



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6266 Name Charles G Davis C.E

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

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>Charles G Davis</u>           |
| 2. What is your full Address? .....  | 2. <u>Smack Cove Lab</u>            |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                       |
| 4. What is your age? .....   | 4. <u>29</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fishing</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, Charles G 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.

10/14/15 Charles G Davis SIGNATURE OF RECRUIT.  
P. M. Spry Signature of Witness.

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

I, Charles G 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 10 day of Oct 1915

Signature of Attesting Officer P. M. Spry

**†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 10/14/15 1915  
Place St John's

Stobson Capt Approving Officer.  
The Royal Newfoundland Regiment.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
† Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....









# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6266 Name Charles G Davis C.E.

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

- 1. What is your name? ..... 1. Charles G. Davis
- 2. What is your full Address? ..... 2. Smack Cove Lab.
- 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. Fishing
- 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, Charles G. 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.

10/14/18

Charles G Davis SIGNATURE OF RECRUIT.

P. M. Spry Signature of Witness.

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

I, Charles G. 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 10 day of Oct 1918.

Signature of Attesting Officer ..... P. B. Dick 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 OCT 11 1918 1918

Place ST. JOHN'S

Robertson Capt. Major  
Commanding Depot, } Approving Officer.  
The Royal Newfoundland Regiment.

† 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, the 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. 6268

Extract from Medical Board held on Thursday July 24th, 1919.

6268 Pte. C. Davis

Recommended discharge from the Army.  
REMAIN IN ESCASONI HOSPITAL

6266

C.R.

Extract of Daily Orders Part II, Depot, St. John's, dated  
Jan. 7th 1919.

CANCELLATION OF DISCHARGE.

6266 Pte. Chas. Davis

Portion of D.O. Pt. II, No. 228 (1918) (Para. 2) concerning  
this man is hereby cancelled, he having returned to Depot,  
being unable to reach his home.



C.R. 6266

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Dated May 28th 1919 Depot St. John's.

Admitted to MID. Hospital 27/5/19.

6266, Pte. C. Davis.



C.R. 6266

Extract from Daily Orders Part I<sup>1</sup> Royal Newfoundland Regt.  
Depot St. John's dated 22nd 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date 15-8-19.

6266, Pte. Chas. Davis.



C.R. 6266

Extract from ~~Daily~~Orders part II, Depot St. John's  
dated April 15th., 1919.

Discharged from Barracks Hospital 14-4-19.

~~1871 Pte. J. Welford.~~  
6266 Pte. C. Davis.



C.R. 6266

Extract from Daily Orders Part II Unit The Royal Wfld.  
Regt. Feb. 18th, 1919 .

6266 Pte. C. Davis.

Admitted to Barracks Hospital 15-2-19.



C.R. 6266

Extract from daily orders part II Royal Newfoundland Regt.  
Regt St. John's dated Aug. 9th 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by U.C. discharge report from noted date  
1-6-19.

6266, Pte. Davis, Chas.



C.R. 6266

Extract from Daily Orders, Part 11, UNIT: The Royal Wfld. Regt.,  
dated Nov. 26th. 1918.

LEAVE.

6266 Pte. C. Davis.

Returned from leave and reported at Headquarters 25/11/18.



C.R. 6264

Extract from daily Order on part 11, Depot. St. John's  
Dated December 14th., 1918.

#6266 Pte. C. Davies

The above noted discharge of demobilisation having  
been approved by C. C. Discharge Depot from noted  
date. He is removed from Depot strength and is  
transferred to Discharge Depot pending confirmation  
by Officer i/c Records.

14-12-18.



C.R. 6266

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's Oct. 12/18.

6266 Pte. Chas. G. Davis.

Attested fro Gneral Service with The Royal Nfld. Regt.,  
from 10-10-18.



