



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5485 Name Dormal Dawe Corps Cof C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Dormal Dawe
- 2. What is your full Address? 2. Seldom Come Bay.
- 3. Are you a British Subject? 3. 19 Years Months
- 4. What is your age? 4. fisherman
- 5. What is your Trade or Calling? 5. no
- 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. Yes
- 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? Yes.

I, Dormal Dawe 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.

Dormal Dawe SIGNATURE OF RECRUIT.
Pte R. Power Signature of Witness.

27/5/18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Dormal Dawe 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 27 day of May 1918
Signature of Attesting Officer Chaplain

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 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Dormal Dawe

Apparent age 19 years months. Height 5 feet 6 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Dawe
Seldom Come By | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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

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

" " Pensions " [" "] \ " " "



6384

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5485 Name Dormal Dawe Corps Cof C.

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Dormal Dawe
- 2. What is your full Address? 2. Seldom Come By.
- 3. Are you a British Subject? 3.
- 4. What is your age? 4. 19 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 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, Dormal Dawe 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.

Dorman Dawe SIGNATURE OF RECRUIT.

Pte R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Dormal Dawe 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 27 day of May 1918

Signature of Attesting Officer CRDicks 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 compiled with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

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

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT - 63845485

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

Name: Dormal Dawe
 Apparent age: 19 years months. Height: 5 feet 5 inches
 Chest Measurement { Girth when fully expanded: 35 inches
 Range of expansion: 3 inches
 Distinctive marks:

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin: Samuel Dawe
Seldom Come By. | Relationship: Father
 Particulars as to Marriage

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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>27-5-18</u>									
Joined at <u>St John's</u> on <u>Nov 27-1918</u>									
<u>Discharged St John's Dec 19/1918</u>									
<u>Embarked St John's S.S. Costa Rica to Halifax N.S. 22-7-18</u>									
<u>to Newfoundland for demobilization 12-11-18</u>									
<u>Arrived Newfoundland 29-11-18</u>									
<u>Discharged medically Dept 19-12-18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 19-12-1918 (date of discharge) years 207 days
 " " Pensions " [" "] " " "

D. Dawe

C.R.

5485

~~1490~~

C.R. 5485

Extract from Daily Orders part 11, from Unit
The Royal Nfld. Regt. St. John's dated May 29, 1918

#5485 Pte. D. Dawe.

Attested for General Service with the Royal Nfld
Regt. from May 27, 1918

C.R. 5-4 85

Extract from Medical Board held on Monday Dec. 2nd, 1912.

5485 Pte. D. Dawe.

Recommended Discharge as permanently Unfit.

M.M.

15485

COPY

January 30th, 1919

Officer Commanding,
Discharge Depot
Headquarters

Sir;

The undermentioned man has been discharged
as medically unfit on 19-1-18. Kindly note and
post in D.O. Pt. II.

I have etc.

(sgnd(J.M. HOWLEY, Capt.

Paymaster etc.

5485 Pte. Norman Dawe

Dec. 3rd, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5485 Pte. D. Dawe
5046 " J.S. Smith

The marginally noted men have been recommended for discharge as permanently unfit by Medical Board held Monday, December 2nd.

I am sending them herewith for your attention and necessary action, please.

AWC

C.R. 5485

Seldom L. By
Oct 16/19

Dear Sir

As it is impossible
for me to get to St.
Johns I would like
for you to forward
me the Service War
Ribbon
and oblige yours

Truly
D 485 D Dawg

~~4585~~
C.R. 5485

Extract from Casualties received from Pay and Record Office
London dated 13th., Nov. 1918.

Nominal Roll of repatriation draft No. 77 which embarked
at Tilbury Docks, London 12/11/18.

5485
~~#4505~~ Pte. D. Dawe

C.R. 5485

Extract from Daily Orders part II, Depot St. Jhon's dated Jan 31/1919.

5485 Pte. Norman Dawe.

Having been found medically unfit is discharges from Dec. 19/¹⁹¹⁸~~1919~~

C.R. 5485

Extract from Daily Orders part 11, Depot. St. John's
dated ~~Dec.~~ Nov. 30th., 1918.

The undernoted returned from Overseas and reported at
depot. 29-11-18.

5485

4495 Pte. D. Dawe.

C.R. 5485

Extract from Telegram from Synoptical, dated Nov. 13th., 1918

#5485 Dawe.

Teh above mentioned embarked by Government Transport
Nov. 12th., for St. John N.B.

DOCUMENTS BY CARTY. BEING SENT HOME FOR DISCHARGE?

BG

C.R. 5485

Extract from Telegram from Synéptical, dated Nov. 13th., 1918

#5485 Dawe.

Ten above mentioned embarked by Government Transport
Nov. 13th., for St. John N.B.

DOCUMENTS BY CARTY. BEING SENT HOME FOR DISCHARGE?

Bq

Reg. No. 1489 Rank Pte Name Sauer, S.
Attested Address Seldom Come Bye
Allotment..... Allottee
Date of Allotment..... Returned from Overseas 28 11 18
Embarked for Overseas Cause Discharge

7 11 18 6 11 - Dis - Per unfit

19. 12 18. Discharged medically unfit

C.R. 5485

Extract from Nominal Roll Embarked London for Overseas,
Nov. 18th, 1918. Major Garty, Conducting Officer.

Being sent home for discharge.

5485 Dawe D, Pte.

MI.

C.R. 5485

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

The following man embarked ~~at St. John's~~ for overseas on H.M.S.
"Columbella" July 22, 1918.

#5485 Pte. Donald Dawe.

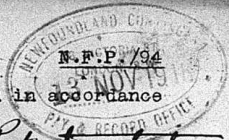
Lowe, L

5485

Ray Dept.

