



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

4141

No. 4141 Name Jacob Davis Corps Infantry

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

1. What is your name? ..... 1. Jacob Davis
2. What is your full Address? ..... 2. Windsor Bay B. Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 7 Months
5. What is your Trade or Calling? ..... 5. Postman
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 Infantry
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, Jacob 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.

4-19-17 Jacob Davis SIGNATURE OF RECRUIT.  
John J. [unclear] Signature of Witness.

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

I, Jacob 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 Windsor Bay on this 19th day of May 1917.  
Signature of Attesting Officer John J. [unclear]

### †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 rank of Private.  
If enlisted by special authority, such will be attached to the original attestation.

Date 19th May 1917 } Approving Officer.  
Place Windsor Bay }

† 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Jacob Davis  
 Apparent age 21 years 2 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 1 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Henry Davis  
Alexander Bay B. Bay 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.	
(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 <u>19-11-17</u>									
Joined at <u>M. S. S. S.</u> on <u>November 19-17</u>									
<u>Exchanged July 7, 1919</u>									
		<u>Embarked M. S. S. S. Massachusetts</u>		<u>11-12-17</u>					<u>Embarked</u>
		<u>for B. S. S. 25-5-18</u>		<u>Joined B. S. S. S. S.</u>	<u>30-5-18</u>				
		<u>leave to M. S. S. 11-4-17 to 26-4-19.</u>		<u>to Newfoundland for demobilization</u>					<u>22-19</u>
		<u>demobilization Newfoundland 7-6-1919.</u>							
		<u>demobilization M. S. S. S.</u>		<u>7-7-19</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 7-7-19 (date of discharge) 1 years 231 days  
 " " Pensions " " " " " " " " " " " "

Reg. No. 4141 Rank Pfc Name Davis J.  
 Attested 19-11-17 Address Alexander Bay B Bay.  
 Allotment 50¢ Allottee Mrs. Steady (Aunt) Davis Mother  
 Date of Allotment Dec 1st-17 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas 11-12-17 Cause \_\_\_\_\_

Vac. 21-11-17 leave 1<sup>st</sup> 6-12-17  
 H.L. 23-11-17 to 2-12-17

C.R.

No *4141* Name *Al Davis J.*      Sqn., Batty., }      *A* Corps *H Royal Newfld*      Date of enlistment } *191117*      G.C. Badges }      Service or Proficiency Pay }

Date of last entry in }      No. and date }      Period not reckoning towards }      Sheet No.      Signature O.C. }      Character }

Company Conduct Sheet }      of last drunk }      freedom from extra fine }           Company, etc. }      *W. M. Lunn* }

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

C.R. 4141

Extract from Daily Orders part II, Unit the Royal Wfld.  
Regiment dated 9-7-19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i'c Records on noted date.

8-7-19

#4141 Pte . Jacob Davis.

C.R. 4141

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. Depot St. John's, June 12th, 1919

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

~~4141~~ Pte. Jacob Davis.

C.R. 4141

Extract from Daily Orders Part 31 Depot, St. John's,

Date 11-6-19.

4141 Pte. Jacob Davis

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

C.R. 4141

Extract from Nominal Roll of Craft No. <sup>4</sup>86 RFLA. Regt.  
From 2nd Bn. Depot, to 1st Bn. B.M.F. Embarked Folkestone,  
25-5-18.

4141 Pte. J. Davis.



C.R.

4141

Extract of Nominal Roll Draft (All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone 2

4141 Pte. J. Davis.

25-5-18.

C.R. 4141

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,-120 Other Ranks from 2nd. Bn.,  
Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment, B.E.F.  
Embarked Folkestone, 25/5/18.

4141 Pte .J.Davis.

A.Ps.B. 105( one for each sub-  
dier ) sent to 3rd. Echelon,  
B.E.F.

C.R. 4141

Extract from Nominal Roll, embarked St. John's for Overseas per  
S.S. FLORISSAL, on December 11th 1917.

