically unfit

C.R. 4601

PRELIMINARY REPORT

8

Extract from Medical Board held Aug. 1918, 1918.

4601 Pte. Carew, J.

Recommended Discharge-- Permanently unfit.

C.R. 4601

August 22st/18

From District Officer Commanding, Newfoundland,

To O.C. Embarkation Casualty Section,
No 6 District Depot ,
Halifax, N.S.

#4601, Pte J. Carew, Royal Nfld Regt.

Reference your communication August 9th'18 Cas C-56.

Receipt of documents of the above noted man is hereby acknowledged.

Major,

D.C.C., Newfoundland.

C.R. 4601

2

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 14-18.

4601 Pte. J. Carew.

Returned from Halifax and reported to Depot 12-8-18.

C.R. 4601

Aldershot Camp. July 27, 1918.

To. M.O. Station Hospital,
Halifax. N.S.

4601 Pte. James Cerlew.

The marginally named arrived at Aldershot camp yesterday with a draft of Newfoundland Troops, evidently ~~was~~ returned from some hospital or Casualty Unit, evidently he is unfit for duty and is being returned for admission to Hospital where he should be brought before a board for further disposal if necessary
A.P.M. Halifax

(Sgd) H.M. Haynes

Colonel A.D.M.S.

C.R. 4601
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Militia Dept.

Line Number	Recd	By	Sent	by	Check

Dated July 2nd 1918.

To Mr. Richard Carew,
Clarks Beach, C.B.

Regret to inform you that your son 4601 Pto J. Carew was admitted to Hospital, Halifax, suffering from Mumps

W.F. Rendell,
Lieut. Colonel, C.S.O.
for Minister of Militia.

C.R. 4601

Extract from Nominal Roll of Casualties from O.C. Embarkation
Casualty Section No.6 Depot, Halifax, Canada.

The undermentioned Man has been returned to Newfoundland.

4601 Pte. J. Carew, Reported from Aldershot 27-6-18 Mfld.8-8-18.

MM.

C.R. 4601

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

4601 Pte. J. Carew.

Embarked for Overseas with draft 11-6-18.

C.R. 4601

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

#4601 Pte. James Carew.

Attested for General Service with the Royal Rifles Regt.
with effect from 22/4/18.

Halifax, N. S., August 9, 1918.

To:-
District Officer Commanding,
St. Johns, Newfoundland.



#4601 Pte. Carew, J.
Royal Nfld. Regt.

Attached find documents of the marginally noted man, who was transferred to Newfoundland on the 8th. inst. Kindly acknowledge receipt.

J. Whidden LIEUT.
O. C. EMBARKATION CASUALTY SECTION,
No. 6 District Depot.

O. C. DEPOT,

FOR YOUR INFORMATION AND ATTENTION

McDonnell Major.
District Officer Commanding,
Newfoundland.

$\frac{1}{178A}$ $\frac{1}{121}$ $\frac{1}{Kuzv}$ $\frac{1}{MS}$

Aug 10 1918 papers transferred to P.O. AUG 22 1918

August 21st, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

4397 Pte. C. Day
4601 " J. Carew

The marginally noted men were overseas to Halifax and returned recently. They were recommended for discharge as permanently unfit by Medical Board held on Monday, August 19th. I am sending them herewith for your attention and necessary action, please.

Their accounts are not on Company Pay Sheets.

Carew, James

4601

May Sept.

2

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4601</u>	Army Rank <u>Private</u>
Name <u>James Carrow.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>September 2nd 1918</u>	
Place of discharge <u>St. John's. Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>21</u> years <u>5</u> months Height <u>5</u> feet <u>3 1/4</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>brown</u> Trade <u>Labourer</u> Intended place of residence (To be given as fully as practicable) <u>Black's Beach. C.B.D. Nfld.</u>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character :—	
4. Character awarded in accordance with King's Regulations :—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"></div> </div>	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

* Strike out if not applicable.



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 Carew.*
Regiment from which discharged *1st. Newfoundland*
Regimental number *4601*
Intended address

Height on discharge *5* Feet *3 1/4*

Color of hair on discharge *Brown*

Complexion *Fair.*

Color of eye *Blue.*

Descriptive Marks *—*

Figure on discharge *medium.*

Christian name of Father *Richard*

Christian name of Mother *Rose.*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Blacks Beach. April 17/1897.*

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 X Carew.*

(Rank) *P/6*

Station *St. Johns* Date *Aug.*

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.

Archibald

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

Station *St. Johns*

Date *17th Aug. 1915*

FORM K

No. 4292



1ST. NEWFOUNDLAND REGIMENT

I, James Carew ALLOTMENTS, Regl. No. 4601

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{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)
<u>4059</u>	<u>Father</u>	<u>Richard Carew</u>	<u>Blarkes Beach</u>	
Total Allotment, \$				<u>609</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.) W. J. [Signature]
 Officer Commanding
B Company
W. J. [Signature]
May 29th 1918

(Sig.) James Carew
 Rank Pvt
 Witness: James Arble
Cy. Serjt.

