



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5212 Name Allan Davis Corps Inf.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Allan Davis.
2. What is your full Address? 2. St. Grace.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years Months
5. What is your Trade or Calling? 5. Beginner
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, Allan Davis 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.

Allan Davis SIGNATURE OF RECRUIT.
20/5/18 Alfred Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Allan Davis 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 20 day of May 1918
Signature of Attesting Officer P. B. Dickes, 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 20/5/18 1918
Place St. John's } Approving Officer.

* 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)

Reg. No. 5212 Rank Pte Name Davis, A. 410

Attested 20-5-18 Address St. Grace

Allotment Subalterns Allotee Mrs. Francis Davis (Mother)

Date of Allotment 1-7-1918 Returned from Overseas

Embarked for Overseas JUL 22 1918 Cause

1 st Dec 7/18	S.C. 13-6-18 to 17-6-18
3 " 4-7-18	2nd Dec 1918

C.R.

5212

~~4212~~

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

Date June 18th 1919

⁵4212, Pte. A. Davis.

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

C.R. 5212

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
8-7-19.

5212, Pte. Allan Davis.

C.R. 5212

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. June 28th, 1919.

The discharge of the undernated on demobilisation has
been APPROVED by O.S. Discharge Depot with effect from
27-6-19.

5212 Pte. A.Davis.

C.R. 5312

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

The undermentioned of the 1st. Battalion left
Roule Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 26/4/19 and reached
Hazeley Down Camp 23/4/19.

#5212 Pte. A. Davis.

C.R. 5212

Extract from Nominal Roll of draft No. 56, from the
End., Battalion of the Regiment to the 1st., Battalion
B. E. F. embarked Southampton 23/11/18.

#5212 Pte. A. Davis.

C.R. 5212

Extract from Daily Orders part 11, from Unit The Royal
Artillery, dated July 25, 1918.

The following men embarked for overseas on H.M.S.
"Colymbella" July 22, 1918.

#5212 Pte Alex Davis.

C.R. 5212

Extract from Daily Orders part 11, from Unit The Royal WFLA.
Regt. St. John's, dated May 21, 1918

#5212 Pte. A. Davis

Attested for General Service with the Royal WFLA Regt.
from 20.5.18 to report 24.5.18

A Davis

C.R. 5212

11/16

Medical Report on an Invalid.

Station

Hazelton D. Camp

Date

30-4-19

1. Unit

Royal Newfoundland

2. Regimental No.

5212

3. Rank

Pte

4. Name

Davis Allan

5. Age last birthday

24

6. Enlisted

 on May 20/18
 at St. Johns
7. Former Trade
or Occupation

Miner

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).

Statement 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
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.

na.

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.

He complains of no disability -

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?

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.

Repatriation

20. Do you recommend—

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

W.E. Proemier

Capt R.A.M.C.

Officer in medical charge of case.

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

Station *Bevingly D.L. camp*

Date *30-4-19*

Officer in charge of Hospital.

*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 4091

**1ST. NEWFOUNDLAND REGIMENT****ALLOTMENTS**I, Allan Davis, Regl. No. 5212

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 ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>474</u>	<u>Wife</u>	<u>Ms. Maud Davis</u>	<u>H. G. ...</u>	<u>60</u>
			Total Allotment, £	<u>60</u>

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

Sig.)

H. A. James 2/18

Officer Commanding

Company

(S) Allan Davis(Rank) PrivateH. A. JamesJune 12 1918

5651/274

1st Batt. Ryl. Nfld. Regt.
B.E.F.

9th April

9

5212 Pte A. Davis

126 ✓

5212 Davis A.

£2. 0. 0.

No. *5212* Name *Davis, A* Sqn., Batty., or Company *D.* Corps *N. Newfoundland* Date of enlistment *20/6/18* G.C. *17* Service or *17*
 Date of last entry in Company Conduct Sheet No. and date of last drink *17* Period not reckoning towards freedom from extra fine *17* Sheet No. *17* Signature G.C. *17* Company, etc. *17*

Army Form B. 122.

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>Field</i>	<i>8/1/19</i>	<i>Plt.</i>		<i>Detachment of Drums, short, 1 pr socks</i>	<i>Sgt Sellers</i>	<i>Pay for same</i>	<i>8/1/19</i>	<i>Maj. Bennett</i>	<i>off the</i>
<i>Romen</i>	<i>21/3/19</i>			<i>Def of kit</i>	<i>Chas Watson</i>	<i>Pay for same</i>	<i>1/4/19</i>	<i>Maj. Bennett</i>	<i>work</i>

L Davis, A

5212

Sept.

