



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4591 Name Carter James Corps R. L.

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

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>James Carter</u>          |
| 2. What is your full Address? .....  | 2. <u>Witless Bay</u>           |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                   |
| 4. What is your age? .....   | 4. <u>23</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Blacksmith</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 Carter 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.

James Carter SIGNATURE OF RECRUIT.  
James Askle L/C Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John's on this 22 day of April 1915.  
Signature of Attesting Officer Geo. G. Gault, Major

### † CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date ..... 1915  
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) .....





C.R. 4591

Extract from Daily orders Part II Royal Newfoundland Regiment.  
Dated 17-7-19. Depot St. John's.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date  
6-7-19.

4591, Pte. Jas. Carter.

C.R. 4591

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been APPROVED by O.C. Discharge Depot with effect from 27-6-19.

4591 Pte. Jas. Carter.

CR 4591

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

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

#4591 Pte. J. Carter.

C.R. 4591

Extract from Journal Roll received from Pay and Record Office  
London, of Draft No. 86 from the 2nd., Battalion, Winchester  
to the 1st., Battalion B. N. F., Embarked Southampton 23/11/16..

#4591 Pte. J. Carter

C.R. 4591

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

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

#4591 Pte. James Carter.



C.R.

4591

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

#4591 Pte. James Carter.

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

J. Carter

C.R.

41591

1/10

## Medical Report on an Invalid.

Station Hazel D CampDate 1. 5. 19

1. Unit Royal Newfld  
 2. Regimental No. 4891  
 3. Rank Pvt  
 4. Name Carter J.  
 5. Age last birthday 24  
 6. Enlisted on 20. 4. 18.  
           at St John

7. Former Trade or Occupation } Blacksmith  
 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil  
 10. Place of origin of disability. nil  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil  
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nil

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*Decipher's jaw disabled*

14. If the disability is an injury, was it caused—

- (a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?  
(b) Where?  
(c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*Repatiation*

20. Do you recommend—

- (a) Discharge as permanently unfit, or  
(b) Change to England?

*W.K. 11*

*Major J.M.P.*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *A. D. Camp*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1 05 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.

† Delete this word if no exceptions are to be made.





No. 17567/1897



N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn Royal Newfoundland Regt.  
Winchester.

*49910*  
*[Handwritten signature]*

30th October 1918

Subject: 4591, Pte. J. Carter

With reference to the following telegram (9397) from the Hon. Minister of Militia, received

Pay to 4591 Carter £4:0:0

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

*[Handwritten signature]*  
Chief Paymaster & O. 1/c Records.

Nov. 2nd 1918

Receipt hereunder.

*[Handwritten signature]*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of Four  
Pounds on account of  
cable remittance from Newfoundland.

James Carter

No. 4591, Rank Private

Witness: J. Murphy P.C.

Carter, J

4591

Ray sept.



July 12, 1919

#4591 Pte. James Carter,

Witless Bay,

Ferryland Dist.

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 Gratitude.

Yours truly

Captain,  
Paymaster & U.i/c records

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..... *James Carter* .....  
3. Rank..... *Private* ..... 4. Reg't. No. *4891* .....  
6. Address in full to which future payments of gratuity are to be forwarded..... *Witless Bay, District of Newfoundland* .....  
6. Date of enlistment in the Regiment..... *Apr 20/17* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
8. Relationship of such dependents.....  
9. Address in full of such dependents.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Apr. 20/17 to June 11/19* ..... 1 1/2

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

*No.*

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

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

*No.*

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

*No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No.*

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

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

*June 14/1919* 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.

*France, Belgium & Germany - From Dec 1918 to April 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee?

*No.*

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



July 11, 1919

#4591 Pte. James Carter,

Wickless Bay,

Ferryland Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #2954.

Yours truly

Master & O.i/c Records  
Captain,

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4594 Rank Pte Name Cartier, James  
 Intended place of residence Witless Bay

2. Occupation Blacksmith  
 Classification of soldier A Medical Category AI

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 JUN 13 1919  
ST. JOHN'S  
 Date .....