4141 Pte. T. Davis

C.R. 4141

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Nov. 20th, 1917.

4141 Pte. J. Davis.

Attested for General Service with the 1st Nfld. Regt.,  
and posted to G Coy and assigned numbers as shown with  
effect from Nov. 19th, 1917.

J. Davies

4141

P. + P. U

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4141* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Davis* (Surname) *J* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *23*
6. Posted for duty on *19/10/17* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
*nil*
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war                      | .....               | .....             |
| (ii.) Previous active service..                          | .....               | .....             |
| (iii.) Climate in pre-war service                        | .....               | .....             |
| (iv.) Ordinary military service before the war           | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. | .....               | .....             |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

The complain of pain & weakness legs becoming edema at dept.

16. Was an operation performed? If so, when and what was its nature? na

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation  
 Sp. W. E. Broome  
 M.D.

Station Hazley Down

Date 1/19

Capt. Romo  
 Medical Officer in charge of case.

\* 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

FORM K

No 3786<sup>A</sup>



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jacob Davis, Regl. No. 4141.

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins December 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3207		Master W. M. Moly (Grand) Davis	Alex Bay	50
Total Allotment, \$				50

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.) W. Moly  
 Officer Commanding  
 Company  
St John Bay  
Nov 19 1917

(Sig.) Jacob Davis  
 (Rank) Pte.





1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS**

I, Jacob Davis, Regl. No. 4141  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
50 Dollars and 50 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz. :  
 Allotment begins December 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3207	Mother	W. K. Moley (Grand) Davis	Alex Bay	50
Total Allotment, \$				50

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.) \_\_\_\_\_  
 Officer Commanding  
 Company  
St John Bay  
Nov 19 1917

(Sig.) Jacob Davis  
 (Rank) Pte

No. 1784/464/P.&.A

N.F.P./80.

From: NEWFOUNDLAND

CONTINGENT RECORDS.  
CHIEF PAYMASTER & RECORDS.  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, ENGLAND.  
1/Bn. Royal Nfld. Regt.  
B.E.F.

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

3rd February 1919.

15-2-1919

4141 Pte. J. Davis

With reference to the following telegram from the Minister of Militia, 29/1 /19 ( 937 )

"Pay to- 4141 Pte. J. Davis  
£4:0:0

- Kindly advise whether this remittance should be
- (1) forwarded to you for payment to this Soldier;
  - (2) retained to credit of his account; or
  - (3) otherwise dealt with.

Chief Paymaster & O. i/c Records.

Deposited 29/1/19

4141 Pte. J. Davis

This man wishes this amount retained to the credit of his account please

S. G. Mathias  
LIEUT. COL.  
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.



6/

038359

No. 6888/535

~~NEWFOUNDLAND CONTINGENT~~

N.F.P. /70.

From  
Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

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

~~Subject:~~ 4th May 191 8

May 5<sup>th</sup> 191 8.

Subject: 4141, Pte. J. Davis

Receipt hereunder.

With reference to the following telegram (3922) from the Hon. Minister of Militia, received 1 / 5/18

*Chambers*  
LIEUT. COLONEL,  
OFFICER COMMANDING  
2ND BN. ROYAL NEWFOUNDLAND REGT.  
1st Newfoundland Regiment

Pay to 4141 Davis £4:0:0

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

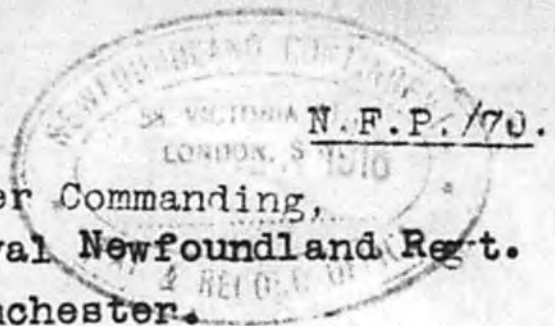
Draft £ 4:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*J. B. Anderson*  
Chief Paymaster & O. i/c Records.