July 11, 1919

#5212 Pte. Allan Davis,

Harbor Grace.

Dear Sir:-

Please find enclosed Discharge Certificate No. 2930.

Yours truly

Captain,
Paymaster & O.i/c Records

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5717 Rank _____

Name Lewis A

Warned for demobilization on

JUN 26 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5212 Rank Plc Name Davis A
 Intended place of residence 216 Grace

2. Occupation Engineer
 Classification of soldier F Medical Category A 1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 26 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and Date ST. JOHN'S
JUN 26 1919
 Signature of soldier Allan Davis
 Signature of witness Amblowston

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
JUN 26 1919
 Signature of soldier Allan Davis
 Signature of witness James Newman

STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military
 Discharged from service 27-6-19 PLUS 14 DAYS Service 418

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 27 1919
 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
 Date July 11/1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

A/B 2079/2930

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 25.6.19

Regimental No. 5212

Name Dominic Williams Rank Pte

Address 44. S. St.

Present Medical Category Ai

Recommended for:— { (a) Immediate discharge
(b) Standard Medical Board

Members of Board {

R.H. East Major
O.C. Discharge Depot.

J. Peterson
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5217 Rank PLC Name Davis W
 Date of Enlistment 20.5.18 Address St. Johns District St. Johns
 Occupation Engineer Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3194	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 25.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Allan Davis

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$7.60.00

(b) Clothing Supplied.....

Date 26-6-14

O.j.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R 1980 to his home at St. Charles and Release Certificate No. 3047 issued.

Date 20-4-14 *Chelbourn*
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 21-6-14 *H. J. [unclear]*
Depot Paymaster.

Discharged approved for 27-6-14
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
B 178	W 3404	B 122	1	Board 1st	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2
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	
B179c	B 120	M 93				

Date 26-6-19 *J. H. [unclear]*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.
with following additional documents:

Eligible for War Service Gratuity

Date JUN 27 1919 *R.H. [unclear]* MAJOR.
O. C. Discharge Depot.

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

SEPARATION ALLOWANCE.

Claimant *Frances Davis* *mother*
On account of *Allan Davis* No. *5212* Rank. *Pte.*

Decision. *Approved*

Date. *Aug 28/1920*
W. F. Russell *Sic. Col.*
M. D. Dowley *Major*

Instructions.....

Allotment of *60* \$ per *day* payable to *Frances Davis*
his *mother* from *11/7/18* to *11/7/19*.
Discontinued on account of *being discharged*.

R. H. Summer

240.⁰⁰
67
246 67

\$120

ROY L. NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster
Separation Allowance Branch
St. John's, Nfld.

- (1) Name in full of soldier Rank Reg't or Unit Reg't No.
Allan Lewis *Sergeant* *R. Mtd. Regiment*
- (2) Age of soldier 26 Married or single
Single
- (3) Name in full of mother Age Occupation Permanent Address
Frances Lewis *52* *Housewife* *St. John's, Nfld.*
- (4) Give name of your husband Age Occupation Where employed
John Lewis (deceased) _____
- (5) If your husband is not supporting you give the reason. *deceased*
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). *deceased*
- (7) If you are a widow, state date and place of death of your husband *Jan. 12, 1912 at Bell Island*
- (8) Have you married again since death of above mentioned husband? *No.*
- (9) Names of your other children. Address in full Age Occupation Married or single
Robert Lewis *Bellefleur* *27* *Music* *married*
M. 20/12/15
- (10) State amount earned by (a) Yourself *Nothing*
(b) Your husband *deceased*
- (11) State amount and source of any other income *Nothing beyond Allowance*
pay.

12. State value of real property belonging to you and your husband *House and small pieces of land attached*
13. State value of personal property belonging to you and your husband *3 Nothing*
14. If husband is dead state value of real and personal property left by him. *None. \$1000.*
15. Actual amount contributed by soldier during the year prior to enlistment *\$22 a month.*
16. Was this amount contributed weekly or monthly *Monthly*
17. Did this amount include payment of son's board, etc. *No.*
18. State your son's trade or occupation prior to enlistment *Hudson Bay Survey*
19. State amount of his wages per week *\$15 a week while on the survey*
20. State name and address of his last employer *Hudson Bay Survey*
21. State amount of monthly support from son since enlistment *\$16 & \$15 a month.*
22. State amount of allotment received by you from son since enlistment *about \$200.00*
23. State from what date did you receive allotment? *Aug. 7, 1918*
24. Actual amount contributed by other children *Nothing* Weekly Monthly
25. Are any of these children in the employ of you or your husband? *No*
26. If not receiving support from other children, state cause. Explain fully *No other children; Solely his family*
27. With whom are you residing at present? *Keeping house in Hart's free*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *No.*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *No.*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No.*