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

# MEDICAL HISTORY

OF

Surname

*Davis*

Christian Name

*Charles G.*

Table I.—GENERAL TABLE

Birthplace :—Parish	<i>Snack Cove Lab.</i>		County	<i>Chesfordland</i>	
	<u>SPECIAL RESERVE</u>			<u>REGULAR ARMY</u>	
Examined .....	on	<i>10</i> day of <i>Oct</i>	191 <i>8</i>	on	day of 191
	at	<i>St John</i>		at	
Declared Age .....		<i>19</i> years	days		years days
Trade or Occupation .....	<i>Fisherman</i>				
Height .....		<i>5</i> feet	<i>5 1/2</i> inches		feet inches
Weight .....			<i>144</i> lbs.		lls.
Chest Measurement {	Girth when fully expanded .....		<i>36</i> inches		inches
	Range of Expansion .....		<i>3 1/4</i> inches		inches
Physical Development .....					
Vaccination Marks {	Arm .....	Right	Left	Right	Left
	Number .....				
When Vaccinated .....					
Vision .....	R. E.—V=			R. E.—V=	
	L. E.—V=			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>Lammie Peterson</i>				
(Rank)				Medical Officer	Medical Officer
Enlisted .....	at	<i>St John</i>		at	
	on	<i>10</i> day of <i>Oct</i>	191 <i>8</i>	on	day of 191
Joined on Enlistment .....	Corps			Corps	
	Regtl. No.	<i>6266</i>		Regtl. No.	
Transferred to .....	<i>Regiment</i>				
Became non-effective by .....	on	day of	191	on	day of 191
(Signature)					
(Rank)					









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

Station..... **ST. JOHN'S** .....

Date..... **JULY 24th., 1919.** .....

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <b>30</b>                 |
| 2. Regimental No. <b>6266</b>     | 6. Enlisted on <b>10/10/18</b>                 |
| 3. Rank <b>PRIVATE</b>            | at <b>ST. JOHN'S</b>                           |
| 4. Name <b>DAVIS CHARLES</b>      | 7. Former trade or occupation <b>FISHERMAN</b> |

8. Disability

**PULMONARY TUBERCULOSIS**

9. History



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).

**EXPANSION DIMINISHED LEFT SIDE OF CHEST. VOCAL FREMITUS INCREASED ON LEFT SIDE OF CHEST. HYPERRESONANT NOTE BOTH SIDES OF CHEST ON PERCUSSION. BREATH SOUNDS BRONCHIAL IN CHARACTER LEFT SIDE AND INSPIRATION PROLONGED. RIGHT CHEST SOUNDS HARSH AND INSPIRATION PROLONGED, OVER LEFT BASE WHISPERING PECTORILOQUY AND VOCAL RESONANCE INCREASED. HEART RAPID. SOUNDS NORMAL. COUGHS A LITTLE**

11. Was <sup>sanatorium</sup> operation advised and refused ?

12. Do you recommend discharge as permanently unfit ?

**YES**

Signature **(SGD) J.B.O'REILLY.**

Rank or Qualification **CAPT.**

Remarks if any by Officer i | c Hospital.

Place ..... Signature .....

Date ..... Rank .....



## 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 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.

**YES**

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

(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?

(State in percentage.)

**TOTAL WHILE IN HOSPITAL**

**TOTAL WHILE IN HOSPITAL**

Remarks if any:—

16. Is the disability permanent? **YES**

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

18. The refusal of  $\frac{\text{operation}}{\text{sanatorium}}$  is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to  $\left\{ \begin{array}{l} \text{General Hospital} \\ \text{Naval and Military Con-} \\ \text{valescent Hospital,} \\ \text{Jensen Tuberculosis Camp.} \end{array} \right.$

20. We recommend  $\frac{\text{discharge from}}{\text{retention in}}$  the Army

Remarks if any:— **REMAIN IN HOSPITAL - ESCASONI**

(SGD) J. R. O'BRIEN .....  
President

Signatures J. SINCLAIR TAIT .....

L. PATERSON, MAJOR. ....

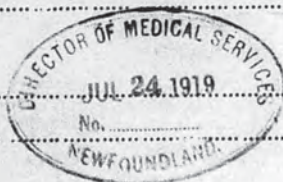
Place **ST. JOHN'S** .....

Date **JULY 24th., 1919.** .....

APPROVED

Station .....

Date .....



(SGD) GLENNY MASPHERSON, MAJOR  
Administrative Medical Officer.





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

Station..... *St John's* .....

Date..... *24/7/19* .....