J. Davis  
No. 4141 Rank Pte

4027468



No. 4654/840

NEWFOUNDLAND CONTINGENT

From Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
2/Bn Royal Newfoundland Reg't.  
Winchester.

~~Subject:~~ 25th March 1918

29/3/18 191

Subject: 4141, Pte. J. Davies *le.*

With reference to the following telegram (2766) from the Hon. Minister of Militia, received 24/3/18

Receipt hereunder.  
*Cham*  
LIEUT. COLONEL,  
OFFICER COMMANDING 2ND BR. ROYAL NEWFOUNDLAND REG'T.  
1st Newfoundland Regiment

Pay to 4141, Pte. J. Davies £4,

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

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

J. Davis  
No. 11111 Rank Pte

Chief Paymaster & O. i/c Records.

1.4.8  
12/6

No. 1111 Rank LT Name Davis J

Pay	F.A.	W.R.	Total	J.P.P./55
110	10		110	
Less Allowment			50	<i>W.R.</i>
New Rate			60	

DEBITS	Date	£ s d			CREDITS	Period		Rate	Days	Total	Total
						From	To				
Balance					Balance	20/12/18				151	80
Acquittance Rolls		10	18	1	Pay @ Net Rate	21/12/18	12/1/19	60	67	80	13 18 70
Hospital Advances					R allee						1 4 6
A.B. 64 <sup>100</sup> francs		3	9	0							<del>30-4-9</del>
P. & R.O. Payments		3	3	9		12/1/19	14/1/19	60	1	20	4 11
<i>Ref. A.S. 4</i>				11							30-9-8
		14	8	10	<del>Or bat #15-11</del>						
<i>W.R.</i> Cash Receipt 1997	12/19	15	15	0		15/1/19	26/1/19	60	7	20	5 6
		30	3	10	<del>#0-5-10</del>						31-15-2
12-4-19 Cash R. 2011	14/19		5	0	<del>Or bat #1-6-11</del>						
Cash R. 2045	17/19	1	6	4							
Cash R. 2093	21/19	1	0	0							

*W.R.*

12-4-19

GENERAL LEDGER

No. of pages

✓  
Davis, J

4141

Ray sept.

2

July 7, 1919

#4141 Pte. Jacob Davis,

Bonavista.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2742.

Yours truly

Captain  
Paymaster & O.S./c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4141 Rank Private Name Davis Jacob  
 Intended place of residence Blairstown  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A.I.

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

### Eligible for War Service Gratiuity

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 9 1919  
 for Mr. Leat Comanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S JUN 9 1919  
 Signature of soldier J. Davis  
 Signature of witness A. Blairstown

### 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 9 1919  
 Signature of soldier J. Davis  
 Signature of witness W. Featoy

### STATEMENT OF SERVICE

7. Enlisted for service 19-11-19 No of days on Milita<sup>y</sup>  
 Discharged from service JUN 23 1919 Plus 14 day Service 596

### 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 JUN 23 1919  
R.H. Leat Capt Officer i/c Records  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St. John's Nfld Date July 7/1919  
Mr. Howley Capt Officer i/c Records  
 The Royal Newfoundland Regiment

A.F. B7079/2742



# The Royal Newfoundland Regiment

Class for Demobilization:

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*7.6.19*

Regimental No *4141*

Name *Patric*

*Jacob*

Rank

*Plt*

Address

*St. John's*

Present Medical Category

*A-1*

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*Ret Lt Col Capt*

O.C. Discharge Depot.

*Paterson*

Senior Medical Officer

*W. Burden*

M. O. Depot

UNCLASSIFIED 16W 101 21/10/19

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 41671 Rank Pte Name Darius Jacob  
 Date of Enlistment 19-11-17 Address Bonanza St. District Bonanza St.  
 Occupation Fisherman Classification for Discharge F Medical Category A.T.  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
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 7-6-19 .....