(32) In what capacity and in what place? *No.*

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? *No.*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant *James J. Ovi*

Place of Residence *Apple's Lane, Harbour Grace*

Declared and subscribed before me at *Harbour Grace Nfld.* this *20th* day of *April* 1920

Signature of Barrister at Law, Stipendiary Magistrate, Notary Public and Justice of the Peace. *William A. Oke*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee *William A. Oke*

W. A. Browning

JMH/LM.

August 3, 1920

Mrs. Frances Davis,
Harbour Grace.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to request that you furnish me with the Marriage Certificate of your son Robert, or else a certified extract from your Parish Register, showing the date which said marriage took place.

Yours truly,

Major
Paymaster.

11312.

Mr Egan.

Aug. 11/20.

Major J. M. Hawley.
Dear Sir

Enclosed you will
find Marriage Certificate of my
son ^{Robert} dated December 20th 1915. Kindly
return as soon as possible Hoping
this will be all that is necessary
of remain

Yours Truly

Francis Davis

Woodville Road

Mr Egan.

MARRIAGE CERTIFICATE.

PLEDGE.

Wilt thou have this woman to be thy wedded wife, to live together after God's ordinance in the Holy Estate of Matrimony? Wilt thou love her, comfort her, honour and keep her in sickness and in health; and forsaking all other, keep thee only unto her so long as ye both shall live?

"I WILL."

PLEDGE.

Wilt thou have this man to be thy wedded husband, to live together after God's ordinance in the Holy Estate of Matrimony? Wilt thou love him, honour and keep him, in sickness and in health; and forsaking all other, keep thee only unto him so long as ye both shall live?

"I WILL."

I Hereby Certify that on the 20th day of December 1915
the Rite of Holy Matrimony was solemnized by me, in accordance with the Laws of Newfoundland and the Ceremonies of the Methodist Church, between Robert Davis of Bell Island
in the Electoral District of St. John's East NEWFOUNDLAND,
and Beatrice Maud Cox, of Bell Island, in the Electoral District of St. John's East NEWFOUNDLAND.

Witness my hand at Bell Island this 20th day of December 1915.

In presence of } Alton Davis
 } Mabel Cox

William Swann,
Officiating Minister.

No. 27 Registered at Bell Island

September 6, 1920

Mrs. Francis Davis
Harbour Grace.

Dear Madam:

With reference to your application for Separation Allowance, I enclose herewith cheque for \$246.67, being amount due you to the date of your son's discharge, also cheque for \$120.00 representing payments due you on account of War Service Gratuity.

Yours truly,

Major

Paymaster.

Enc.

Civil Re-establishment Committee



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

To resume former Occupation.

Signature of the Vocational Officer or his Representative.

A Davis

Signature of Man.

Reg. No. 5912

Place **ST. JOHN'S.**

Date **JUN 26 1919** 191

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

MEDICAL HISTORY

Surname Davis OF Christian Name Allan

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on	<u>20</u> day of <u>May</u> , 191 <u>8</u>	at	<u>St. John's</u>
Declared Age		<u>22</u> years		<u>—</u> days
Trade or Occupation		<u>Engineer</u>		
Height		<u>5</u> feet <u>8 1/4</u> inches		<u>—</u> feet <u>—</u> inches
Weight		<u>140</u> lbs.		<u>—</u> lbs.
Chest Measurement	Girth when fully expanded	<u>36 1/2</u> inches		<u>—</u> inches
		Range of Expansion	<u>4 1/2</u> inches	<u>—</u> inches
Physical Development				
Vaccination Marks	Right		Right	
	Left		Left	
When Vaccinated				
Vision		<u>6/6</u> R.E.—V= L.E.—V= <u>6/6</u>		<u>—</u> R.E.—V= L.E.—V= <u>—</u>
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)		<u>[Signature]</u>		
(Rank)		<u>Major</u>		
Enlisted	at	<u>St. John's</u>	at	<u>—</u>
Joined on Enlistment	on	<u>30</u> day of <u>May</u> , 191 <u>8</u>	on	<u>—</u> day of <u>—</u> , 191 <u>—</u>
Transferred to		<u>Medical</u> <u>5212</u>		
Became non-effective by		<u>[Signature]</u>		
(Signature)	on	day of 191	on	day of 191
(Rank)				

Medical Report on an Invalid.