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>20</i>                   |
| 2. Regimental No. <i>6266</i> ,   | 6. Enlisted on <i>10/10/18</i>                   |
| 3. Rank <i>16</i> ,               | at <i>St John's</i> .                            |
| 4. Name <i>Bovis, Charles</i> .   | 7. Former trade or occupation <i>Fisherman</i> . |

8. Disability

*Pulmonary Tuberculosis*

9. History



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).

on left side of chest.

chest. on percussion

DNIS

character left side & expiration prolonged.

Rt chest breath sounds harsh. & expiration prolonged. one left base whistling percutaneous

& vocal resonance increased. Heart rapid.

sounds normal. Coughs a little.

Examination demonstrated. left side of chest. vocal fremitus increased

Hyperresonant note both sides of chest. Breath sounds bronchial in

11. Was <sup>sanatorium</sup> advised and refused ?  
~~operation~~

no.

12. Do you recommend discharge as permanently unfit ?

Y.

Signature

J. H. Jones

Rank or Qualification

Capt.

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank



# 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 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.

*yes.*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- Total while in hospital*
- (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?
- Total while in hospital.*
- (State in percentage.)

Remarks if any :-

16. Is the disability permanent? *yes*
17. Has the disability been aggravated by (a) Intemperance (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 :-

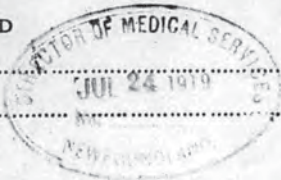
*Remain in hospital  
Kearney*

Signatures..... *J. P. Atkinson* President  
..... *J. S. Darr*  
..... *Proctor*

Place ..... *St. John*  
Date ..... *July 24<sup>th</sup> / 19*

APPROVED

Station .....  
Date .....



*Clayton Macpherson*  
Administrative Medical Officer.



L Davis, C

6266

Ray & Sept.



August 18, 1919

#6266 Pte. Clarence Davis,  
Cartwright,  
Labrador.

Dear Sir:-

Please find enclosed Discharge Certificate #3785.

Yours truly,

Captain & Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 6666 Rank Private Name Davis C  
 Intended place of residence Cartwright  
 2. Occupation Disherman  
 Classification of soldier B Medical Category E

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 AUG 1 1919

*J. M. Stewart*  
 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, ST. JOHN'S

Date 1-8-19

*Chas M. Davis*  
 Signature of soldier  
*J. A. Shaw capt*  
 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, ST. JOHN'S

Date 28-7-19

*Chas M. Davis*  
 Signature of soldier  
*W. J. Keaton Dym*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-10-18 No. of days on Military  
 Discharged from service 1-8-19 Plus 14 days Service 310

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date AUG 1 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 August 15/1919

*M. Bowley capt*  
 Officer in Records  
 The Royal Newfoundland Regiment

*CAF 2079 1 31 85*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 266 Rank Plt Name Davis C  
 Date of Enlistment 10.10.18 Address Cartwright District Suburban  
 Occupation Tradesman Classification for Discharge A.B. Medical Category E  
 Recommendation S.M.B. Plt. Davis was very competent Disability Rating Total discharge with hon.  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date July 26 1919 O. C. Discharge Depot 11/11/19

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*Chas. H. Davis*  
*W. W. J. G.*

Particulars passed to Vocational Officer for information and action.

Date.....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
- (b) Clothing Supplied.....

Date 29-7-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3780 to his home at Bachmanghat and Release Certificate No. 3780 issued.

Date 1-8-19 *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 15-8-19

Date 1-8-19 *H. Mews*  
Depot Paymaster.

Discharge approved for 1-8-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
E 178	W 3494	B 122	2	Board 1st.	" 2	1
B 178a	D 400A	B 1915	2	do 2nd.	" 3	2 <i>form B</i>
B 179	D 400B	Form L	1	do 3rd.	" 4	
B 179a	D 400C	Form K	1	do 4th.	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93	1			

Date 1-8-19 *J.A. Snow*  
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 AUG 1, 1919 **L. R. COOPER, CAPT.**  
O. C. Discharge Depot.

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

Date .....



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 6266 Rank Pte Name Davis Charles  
 Intended place of residence Cartwright Lab.