Oct. 3rd, 1918.

Pte. J. Carew,
Clarke's Beach, C.B.

Dear Sir,-

I enclose herewith cheque for \$9.50, being
a credit balance due you at date of discharge.

Yours truly,

Paymaster & O. i/c ^{Capt.} Records.

Certificate to be signed by the Soldier on Discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date.

Date Sept-28 Sig. of Soldier *James Carew*

Place Clark's Beach Sig. of Witness *M. M. Mawrthy*

Sept. 16th, 1918.

Pte. James Carew,
Clarks Beach, C.B.

Dear Sir,-

I enclose herewith cheque for \$71.90,
being the balance of pay due you at date of Discharge,
also Certificate of Pay.

I also enclose Certificate of Discharge,
dated Sept. 2nd, 1918 together with special form, which
kindly sign and return to this office.

Yours faithfully,

Capt.
Paymaster & O.i/c Records.

Enclosures 4.

1917 - 1918.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 9⁵⁰/₁₀₀

~~Oct 2nd~~ Oct 12th 1918

Received from the First Newfoundland Regiment
the sum of Nine 50^p Dollars.
on account of Pay. to Jan 30th 1918.
balance

Ch. No. 8661	Initials. <u>ReW</u>
Pay Ledger 112	Initials. <u>WM</u>
Gen. Ledger	Initials.

Regtl. No. Rank

No. 4601 Rank P.

Name Carew, J.

Clark's Beach, C.B.

1918 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 71 ⁹⁰

Sept. 2nd 1918

Received from the First Newfoundland Regiment
the sum of Seventy one ⁹⁰ Dollars.
~~on account~~
balance of Pay.

Ch. No.	2042	Initials	lew
Pay Ledger	112	Initials	ern
Gen. Ledger		Initials	17

Regtl. No. Rank

No. 4601

Rank PL-

Name Carw. J.



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

Charles Beach.
C.B.

Jan 27/22

NOV 15 1921

1922



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

James Carew

in respect of his service as No. 4601 Rank Pte.

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

Receipt of the same should be acknowledged hereon.

Received Dec

Signature Richard Currier

Date

Address Charles Beach

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet one

Forms
B 121.
59.

Regiment of Royal Munitions Dept

Signature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade
No.	<u>Karen James</u>	Age on	<u>21</u> years <u></u> months	<u>Sabourer</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's 22.4.18</u>	Religion
Joined	Date	Period of } with Colours } <u>138 days</u> with Reserve } <u>years</u>	<u>R.C.</u>	Place of Birth
Joined	Date		<u>Clarke Beach</u>	
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

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>Medically unfit</u>	<u>St John's</u>	<u>2 9</u>			

To be carried over

Army Form B. 121.

CR 4601
Jan. 12th, 1922

No. 4601 Pte. J. Carew,
Clarke's Beach,
C.B.

Dear Sir:-

Returned herewith is receipt in respect
of British War Medal. Will you kindly sign same
and return to this Dept.

Yours faithfully,

Lieut.

Officer i/c Records

20 Postmaster

Jan. 12th, 1922

Depst 4601

St John's, Newfoundland,

Sept. 4th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

The undermentioned men have been discharged on the dates given. Kindly note and post in Daily Orders Part II.

I have the honour etc.

(sgnd) ~~XXXXXXXXXX~~,
XXXXX.

H.M.MADDICK,
Lieut.
For Paymaster

1986	Sergt.	Halfyard, Wallace	Sept. 2/18	Med. Unfit
5274	Pte.	Bidden, Geo.	Do.	Do.
670	"	Roper, Henry H.	Do.	Do.
136	"	James, Thomas P.	Do.	Do.
3330	"	James, Henry J.	Do.	Do.
4397	"	Day, Cyril	Do.	Do.
4601	"	Carew, James	Do.	Do.
4862	"	Peddle, Wm.	Do.	Do.
5124	"	White, Wm.	Do.	Do.
5115	"	Kelligrew, H.J.	Do.	Do.

Reg. No. *4601* Rank *Pt* Name *Carew J.*
Attested Address *Clarks Beach B. I.*
Allotment *X* Allottee
Date of Allotment Returned from Overseas *11-8-15.*
Embarked for Overseas Cause *7*

*Returns from Halifax, from draft June 11, 1915.
3-7-18. medical Board held at Halifax, N.S.
Category C1.
17-8-18 recommended - Dis - Permanently unfit*

DISCHARGED - MEDICALLY UNFIT *2/9/18 600156*