



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6246 Name Joseph Clark Corps Capt

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Joseph Clark
2. What is your full Address? Baine St.
3. Are you a British Subject? 3.
4. What is your age? 4. Yes Years Months
5. What is your Trade or Calling? 5. 19
6. Are you Married? 6. Fisherman
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. No
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. Yes 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, Joseph Clark 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.

SIGNATURE OF RECRUIT.
SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Clark 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, 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.....day of.....191

9 October Signature of Attesting Officer

†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 OCT 10 1915 1915 Approving Officer.
Place T. JOHN'S
The Royal Newfoundland Regiment
St. John's, Nfld.

* 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 Joseph Clark

Apparent age 19 years 0 months. Height 5 feet 7 3/4 inches

Chest Measurement { Girth when fully expanded _____ inches
 Range of expansion _____ inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Clark
Baine Harbour | Relationship Father

Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from _____ | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " Pensions " _____ [" "] _____ " _____ "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6246 Name Joseph Clark Corps CofC

Questions to be put to the Recruit before Enlistment

1. What is your name? Joseph Clark
2. What is your full Address? Baine St.
3. Are you a British Subject? Yes
4. What is your age? 19 Years Months
5. What is your Trade or Calling? Fisherman
6. Are you Married? No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 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? } Yes

I, Joseph Clark 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.

Joseph Clark SIGNATURE OF RECRUIT.
T. M. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Clark 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, St. John's on this 9 day of October 1915

Signature of Attesting Officer Ch. Dicks Lieut.

†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
Robertson Capt. MAJOR } Approving Officer.
 for Commanding Dept.

† 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. St. John's, Nfld.

* 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 Joseph Clark
Apparent age 19 years months. Height 5 feet 7 3/4 inches

Chest Measurement { Girth when fully expanded inches
Range of expansion inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Clark
Baine Harbour | Relationship Father

Particulars as to Marriage

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

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
| <u>Abandoned June 5/1919.</u> | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
" " Pensions " _____ [" "] _____ " _____

C.R. 6246

Extract from Daily Orders part II, Depot
St. John's dated April 30th, 1919.

6246 Pte. J. Clarke

Discharged from M.I.D. Hospital 29-4-19.

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.

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

(NOT TRANSMITTED)

St. John's Dept. of Militia

Signature of Sender _____ Address _____

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated Nov. 11, 1918.
To Mr. Wm. Clarke,
Baineb Harbour.

Regret to inform you that your son ~~xxxx~~ #6246 Pte. Clarke,
was discharged from General Hospital to Fever Hospital
Yesterday Nov. 10th suffering from Scarlet Fever.

JYR. BENNETT,
MINISTER OF MILITIA?

FOR TYPEWRITER

C.R. 6246

Abstract from Public Health Service Report No. 11, Report St. Louis' s ... Dec. 1918.

#6246 Pte. J. Clarke,

Discharged from Fave Hospital 19-12-18.

C.R. 6246

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment,
Dated October 17th 1918.

Hospital.

6246 Pte. J. Clarke

Transferred from Barracks to General Hospital 15/10/18.

C.R. 6246
Cable No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address **ST. JOHN'S DEPT. OF MILITIA**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **Oct. 16, 1918.**

To **Mr. William Clark,**
Baine Harbour, P.B.

Regret to inform you that your son #6246 Pte. Clarke, was admitted to General Hospital yesterday suffering from Pneumonia & Whooping cough.

J.R. Bennett,
Minister Of Militia.

FOR TYPEWRITER

C.R. 6246

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, Oct. 14th, 1918.

6246 Pte. J. Clarke.

Admitted to Barracks Hospital. 12-10-18.

C.R. 6246

Extract from Preliminary Report of a Medical Board held on
Friday Evening May 2nd, ¹⁹ The following was the finding.

Recommended discharge from the Army.

6246, Pte. J. Clarke.

C.R. 6246

Extract from Daily Orders Part II Royal Newfoundland Regt.
Dated June 6th 1919 Depot St. John's.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
5/6/19.

6246, Pte. Jos. Clarke.

C.R. 6246

Extract from Daily Order^a part II, Depot
St. John's dated May 8, 1919.

The discharge of the undernoted on demobilization
has been APPROVED by O. C. Discharge Depot on 8-5-19,

6246 Pte. Jos. Clarke.

C.R. 6246
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated

Jan. 13th, 1919.

To

Mr. William Clarke,
Baine Harbour.