2. Occupation fisherman  
 Classification of soldier C. Medical Category A.II

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 DEC 11 1918 W. H. M. Capps  
 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  
Dec 11<sup>th</sup> 1918 Chas. Davis  
 Signature of soldier  
W. H. M. Capps  
 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 Dec. 11<sup>th</sup> 1918  
St John's Charles Davis  
 Signature of soldier  
T. Raymond  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 10. 10. 18 No of days on Military  
 Discharged from service Apr. 22. 19 plus 28 days Service 94 days

## 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  
DEC 14 1918 R. H. Sill  
 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 January 11, 1919 R. H. Sill  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment



# 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 take up former occupation  
on discharge from hospital

Chas<sup>ks</sup> ~~man~~ Davis

Signature of Man.

Reg. No. 6266

wt wjb

J. A. Snowlett

Signature of the Vocational Officer or his Representative.

Place St. Johns

Date 28-7-19 191



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6266 Rank. Plt Name. Davis Charles  
 Date of Enlistment 10.10.18 Address Larkwright District Labrador  
 Occupation Fisherman Classification for Discharge C Medical Category AII  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	2			

Date. 2.12.18

*W. H. L. Lupton*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*His Davis*  
*Charles X [Signature]*  
*mak [Signature]*  
*Walter*

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 .....

*Joseph A. Snowling*

Date. 11-12-18

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 195*.....to his home at *Batter Sea*..... and Release Certificate No. *277*..... issued.

Date *11-12-18*.....

*Ch. Dickson*  
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 *11-12-18*.....

*W. H. Capl.*  
Depot Paymaster.

Discharge approved for *14.12.18*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.....	B 268.....	B 121.....	<i>1</i>	N.F. Med.....	D.F. 1.....	<i>1</i>	<i>4</i>	<i>B</i>
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	<i>1</i>	<i>5.0.1.2.2</i>	
B 178a.....	<i>1</i> D 400A.....	B 1915.....	<i>2</i>	do 2nd.....	" 3.....	<i>2</i>		<i>✓</i>
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....			
B 179a.....	D 400C.....	Form K.....	<i>1</i>	do 4th.....	" 5.....			
B 179b.....	B 103.....	ME 2.....			" 6.....			
B 179c.....	B 120.....	M 93.....	<i>2</i>					

Date *11.12.18*.....

*Ch. Dickson*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**DEC 14 1918**

Date .....

*R. H. Last*  
O. C. Discharge Depot.

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

Date *Dec. 14/1918*.....

*M. A. Bowley*  
Capt  
O.C.D.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6266 Rank PLG Name Davis - Charles  
 Date of Enlistment 10 10 18 Address Parkwright District Labrador  
 Occupation Fisherman Classification for Discharge C Medical Category AII  
 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	2/	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	2/			

Date 2.12.18 W. Stanley Capt  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Charles X Davis  
Mark Treasants  
W. Stanley

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing~~ Supplied Joseph H. [Signature]

Date 11-12-18 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 195* to his home  
 at *Battle St* and Release Certificate No. *277* issued.

Date *11-12-18*

*Obdiko 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 *11-12-18*

*Money Capt*  
 Depot Paymaster.

Discharge approved for *14. 12. 18*

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
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 *11. 12. 18*

*Obdiko Capt*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Date *DEC 14 1918*

*RH Last Capt*  
 O. C. Discharge Depot.

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

Date *Dec. 14/1918*



April 17, 1919

From: The Paymaster & O i/c Records  
Militia Dept.

To: The Adjutant,  
Discharge Depot.

Re #6256, Pte. Chas. David

The above noted man's allotment of 60¢ per day in favour of his father has been cancelled from and including April 1st. 1919.

Lieut.  
For Paymaster & O i/c Records.



Report for Service 3204

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St John's on Oct 10 1918

1. Name Charles G Davis Age (a) Declared 19  
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

eyes Brown  
long fair  
marks scar on left cheek

6266

3. Height 5 ft 5 1/2 Weight 144  
4. Eyesight (a) Left 49 (b) Right 49  
5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~  
Measurement (a) Expiration 3 3/4 (b) Inspiration 3 1/2  
32

7. Examination of Heart ~

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 William Snack Cove Lab.

12. Category

REMARKS—

A

Archibald  
Sturden

Medical Examiners.