O. C. Discharge Depot. [Signature]

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

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. [Signature]

Date 9-6-19 .....

O. i/c. Re-clothing. [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 77.1012 to his home at Blonertown and Release Certificate No. 2480 issued.

Date 9-6-19

*J.A. Snowball*  
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 .....

Date 9-6-19

*J.H. [unclear]*  
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	/
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	2 Form B
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 9-6-19

*J.A. Snowball*  
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

JUN 23 1919

*R.H. [unclear]*

Date .....

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

J Davis  
Signature of Man.

Reg. No. 4141

J A Snow Capt.  
Signature of the Vocational Officer or his Representative.

Place St Johns

Date JUN 9 1919

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**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland Land.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4161* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Davis J.* (Surname) *J.* (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday *23*
6. Posted for duty on *19. 11. 17.* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

*Complains of pain in the eyes*

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service.. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

na  
 He complains of pain and weakness of eyes, receiving attention re same.

16. Was an operation performed? If so, when and what was its nature? na

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*W. J. Premier*  
 Medical Officer in charge of case. *Capt Home*

Station *Hazeley Camp*

Date *29. 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



## 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 *Davis Jacob.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2141.*

Intended address *Bonavista*

Height on discharge *5* Feet *6.*

Color of hair on discharge *Brown.*

Complexion *Fair.*

Color of eyes *Grey.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Med*

Christian name of Father *Hedley.*

Christian name of Mother *Anner.*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Bonavista, Aug 30, 1896.*

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) *Jacob Davis* (Rank) *Plt.*

Station **ST. JOHN'S.** Date *3-6-19*

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 \_\_\_\_\_



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

# MEDICAL HISTORY

OF

Surname Davis Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish Alexander Bay B.B. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	19th day of Nov 1917	St Johns	day of	191
Declared Age	21 years	2 Mos	years	days
Trade or Occupation	Fisherman			
Height	5 feet	6 inches	feet	inches
Weight	121 lbs.			lbs.
Chest Measurement	35 inches			inches
	4 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	2 Leas		
When Vaccinated				
Vision	R.E.—V= $\frac{6}{2}$		R.E.—V=	
	L.E.—V= $\frac{6}{2}$		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamont Paterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	St Johns	at	
	on	19 day of Nov 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Regt Regt</u>			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				





The Royal Wld. Regiment

DEMOBILIZATION

No. 4141 Rank \_\_\_\_\_

Name Davis J \_\_\_\_\_

Warned for demobilization on

JUN 8 1919

July 8, 1919

#4141 Pte. Jacob Davis,

Glovertown, B.B.

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 & U.I/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Jacob* ..... 2. Surname *Davis* .....

3. Rank *Pvt* ..... 4. Regtl. No. *4141* .....

5. Address in full to which future payments of gratuity are to be forwarded.....

*Glovertown, B. B.* .....

6. Date of enlistment in the Regiment..... *Nov. 19, 1917* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Nov. 19, 1917* .....

*To June 7/19* ..... *1 1/2* .....

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

..... *No* .....

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

..... *No* .....

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

16. Have you, during the present war, served in the Imperial Forces. .... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

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

19. Are you now serving in the Regt.?..... *No* ..... If not give? - (a) date of discharge, *June 9/19*..... (b) Reason for discharge.....

..... *Temporary* ..... *Demobilization* .....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....

*France, Belgium & Germany - From May 3/18 to April, 1919 -*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No* .....