J. M. Hunt  
 Comanding 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 13 1919  
ST. JOHN'S  
 .....

James Cartier  
 Signature of soldier  
Am. Colvostoff  
 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 JUN 13 1919  
ST. JOHN'S  
 .....

James Cartier  
 Signature of soldier  
W. J. Bailey  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22.4.18 No of days on Military  
 Discharged from service 27.6.19 Plus 14 days Service 446

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
JUN 27 1919  
 Date .....

R. H. Lant Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

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

Place J. J. W. Med.  
July 11 1919  
 Date .....

J. Bowley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

24132079/2954

# The Royal Newfoundland Regiment

Class for Demobilization:—

*86*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *12.6.19* .....

Regimental No. *4591* .....

Name *Carter James* ..... *Pte* .....

Address *W. Glass Bay* .....

Present Medical Category *A1* .....

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

Members of Board {

*R.H. East Capt*

O.C. Discharge Depot.

*S. P. Adams*

Senior Medical Officer

*P. W. Borden*

M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4391 Rank Plt. Name Carted James  
 Date of Enlistment 22-11-18 Address Willed Bay District Proper  
 Occupation Blacksmith Classification for Discharge E Medical Category FA  
 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	M
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 12-6-19 O. C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

James Carted

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00  
 (b) Clothing Supplied .....

[Signature]

Date 13-6-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1767* to his home at *Witless Bay* and Release Certificate No. *2722* issued.

Date

*13-6-19*

*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 *11-1-19*

Date

*13-6-19*

*J.A. Brown Capt.*  
Depot Paymaster.

Discharge approved for

*27-6-19*

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	
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2 Form B</i>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date

*13-6-19*

*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 27 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:

*By Resume former Occupation*

*James Carter*  
Signature of Man. 4491

Reg. No. \_\_\_\_\_

*J. W. Snowcraft*  
Signature of the Vocational Officer or his Representative.

Place *St John*

Date *13-6-19.*

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

## MEDICAL HISTORY

OF

Surname

*Carter*

Christian Name

*James*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Whitless Bay*

County

*Nfld*

## SPECIAL RESERVE.

## REGULAR ARMY.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>22</i> day of <i>Apr</i> 191 <i>8</i>	on	day of	191
	at <i>S Johns</i>	at		
Declared Age	<i>23</i> years	—	years	days
Trade or Occupation	<i>Blacksmith</i>			
Height	<i>5</i> feet <i>5 3/4</i> inches		feet	inches
Weight	<i>142</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>38</i> inches		inches
	Range of Expansion	<i>5</i> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V= <i>6/10</i>		R. E.—V=	
	L. E.—V= <i>6/10</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>Lamm Patterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>S Johns</i>	at		
	on <i>22</i> day of <i>Apr</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<i>The Royal 4591</i>			
Transferred to	<i>Nfld Regt</i>			
Became non-effective by	on	day of	191	on
	day of	191	day of	191
(Signature)				
[Rank]				



The Royal Nfld. Regiment

DEMobilIZATION

No. 4591 Rank \_\_\_\_\_

Name Carle J

Warned for demobilization on

**JUN 13 1919**

BOND  
JIMMIE MAH

## Medical Report on an Invalid.

Station HazeltonDate 1-5-19

1. Unit Royal Newfoundland
2. Regimental No. 4591
3. Rank Pte
4. Name Cartier J.
5. Age last birthday 24
6. Enlisted { on 20-4-18  
at St John's
7. Former Trade or Occupation } Blacksmith
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

NilStatement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*No complaint of no disability*

14. If the disability is an injury, was it caused—

*na*

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

*na*

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na*

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

*na*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*  
*M.K.S.*  
*Major [Signature]*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hayley Haven*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1.5.19*

\*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war ;

(ii.) Climate ;

(iii.) Ordinary military service ;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or

(v.) Whether it is constitutional or hereditary.

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it ?

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which ?