Station Royal Newfound LandDate 30/4/19

- | | |
|--|--|
| <p>1. Unit <u>Royal Newfound Land</u></p> <p>2. Regimental No. <u>5212</u></p> <p>3. Rank <u>plc</u></p> <p>4. Name <u>Davis Allan</u></p> <p>5. Age last birthday <u>24</u></p> <p>6. Enlisted { on <u>May 20/18</u>
at <u>RNLS</u></p> | <p>7. Former Trade } <u>miner</u>
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit ;</p> <p>(b) Regimental No. ;</p> <p>(c) Date of Discharge ;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

8. Disability in respect of which invaliding is Proposed.

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

Statement 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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nil
nil
nil
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.

h a

13. What is his present condition? *He complains of no disability*

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

- 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?

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

Repatiation

- 20. Do you recommend—
 - (a) Discharge as permanently unfit, or
 - (b) Change to England?

*Sed
P.S.*

W.F. Gummer Capt Rennie
Officer in medical charge of case.

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

Station *Mozeley Barr*

Officer in charge of Hospital.

Date *30/4/19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

July 12, 1919

#5214 Pte. Allan Davis,
Woodville Road,
Harbor Grace.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & C. I. / W. 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 20th. 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 *Alan* 2. Surname *Davis*
3. Rank *Private* 4. Regtl. No.
5. Address in full to which future payments of gratuity are to be forwarded *Harbor Grace, Northville Road*
6. Date of enlistment in the Regiment *20th May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
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? *No*
11. Were you on active service only in field, if so, give dates and particulars of such service *France Germany*
12. Give total length of time which you served on active service, whether in field, or overseas *13 Months*

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.

None

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?

No

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

26th June 1919

Dismiss

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 & Germany

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

No

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

Signature of Applicant: *Allan Davis*
 Place of Residence: *Harbor Grace Woodville Road*
 Declared before me at: *St Johns*
 This *26th* day of *June* 19*19*...

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

Wm Guines JP

POST DISCHARGE PAY.				
Date paid	paid Soldier.	paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
Certified correct.				Pagmaster

Bell Island
March 27/20

10303

10303

W H Maddick
Capt for Paymaster

Dear Sir

With Reference to your
letter of March 27/20 I wish
to say that Relation
Claimant is my mother
Mrs Francis Davis
Woodville Road St. Grace.
Hoping this is what you
want to know & trusting
you will be able to fix
it up alright.

I Remain

Yours truly

#5212 Allan Davis.

Recd from
Maddick Albany

April 6, 1920

Allan Davis,
Bell Island.

Dear Sir:

With reference to your letter of March 27th.
I enclose form, which kindly have your mother complete
in the presence of a Magistrate or a Justice of the
Peace, and return to this Office.

Yours truly,

Capt.
For Baymaster

LM/Enc.

10880

Bee Island
May 26/20

J. H. Maddick.

Capt for Paymaster.

Dear Sir.

Some time past I wrote you
with reference to my separation allowance.
You sent me a form for my mother
Mrs Francis Davis to fill out she did so
& sent it but it stopped right there
you did not ever acknowledge receipt of
same. Now I would like for you
to let me know if you received it or
not & what about it.

Hoping this is not putting you to any
inconvenience.

I remain yours truly

5212 Allan Davis

Bee Island.

Amine

GGE/ME

March 11. 1920

To:- The Paymaster
Militia Department

From:- V. O.

what relative do you want to claim for.

Endl.

Herewith is a copy of a letter from Mr. Allan Davis, Bell Island, with reference to the matter of separation allowance. Kindly give this your early attention and reply direct to Mr. Davis,

C.C. Byrne
Secretary
Civil Re-establishment Committee.

Bell Island,

Copy.

Marh 7. 1920

W. W. Blackall

Dear Sir,

I wrote you a letter some time ago asking you if you would let me know about my separation allowance. But I got no answer yet and I would like to know about it. So I hope you will answer and let me know if I can get it.

Hoping you will oblige me, I am

Yours truly,

5212 Allan Davis

Mines

Bell Island.

March 22n, 1920

Allan Davis,
Mines
Bell Island.

Dear Sir:

With reference to
your letter of March 7th. to Mr. Blackhall, kindly
inform us what relation claimant is to you .

Yours truly,

Capt.
For Paymaster.

ST. JOHN'S, June 26/19

Royal Newfoundland Regiment.