Beg to inform you that your son No. 6246 Pte. J. Clarke,
is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6246
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated Jan. 10, 1919.
To Mr. William Clarke,
Baine Harbour,

beg to inform you that your son No. 6246 Pte. Clarke, is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER



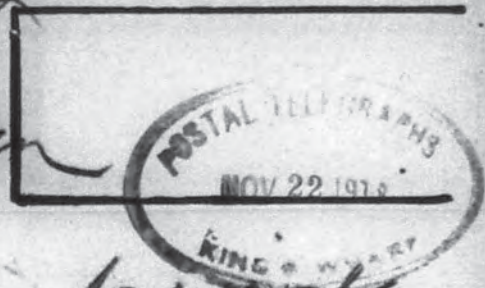
NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 5 Sent by Bennett Rec'd by Bennett Check 10 No. _____

Place from Bennett To Bennett

M of A



How is my son present
 6246 Clarke's Condition
 now reply.

William Clarke
 Condition very much improved

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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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 _____

| Line Number | Rcd | By | Sent | by | Dept. of Militia. Check |
|-------------|-----|----|------|----|----------------------------|
| | | | | | |

Dated

Nov. 23, 1918.

To

Mr. William Clarke,
Baine Harbour.

Bel to inform you that the condition of your son No, 6246,
Pte. Clarke, is now very much improved.

J.R. BENNETT,
MINISTER OF MILITIA.

FOR TYPEWRITER

C.R. 6246
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____ Address _____

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **OCTOBER 26th., 1918** **DEPT. OF MILITIA.**

To **WILLIAM CLARKE, ESQ.,**
BAINES HARBOUR.

BEG TO INFORM YOU THAT ⁶²⁴⁶ ~~6246~~ CLARKE IS IMPROVING.

J. R. BENNETT,
MINISTER OF MILITIA.

FOR TYPEWRITER

GR 6246

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **Oct. 21, 1918.**

To **Mr. Wm. Clarke,**
Baine Harbour.

Regret to inform you that your son #6246 Pte. Clarke is
seriously ill.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6246
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address **St. John's Dept. of Militia.**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **Nov. 6th, 1918.**
To **Mr. William Clarke,**
 Baine Hr.

Beg to inform you that the condition of #6246 Pte. Clarke, is very much improved will soon be convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by Baenehr 5 Rec'd by _____ Check _____

No. _____

Place from J. R. Bennett

To Min Militia



Please let me know how
⁴⁶
~~6264~~ Clarke is now anxious

William Clarke.

~~Condition very~~

Condition very much improved
Will soon be convalescent

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 31 Sent by Baine St 17 Rec'd by _____ Class 187- No. 523

Place from R. Bennett

To men of militia

OCT 17 1918

How is my son 6246 private Clarke
today please answer

William Clarke

Still seriously ill

C.R. 6246
Counter No. _____

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Signature of Sender _____ Address **St. John's Dept. of Militia**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated ~~Nov.~~ ^{Oct.} 28, 1918.
To Mr. Wm. Clarke,
Baine Harhour.

beg to inform you that your son #6246 Pte. Clarke is now improving at General Hospital St. John's.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

CP 6246
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) St. John's.
Signature of Sender _____ Address Dept. of Militia.

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated Oct. 18th, 1918.
To Mr. William Clarke.
Baine Harbour.

Regret to inform you that your son, #6246 Pte. Clarke is still seriously ill.

J.R. Bennett,
Minister of Militia.

C.R. 6246

Extract of Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated Oct. 11th 1918.

Strength Increases.

Attested for General Service with the Royal Newfoundland Regiment from 9/10/18.

6246 Pte. Joseph Clarke.

Clarke, J

6246

May 20th

June 5th., 1919

#6246 Pte. Joseph Clarke,
Bain Harbor, P.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2230."

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6246 Rank Plt. Name B. Clarke, Joseph
 Intended place of residence Bani St.

2. Occupation fisherman
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of.....
 DEMOBILIZATION.

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
 Date MAY 6 1919
 Jr
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S
 MAY 6 1919
 Joseph B. Clarke
 Signature of soldier
 W. E. Coaton
 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
 6.5.19
 Jos B. Clarke
 Signature of soldier
 W. E. Coaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 9-10-18 No of days on Military
 Discharged from service 8.15.19 Plus 28 days Service 240

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
 Date MAY 8 1919
 R. H. Last capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld.
 Date June 5/1919
 J. Bowley capt
 Officer i/c Records
 The Royal Newfoundland Regiment