23. Is the disability permanent ?

24. If not permanent, how soon do the Board recommend re-examination ?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present ?

*Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

26. If an operation was advised and declined, was the refusal unreasonable ?

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England ?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium ;

(b) Hospital ;

(c) Convalescent home ;

(d) Asylum ; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended ?

30. Does the man require the constant attendance of another person ?

Signatures :—

\_\_\_\_\_ President.

Station \_\_\_\_\_

Date \_\_\_\_\_

} Members.

Approved.

Station \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ Administrative Medical Officer.





## 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 Carter*  
Regiment from which discharged **Royal Newfoundland**  
Regimental number *4591*  
Intended address *Witley Bay*  
Height on discharge *5* Feet *6*  
Color of hair on discharge *Black*  
Complexion *Dark*  
Color of eyes *Blue*  
Descriptive Marks  
Figure on discharge *Solid*  
Christian name of Father  
Christian name of Mother *Frances*  
Wife's maiden name in full  
Date and place of marriage  
Christian names of children  
Place and date of soldier's birth *Cambridge, Mass., July 20<sup>th</sup>, 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)

Station

Date

*10-6-19*

*Pte*  
(Rank)

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.

Station

Date





## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.Number of Sheets *112*

Regiment of

*Royal New Brunswick*

Signature of O. C. Company

*G. James Stewart*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Carter Jas.</i>	Age on	<i>23</i> years <i>0</i> months	<i>R. C.</i>	
Joined	Date	Place and Date of Enlistment	<i>St Johns</i>	Religion	
Joined	Date	Period of } with Colours <i>3 1/2</i> years. with Reserve <i>3 1/2</i> years.	<i>22.4.18</i>	Place of Birth	
Joined	Date		<i>Wilton Bay</i>		

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
				<i>Demobilized St John's</i>		<i>11 79</i>			

To be carried over

Army Form B. 121.

## The Royal Newfoundland Regiment

### DEMOBILIZATION OF

Reg. No. 4591 Rank Pte Name Carter, James  
 Date of Enlistment 22-11-18 Address Wittles Bay District St. John's  
 Occupation Blacksmith Classification for Discharge F Medical Category F  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	268	B 121	N.F. Med.	D.F. 1
B 178	W 349	B 122	Board 1st	" 2
B 178a	D 400A	A 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 12-6-19 O. C. Discharge Depot Jr. [Signature]

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*James Carter*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00  
 (b) Clothing Supplied \_\_\_\_\_

*[Signature]*

Date 13-6-19 O i/c. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. <sup>11767</sup> 2723 ..... to his home

at Millers Bay and Release Certificate No. ..... issued.

Date 13-6-19

*J.A. Snowcroft*  
Demobilization Officer

## 4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 11-7-19

Date .....

Depot Paymaster.

Discharge approved for 13-6-19 27-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.S. Med.	D.F. 1	1/2 Form B
E 178	W 3494	B 122	Board 1st	" 2	
F 178a	D 400A	B 115	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 1		" 6	
B 179c	B 120	M 93			

Date 13-6-19

*J.A. Snowcroft*  
Demobilization Officer.

## APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 27 1919

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

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

Date June 30/19

*J. [Signature]*  
[Signature]

Reg. No. *4591.* Rank. *A Lie* Name. *Carver Jas*

Attested..... Address. *Wickless Bay*

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

Date of Allotment..... Returned from Overseas. *29.1.19.*

Returned on S.S. *Loiseau* Cause. *Discharge*

*12.6.19*  
*27.6.19*

PASSED TO ~~EMPLOYMENT OFFICER~~  
DISCHARGE APPROVED ON ~~RE-EXAMINATION~~.

C.F. 4591  
Witless Bay  
Jan. 20th. 1922

W. F. Rendell, Lieut.-Col  
Chief Staff Officer

Dear Sir.-

As the next  
of kin of. no. 4591 -  
Pte James Carter I  
shall be glad to hear  
of anything to his  
Advantage.

From  
his Mother

Mrs. Frances  
Vickers

OK  
4591