ROYAL NEWFOUNDLAND REGIMENT .

Medical Examination held at Cartwright , Labrador on S.S. "Strathcona"

-----\*

I. Name . Charles Gerald Davis. Age (A) Declared 19 yrs.  
 Snack Cove. *Cartwright* (B) Apparent 19 "  
 Labrador.

2. Do you know anything wrong with you ? No.

What severe illness have you had? Whooping cough.

3. Height - 5 Feet 4 $\frac{1}{2}$  inches. Weight 137 lbs.

4. Eyesight (a) Left  $\frac{20}{20}$  ths. (b) Right  $\frac{20}{20}$  ths.

5. Physical defects - None.

6. Examination of lungs - Normal.

Measurement 35.50 inches

(a) Expiration 34 inches.

(b) Inspiration 36.50 inches.

7. Examination of heart . Normal.

8. Examination of urine - Sp. gr. 1020; reaction acid, no albumen, no sugar.

9. Examination of Mouth - Speech clear.  
 Teeth - Good , only two molars gone.  
 Throat - Normal.  
 Nose - Normal.  
 Ears - Normal.

10. Have you been successfully vaccinated ? No. Never.

II. Name and address of next of kin , father - William Davis , age 45 yrs.  
 Snack Cove.  
 Labrador.

Remarks. Will go if necessary.

We consider this man fit .

*Wilfred S. Greenfield*  
 M.D., F.A.C.S.

Medical Examiner.

-----\*



ROYAL NEWFOUNDLAND REGIMENT.

*Copy.*

Medical Examination held at Cartwright

Date..... 191.....

1. Name *Chas. Gerald Davis*. Age (a) Declared *19*  
*Snack Cove* (b) Apparent *19*.

2. Do you know of anything wrong with you? *No.*

What severe illnesses have you had?

*Whooping cough. 6266*

3. Height *5' 4 1/2"* Weight *137.*

4. Eyesight (a) Left *20/20* (b) Right *20/20*

5. Physical Defects (Examine after strenuous exercise)

*None*

6. Examination of Lungs *Normal.*

Measurement *35<sup>50</sup>* (a) Expiration *34* (b) Inspiration *36<sup>30</sup>*

7. Examination of Heart *Normal.*

8. Examination of Urine *S.G. 1020; Reaction acid,*

9. Examination of Mouth—(Defective Speech) *No alb. No sugar.*

Teeth *Clear.*  
 Throat *Good.*  
 Nose *Normal*  
 Ears—(Deafness, Otorrhea) *"*

10. Have you been successfully vaccinated, and when? *No.*

11. Name and address of next of kin *Wm Davis, Snack Cove.*

REMARKS—

We consider this man { *Fit*  
~~Temporarily unfit for Military Service~~  
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B. 10 A, should be filled and attached).

*AT  
 Cm*

*W.T. Frenfell*

*Medical Examiners.*











# 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 work at Fishing*

*his*

*Charles x Davis*

Signature of Man.

*Witness. P. W. Keegan*

*math.*

Reg. No. *6266*

*Edwards Hall*

Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *11/2/18*

191



# 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 work at Fishing*

*his*

*Charles x Davis*

Signature of Man.

*Witness. P. W. Keegan*

*math*

Reg. No. *6266*

*Edwards Hall*

Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *11/12/19*

191



Labrador

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—

C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

28/11/18

Regimental No. 6266.....

Name

Davis Charles (Pte)

Address

Carwright Salvage Bay Sandwich Bay

Present Medical Category

A ii

Recommended for:—

(a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board

R.H. Sant apt  
O.C. Discharge Depot.