W. B. 2079/2230

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

MEDICAL HISTORY

OF

Surname

Clarke

Christian Name

Joseph

Table I.—GENERAL TABLE

Birthplace :—Parish

Bain

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

| | | | | | | | |
|---|-------------------------------|-------------------|-------|---------|--------|-----------------|------|
| Examined | on 9 day of Oct 1918 | at <i>H. John</i> | on | day of | 191 | at | |
| Declared Age | 19 years | days | years | days | | years | days |
| Trade or Occupation | <i>Fisherman</i> | | | | | | |
| Height | 5 feet 7 1/4 inches | | feet | | inches | | |
| Weight | 148 lbs. | | lbs. | | | lbs. | |
| Chest Measurement | Girth when fully expanded | 37 inches | | | inches | | |
| | Range of Expansion | 3 1/2 inches | | | inches | | |
| Physical Development | | | | | | | |
| Vaccination Marks | Arm | Right | Left | Right | | Left | |
| | 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) | <i>Lamm Paterson</i> | | | | | | |
| (Rank) | | Medical Officer | | | | Medical Officer | |
| Enlisted | at | <i>H. John</i> | at | | | | |
| | on 9 day of Oct 1918 | | on | day of | 191 | | |
| Joined on Enlistment | Corps | | Corps | | | Regtl. No. | |
| | <i>Regt. Nfld. Regt. 6246</i> | | | | | | |
| Transferred to | | | | | | | |
| Became non-effective by | on | day of | 191 | on | day of | 191 | |
| (Signature) | | | | | | | |
| (Rank) | | | | | | | |

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

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on Syphilis, admission of treatment |
|------------------------|----------------------|-------|------|--------------------------|-------|------|---------------------------------|-------------------------|---|
| | Day | Month | Year | Day | Month | Year | | | |
| St. John's General. | 15 | 10 | 18 | 10 | 11 | 18 | Pneumonia. & Whooping cough. | 25 | |
| New Jersey Hospital | 10 | 11 | 18 | 18 | 12 | 18 | Scarlet Fever. | 38. | |
| Military Hospital | 7 | 1 | 1929 | 4 | 19 | 19 | dehily. after scarlet fever | 112 | |

Table III - Board: Courts of Inquiry, Vaccination, Incubation, Foreign Service, Re-employment, or Re-employment of Officers, etc.

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

Signature of Medical Officer

Developed Scarlet Fever. Sent to Fever Hospital.

H. Keyser

Ala Campbell

being orderly work since Feb 1st

Sy Kern

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 Signatures |
|------|--|
| | <p style="text-align: right;"> <i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>5</u></i> <u>2519</u> <small>Date of S. B.</small> </p> <p style="text-align: right;"> <i>[Signature]</i> <small>Discharge Agent</small> </p> <p style="text-align: right;"> <i>[Signature]</i> <small>Captain</small> </p> |

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 |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| | | | | | |



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

M. D. N. Hospital

Station *St. Johns*

Date *January 7/1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>19 years</i> |
| 2. Regimental No. <i>6246</i> | 6. Enlisted on <i>9th Oct 1918</i> |
| 3. Rank <i>Serjeant</i> | at <i>St. Johns</i> |
| 4. Name <i>Clarke Joseph</i> | 7. Former trade or occupation <i>Fisherman</i> |

8. Disability

- i. Pneumonia with dry cough*
- ii. Scarlet Fever*

9. History *Taken ill in Barracks. In Barracks 17p. 3 days & sent to General 17p. 15/10/18. Developed Scarlet Fever in Gen 17p & transferred to Fever 17p. 10/11/18. Discharged 10/12/18.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General Condition Fair.

Heart's action weak rapid P. 120

T. 101.2°. So ordered him to M I D 11 P. 7/1/19
abf

May 18/19. Heart & lungs in normal condition

SRK

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

yes

Signature

Archibald
for M O Dept

Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Handwritten scribbles and marks at the bottom of the page.