Billeting Account,

To Pte A Davis

Billeting Soldiers as undermentioned

from June 1 to June 27/19

5212 Pte A Davis	28.20
------------------	-------

ACCOUNT	<u>B 7 m</u>
OH NO	<u>24951</u>
INITIALS	<u>Ed</u>
IND LEDGER	INITIALS
PAY 2	INITIALS
CERTIFIED CORRECT FOR	<u>\$ 28.20</u>

Certified correct for \$ 28.20

J. A. Shaw
Billeting Officer.
Alan Davis

Ed

Receipt for Army Book 64

No. *5212* Name *Davis a*

To Certify that I have received the AB 64 of the above
named soldier.

Name *A. Davis*

Date. *July 22/20*

Place. *Bell Island*

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL-1914-1919.

C.R. 5212

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

No 5212.

NAME..... *Allan Davis*.....

DATE..... *Nov 18/19*.....

PLACE..... *Bee Island*.....

1884

The accompanying Victoria Medal and Ribbon War Medal

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

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ and/or British War Medal

is/are forwarded herewith to

3014832 Allan Davis

in respect of his service as No. 5212 Rank Pte.

Name A. Davis

Royal Nfld. Regt.

~~1st Battalion~~

Receipt of the same should be acknowledged hereon.

Received

October 18th War medal

Signature

Allan Davis

Date

Oct 18th

Address

Private Allan Davis Halifax N.S.

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pte Surname Davis Christian Name A
 Religion Methodist Age on Enlistment 23 years — months
 Enlisted (a) 20/5/18 Terms of Service (a) Duration Service reckons from (a) 20/5/18
 Date of promotion to present rank — Date of appointment to lance rank —
 Extended Re-engaged Qualification (b) —
 Occupation Engineer or Corps Trade and Rate 2nd Long Cap Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.215, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.215, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked... Joined Batt.	28 NOV 1918	5 JAN 1919	
		Arrived in UK		13/1/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) Wt. W 1887-P1124. 1,000,000. 6/18. D & S. Form B243. (E. 1256.)

Next of Kin: Mother: Mrs Francis Davis. Sister: Grace. St John's - N.S.L.D.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
59.

Number of Sheet

One

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. Dicks
Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Davis, Allan	Age on	23 years months	Engineer	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	20.5.18.	Meth.	
Joined		Date			
Joined		Date	Period of	with Colours / 33 years.	Place of Birth
Joined	Date		with Reserve / 32 years.	St. John's, N.S.	

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
									Demobilized St John's 11 7 19

To be carried over

Army Form B. 121.

5212

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No 5212 Rank PLC Name Davis R
 Date of Enlistment 20.5.18 Address St George District St George
 Classification for Discharge Engineer Medical Category AI
 Recommendation Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 349A	B 122	Board list	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	4
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 25.6.19 H. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Allan Davis

Particulars passed to Vocational Officer for information and action.

Date 25.6.19 3

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied

Allan Davis

Date 26-6-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 1960 to his home at 141 E. 1st St. New York and Release Certificate No. 3017 issued.

Date 26-6-19 *M. Blustein*
Demobilization Officer

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

Date 21-1-19
Depot Paymaster.

Discharge approved for 27-10-19
Forwarded with following documents to O. C. Discharge Depot.

N. P. P/38	J 388	B 121	1	N. F. Med	D. F. 1	1
B 178	3494.	B 122	1	Board Ist.	" 2	1
B 178a	D 400A	B 1915	1	do 2nd	" 3	2
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	
B179c	B 120	M 93				

Date 26-6-19 *J. A. Lumbaff*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 27 1919 *R. H. Sait* MAJOR
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date July 9/19 *J. A. Lumbaff*

Reg. No. *1212* Rank *Ho* Name *Savis Allan*

Attested Address *Ho Grace*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19*

Returned on S.S. *Consieur* Cause *Discharge*

26.6.19

PASSED TO DEMOBILIZATION OFFICER

27.6.19

DISCHARGE APPROVED ON DEMOBILIZATION.



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 *Allen Davis*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5212*

Intended address *Hr. Grace.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *John*

Christian name of Mother *Francis*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Hr. Grace. Sept 17th 1895*

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

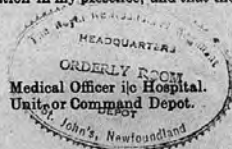
(Soldier's signature in full) *Allen Davis*

Pte.
(Rank)

Station _____

Date *23-6-19*

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



Station _____

Date _____