H. Petersen  
Senior Medical Officer

D.W. Burden  
M. O. Depot





## 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 **Charles Davis**  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number **6266**  
 Intended address **Cartwright, Labrador**  
 Height on discharge **5 Feet 5½**  
 Color of hair on discharge **Black**  
 Complexion **Dark**  
 Color of eyes **Brown**  
 Descriptive Marks  
 Figure on discharge  
 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.  
 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)

(Rank)

Station

Date

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

DEC 12 1918

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





## 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 **Charles Davis**

Regiment from which discharged *Royal Newfoundland*

Regimental number **6266**

Intended address **Cartwright, Labrador**

Height on discharge **5 Feet 5 $\frac{1}{2}$**

Color of hair on discharge **Black**

Complexion **Dark**

Color of eyes **Brown**

Descriptive Marks

Figure on discharge

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

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)

(Rank)

Station

Date

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





THE ROYAL NEWFOUNDLAND REGIMENT  
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND,

April 12th, 1919

From Adjutant,  
Discharge Depot

To Paymaster and Officer i/c Records,  
Militia Department

6266 Pte. Chas. Davis

The above noted man has made application to  
have his allotment of 60¢, in favour of his father,  
cancelled from and including April 1st, 1919.

Please carry out and advise.

*Noted  
LP  
AWK*

c

*H. Mews Street*  
Assistant Adjutant & Paymaster  
Discharge Depot



March 29th 1920

Major Howley  
O. I. C. Records

Please pay to C. Davis, 6266  
the sum of two dollars and thirty three cents  
in payment of allowance for week ended March 27th 1920  
and charge same to Civil Re-establishment Committee

\$2.33

Pension \$50 .00

ACCOUNT	
CH. NO.	33344
PAY TO ORDER OF	
GEN. LEDGER	

*W.B.*

*W.B. Howley*

Vocational Officer

*Charles Davis*



April 6th 1920

Major Howley  
O. I. C. Records

Please pay to C. Davis, 6266  
the sum of two dollars and thirty three cents  
in payment of allowance for week ended April 3rd 1920  
and charge same to Civil Re-establishment Committee

\$2.33

Pension \$50.00

F. C. R.

*[Handwritten signature]*  
Vocational Officer

for

Charles Davis

ACCOUNT	340 45
CHK NO	
PAY LEDGER	
GEN LEDGER	



July 5 1920

Major Howley  
O. I. C. Records

Please pay to C. Davis, 6266  
the sum of forty five dollars  
in payment of P. & A. Bonus  
and charge same to Civil Re-establishment Committee

\$45.00

Pension

\$15.00

*C. Davis*

*W. Marshall*

4500  
920  

---

54,20

ACCOUNT		Vocational Officer
CHK. NO.	231	INITIALS <i>[Signature]</i>
INV. LEDGER		INITIALS
PAY LEDGER		INITIALS <i>[Signature]</i>
GEN. LEDGER		INITIALS <i>[Signature]</i>

*C. Davis*



July 5 1920

Major Howley  
O. I. C. Records

Please pay to C. Davis, 6266  
the sum of Nine dollars and twenty cents  
in payment of arrears of allowance to July 3 1920  
and charge same to Civil Re-establishment Committee

\$9.20

Pension \$15.00

*C. J. Davis*

*W. W. McCall*

Vocational Officer







# The Royal Newfoundland Regiment

*D*  
*6266*

## DEMOBILIZATION OF

Reg. No. *6266* Rank *PLC* Name *Davis C*  
 Date of Enlistment *10.10.18* Address *Cartwright* District *Labrador*  
 Occupation *Fisherman* Classification for Discharge *B* Medical Category *E*  
 Recommendation S.M.B. *Permanently unfit* Disability Rating *Total while in Troop*  
 Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	<i>1</i>	N.F. Med.....	D.F. 1.....	<i>1</i>
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	<i>1</i> D 400A.....	<i>2</i> B 1915.....	<i>2</i>	do 2nd.....	" 3.....	<i>3</i>
B 179.....	<i>1</i> D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	<i>1</i>	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....	<i>1</i>		" 6.....	
B 179c.....	B 120.....	M 93.....	<i>2</i>			

Date *July 26 1919*

*P* O. C. Discharge Depot. *Mess H.*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Chas Davis*  
*ment*  
*Cartwright*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*  
 (b) Clothing Supplied *1 Snow cap.*

Date *29-7-19*

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 571920 to his home at Bourthampton and Release Certificate No. 3780 issued.

Warrant E 18 to Carlyle

Date 1-8-19

J.A. Knowlton  
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 15-8-19

Date 1-8-19

Mrs. H  
Depot Paymaster.