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

Signature of Applicant: *J Davis*  
 Place of Residence: *Glovertown, P.B.*  
 Declared before me at: *St Johns, Nfld.*  
 This *9th* day of *June* 19*19*  
*John M. Carthy*

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

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

FORM K

No 3786



### 1ST. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, Jacob Davis, Regl. No. 4141  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
    Dollars and 50 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz :

Allotment begins December 1/7

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3207	Mother	Westerley (Anna) Davis	Alex Bay		50
Total Allotment, \$					50

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

Sig.) [Signature]  
 Officer Commanding  
  Company  
[Signature]  
Nov 19 1917

(S) Jacob Davis  
 (Rank) Pte

C.R.

Glovertown

Oct 1 - 10 + 19

4141

Payments

Dear Sir I would like to know weather I am entitled to this General Service Riband. that is being issued. I served fifteen months with the first Battalion in France. also if I am entitled to a discharge badge I would like to get it. if I am entitled either one of them would you be so kind to send them to me. I am

Yours Obedient J Davis  
 My address Jacob Davis  
 Glovertown  
 Bona Vista Bay

4141



**Casualty Form - Active Service.**

**C.R.**

Regiment or Corps *1st Royal Newfoundland*

Rank *Pte* Surname *Davis* Christian Name *Jacob*

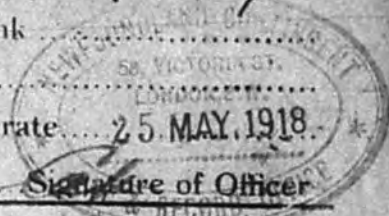
Religion *Meth* Age on Enlistment *21* years *2* months

Enlisted (a) *19. 11. 17* Terms of Service (ii) *Duration* Service reckons from (a) *19. 11. 17*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended  Re-engaged  Qualification (b) .....  
or Corps Trade and rate *25 MAY 1918*

Occupation *Fisherman* Signature of Officer *P. M. Evers*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, 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.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked <i>25-5-18</i>			
		Disembarked <i>27-5-18</i>			
		Joined Battalion <i>31-5-18</i>			
	<i>1918 L.P. Base Dep</i>	<i>Lt. Squads. Post C. Company, Coy. 10, Com</i>		<i>1918</i>	<i>bus</i>
		<i>Leave to NT 1/4/19 to 1/4/19</i>			

*Int*

(4) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(5) Signaller, Shipping Smith, & Co. W. 6035 112733 20/200 9/17 (35611), C. P. & S. Ltd., Form B./103 E/1907. P.T.O.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 8116

Regiment of 1<sup>st</sup> Newfoundland.

Signature of O. C. Company W. J. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Davis Jacob</i>	Age on	21 years 2 months	<i>Fisherman</i>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<i>St. Johns</i>	<i>M. M. [Signature]</i>	
Joined		Date	<i>19-11-17</i>	Place of Birth	
Joined		Date	Period of	with Colours 231 years.	with Reserve 365 years.

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. Johns, 7/19</i>					

To be carried over

# The Royal Newfoundland Regiment 4141

## DEMOBILIZATION OF

Reg. No. 4141 Rank Pte Name Davis Jacob  
 Date of Enlistment 19-11-17 Address Bonanza District Konamist  
 Occupation Fisherman Classification for Discharge F Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
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 4-6-19

O. C. Discharge Depot. *[Signature]*

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

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 knock cap

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1615 to his home at Beovertown and Release Certificate No. 2480 issued.

Date 9-6-19 J.A. Brown Capt  
Demobilization Officer

4. Pay and Allowances.

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

Date 9-1-19 J.A. Brown Capt  
Depot Paymaster.

Discharge approved for. 13-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
F 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
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 9-6-19 J.A. Brown Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 23 1919 R.H. Sait Capt.  
O. C. Discharge Depot.

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

Date June 14/1919 Jamel Nath 2/K  
for O.C. Records

Reg. No. *4141.* Rank *1st Lt.* Name *David J.*

Attested ..... Address *Alexander Bay.*

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

Date of Allotment..... Returned from Overseas *29. 1. 19.*

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

*8-6-19*  
*23-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

DISCHARGE APPROVED BY DEMOBILIZATION