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by due to

(a) Service during this war (b) Climate (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Weight 161 1/2 lb pulse 76 No accompaniments
lungs heart normal*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? nil

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? nil
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

Signatures *[Signature]* President
..... *[Signature]*
..... *[Signature]*

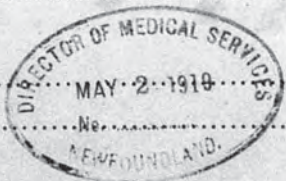
Place *S. Johns*

Date *May 2/19*

APPROVED

Station *Director of Medical Services*

Date *MAY 2 1919*



[Signature]
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 *Clarkes Joseph*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6246*

Intended address *10 ains N2*

Height on discharge *5* Feet *7 3/4*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks */*

Figure on discharge *Medium*

Christian name of Father *William.*

Christian name of Mother */*

Wife's maiden name in full */*

Date and place of marriage */*

Christian names of children */*

Place and date of soldier's birth *10 ains N2 5th June 1900*

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)

Joseph X Clarkes
Ni mark

Private (Rank)

Station *St. Johns*

Date *4th January 1919*

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 *4th January 1919*

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *Jan 4 19*

Regimental No. *6246*

Name *Charles Joseph*

Address *73 main St*

Present Medical Category *E*

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

R. H. Lait Capt
.....
O.C. Discharge Depot.

W. A. ...
.....
Senior Medical Officer

...
.....
M. O. Depot

The Royal Newfoundland Regiment

Reg. No. *1000* Rank. *Pr* Name *Clarke Joseph*
 Date of Enlistment. *9-10-18* Address. *Barr. St.* District. *Argentia*
 Occupation. *Fireman* Classification for Discharge. *B* Medical Category. *1*
 Recommendation S.M.B. *per medical report* Disability Rating. *Nil*
 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. <i>3</i> |
| B 179 | D 400B | Form L. | do 3rd. | " 4. |
| B 179a | D 400C | Form K. | do 4th. | " 5. |
| B 179b | B 103 | ME 2 | <i>B179-2</i> | " 6. |
| B 179c | B 120 | M 93 | | |

Date. *6-5-19*
 O. C. Discharge Depot. *H. M. S. H.*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

 I am *Joe Mark Clarke* in a position to resume civilian occupation.

 Particulars passed to Vocational Officer for information and action. *with wife Ruby*

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

 (a) Clothing Allowance payable *\$60.00*

 (b) ~~Clothing Supplied~~
Date *6-5-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1367* to his home at *Bam 3/4* and Release Certificate No. *2219* issued.

Date *6-5-9*

J.A. Snow
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 *5-6-19*

Date *6-5-19*

H. M. ...
Depot Paymaster.

Discharge approved for *8-5-19*

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 | |
| F 178 | W 3494 | B 122 | | Board 1st. | " 2 | 1 | <i>Form B</i> |
| F 178a | D 400A | B 1915 | 2 | do 2nd. | " 3 | 3 | |
| B 179 | D 400B | Form L | | do 3rd. | " 4 | | |
| B 179a | D 400C | Form K | | do 4th. | " 5 | | |
| B 179b | B 103 | ME 2 | 1 | <i>B. 79</i> | " 6 | | |
| B 179c | B 120 | M 93 | 1 | | | | |

Date *7-5-19*

J.A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

MAY 8 1919

Date

R.H. Sait
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
Bushing

his ^{W.D.}
Joseph x Charles Dehonally
signature of Man.
Reg. No. 61246

J. A. Snowling
Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date

6-5-19

191

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at 3d dpt on OCT 9 1918

- 1. Name Joseph Clarke Age (a) Declared 19
(b) Apparent
- 2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

*Eyes
why
marks*

Blue
Vein.

6946

- 3. Height 5-7 1/4 Weight 148
- 4. Eyesight (a) Left 6/6 (b) Right 6/6
- 5. Physical Defects (Examine after strenuous exercise) 4

- 6. Examination of Lungs 4
Measurement (a) Expiration 3 3/2 (b) Inspiration 37

7. Examination of Heart 4

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

✓

- 10. Have you been successfully vaccinated, and when? No.
- 11. Name and address of next of kin Father Williams Daine St.
- 12. Category

REMARKS—
A 11

Archibald
Swindle
Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland Regiment

Number of Sheet

Over 1
W.D. Duke

Signature of O. C. Company

| | | | | | |
|----------------------------|----------------------|------------------------------|-----------------|------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
| No. | | Age on | years | months | |
| <i>6246</i> | <i>Joseph Clarke</i> | | <i>19</i> | | |
| Joined | Date | Place and Date of Enlistment | Religion | | |
| Joined | Date | <i>St Johns</i> | <i>Episcop.</i> | | |
| Joined | Date | Period of | with Colours | years. | Place of Birth |
| Joined | Date | | | | |
| | | | with Reserve | <i>365</i> | |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|--------------------|-------------------|--------------------|---|-----------------|---------|
| | | | | <i>Demobilized</i> | <i>St Johns</i> | <i>5</i> | | | |
| | | | | | | <i>6</i> | | | |
| | | | | | | <i>19</i> | | | |

To be carried over.