Discharge approved for 1-8-19

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

Date 1-8-19

J.A. Knowlton  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

~~Discharge for War Service Certificate~~

Date AUG 1 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 15/19

Mrs. H





Leport 6266

DEPARTMENT OF MILITIA  
ST. JOHN'S, NEWFOUNDLAND

April 17, 1919

From: The Paymaster & O i/c Records  
Militia Dept.

To: The Adjutant,  
Discharge Depot.

Re #6266, Pte. Chas. David

The above noted man's allotment of 60¢ per day in favour of his father has been cancelled from and including April 1st. 1919.

*T. J. C.*  
*O. C.*

*J. H. Maddick*

Lieut.  
For Paymaster & O i/c Records.





THE ROYAL NEWFOUNDLAND REGIMENT  
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

-----

This is to certify that I have been discharged NOW at my own request and after assuring the Demobilisation Officer that I will be able to reach my home at Sandwich Bay, Labrador, when I leave the Steamer at Battle Harbour. I agree not to hold the Regiment responsible after landing me at Battle Harbour.

*His*  
 C. Has. x Davis  
 Mark.

DEC 12 1918

*Colt* W. J. Eaton R.Q.M.S.



April 14th/1919

From Officer Commanding,  
Discharge Depot.

To Dr. W.W.Blackall,  
Vocational Officer.

Dear Dr. Blackall:-

#6266, Pte. C. Davis  
#5951. " P. Bright

The above named men come from Labrador and cannot get home until some time in June. They have just been discharged from the Barracks Hospital and I think they might be sent to the Civil Re-Establishment School until such time as they can go home. I am sending them with this letter to you in order that the necessary papers may be filled out.

Yours very truly,

RHT:TJW

Captain,  
O.C. Discharge Depot.



April 12th, 1919

From Adjutant,  
Discharge Depot

To Paymaster and Officer i/c Records,  
Militia Department

6266 Pte. Chas. Davis

The above noted man has made application to  
have his allotment of 60% in favour of his father,  
cancelled from and including April 1st, 1919.

Please carry out and advise.

*Walter  
C. J.*



D 6266

April 14th/1919

From Officer Commanding,  
Discharge Depot.

To Dr. W.W.Blackall,  
Vocational Officer.

Dear Dr. Blackall:-

#6266, Pte. C. Davis  
#5951. " P. Bright

The above named men come from Labrador and cannot get home until some time in June. They have just been discharged from the Barracks Hospital and I think they might be sent to the Civil Re-Establishment School until such time as they can go home. I am sending them with this letter to you in order that the necessary papers may be filled out.

Yours very truly,

RHT:TJW

Captain,  
O.C.Discharge Depot.





# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTM'T OF MILITIA  
AND QUOTE NO.

-----

ST. JOHN'S, NEWFOUNDLAND,

.....April 25, 1919.....

From: Paymaster & O i/c Records,  
Militia Dept.

To: The Officer, Commanding Royal Nfld. Reg't.,  
Depot.

Re Pte. P. Bright

The above man's allotment of 60¢ per day  
has been cancelled from and including April 1st.  
1919.

For your information.

*A. H. [Signature]*

Lieut.  
For Paymaster & O i/c Records

*7/10/19  
[Handwritten signature]*



April 22nd 1919.

From Officer Commanding  
Discharge Depot.

To Paymasters and Officer I/C Records  
Militia Department.

5951 Pte P. Bright.

The above noted man has made application  
to have his allotment of 60¢ per day cancelled from and  
including April 1st 1919.

Please carry out and advise.

*Laura*



Reg. No. *6216* Rank *Pte* Name *Lavis Ohas. G.*  
Attested *10-10-18* Address *Cartwright*  
Allotment *Co C* Allottee *Mr Wm Lavis (Father)*  
Date of Allotment *1-11-18* Returned from Overseas  
Embarked for Overseas Cause

*Dec 11-10-18. 1<sup>st</sup> Inc 31-10-18.*

*Leave 1-11-18 to 15-11-18. 6th 2571-18*

*12-12-18*

**PASSED TO DEMOBILIZATION OFFICER**

*14-12-18*

**DISCHARGE APPROVED ON DEMOBILISATION.**

*27.1.19. Adm. to M.F.A. Hosp.*

*25.4.19*

*Rec discharge from the Army.*

*Remain in Keasani Hospital*