LAST PAY CERTIFICATE

Posted



To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5485 Rank Private Name Dave D Unit 5/10 Newfoundland who was Repatented to Newfoundland on 12/11/18 Authority Part II orders Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS					CR.				
	£	s	£	s	d	£	s	£	s	d
PERIOD: From 26/10/18 to 12/11/18	Balance Dr. from					Balance Cr. from				
	Allotment 18 days @ 60					Pay 18 days @ \$ 100 ^{18 00}				
	Cash Payments:					Field Allowance 18 days @ \$ 100 ^{18 00}				
						Other Allowances days @ \$				
	Other Debits:					Other Credits:				
						Total Credits				
	Total Debits					Balance due to Paymaster				
	Balance due by Paymaster									

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hazel Down Camp
 (Place) Wynchester (Date) 20/12 1918 W. Long Capt
 O.C. "4" Company.

Made up/checked in accordance with information received in the Pay & Record Office _____ to _____ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, _____
 Chief Paymaster & Officer in Charge Records.

January 30th., 1919

#5485 Pte. Norman Dawe,

Seldom-Come-Bye.

D

Dear Sir:

Please find enclosed "Discharge
Certificate No .131."

Yours faithfully

Captain,
Paymaster & Q.i-c Records

Enc^d 1 1.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Dorman Dawe, Regl. No. 5485

hereby agree, until further notification by me, and in similar official form to make an Allotment of

Sixty 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, 1914

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4392	Father	Samuel Dawe	Seldom Cove St. John's ⁷⁸⁵⁰	60
Total Allotment, £				60

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. Watson Prind
Officer Commanding
E. Company

(Sig.) Dorman Dawe
(Rank) Pte

St. John's
June 13th 1914

9604

Seldom home by

Jan 20 / 1920

Dear Sir

I thought it my duty to inform you that I was under war colours 207 days and served part of my time over seas

I was discharged December 19th 1918 and havent received any gratuity money so far

When I was examined in the Militia department I understood that there was three payments due me so I would like for you to forward to me if

possible as I am no
longer physically fit
for war service
My last payment I
received was sixty dollars
for to replace a suit
of civilian clothes
Kindly oblige me by
doing so

5485 D Dawg.

==

AM.
please

Forwarded by today
2/10/20

2/3/20

March 4, 1920

Pte. H. Dawe
Seldom Come Bye.

Dear Sir:

I enclose cheque for
\$210.00 balance of War Service Gratuity due
you.

Yours truly,

Major
Paymaster

LM-
Enc.

Dec 1919

4320

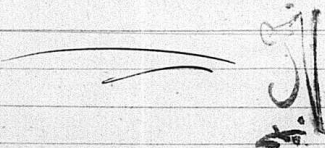
Seldom Home Page
May 12/19

Dear Sir
As I Received my
Discharge just a few
weeks ago
I would like for you
to forward me the sixty
dollars that are due me
towards a suit of
civilian clothes
and oblige me by
doing so

yours truly

Dorman Dawe

No 5485



April 5, 1919

#5485, Pte. D. Dawe,
Seldom Come Bye,

I enclose cheque for \$65.45 , amount
due you on account of Clothing Allowance.

Capt.
Paymaster.

57

O. K.
for ^{your} ~~brother~~

Seldom home Bye
April 13/21

Dear Sir

As I survived a number of
months in the Royal Wfld Regt
and was over seas and was
discharged being no longer
physically fit for war service
and didnt receive any badg
I thought I would drop you
a few lines

To see if you would forward
it to me
and oblige me by doing so
yours truly

5486 Norman Dawg
Seldom home Bye

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$210⁰⁰

Mar 2, 1925

Received from the First Newfoundland Regiment
the sum of two hundred ⁰⁰ Dollars.

~~an account~~
balance of Pay. W.S.G.

Ch. No. 30943	Initials J.W.
Pay Ledger 392	Initials W.S.G.
Gen. Ledger	Initials

Regtl. No. Rank

W.S.G.

No. 5485

Rank

Pt

Name

J. Dawe

Seldom Come by

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 65 ⁴⁵/_x

April
~~Mar 29~~ 1919

Received from the First Newfoundland Regiment
the sum of Sixty Five ⁴⁵/_x Dollars.
on account of Pay.
balance

[Handwritten signature]

Ch. No.	14942	Initials	<i>[Signature]</i>
Pay Ledger	416	Initials	<i>[Signature]</i>
Gen. Ledger		Initials	

Regtl. No. Rank

No. 3483

Rank

06

Name

Dave. D

Proceedings on Discharge.

6384

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 5485 Army Rank Pvt

Name Sawo Norman
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c. _____
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be specified.)

Date of discharge December 19th 1918.

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.		Descriptive marks.
Age	<u>19</u> years <u>7</u> months	
Height	<u>5</u> feet <u>5</u> inches	
Chest measurement	girth when fully expanded _____ ins.	
	range of expansion _____ ins.	
Complexion	<u>fair</u>	
Eyes	<u>blue</u>	
Hair	<u>brown</u>	
Trade	<u>Fireman</u>	
Intended place of residence (To be given as fully as practicable)	<u>Belton Lane R.F. 2000.</u>	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being no longer physically fit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—

4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

A.A.B. 2079/131

To be filled in on the soldier quitting the Colours.

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 Regt.*
2. Regtl. No. *2488* 3. Rank..... *Pvt*
4. Name *DAWE* *Dorman*
(Surname) (Christian Names)
5. Age last birthday... *19 yrs.*
6. Posted for duty on *27 May 1918* at *St. Sophia's*
in category (or grade).....
7. Former Trade } *Ironworker*
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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. 10c. If no disability enter "nil."

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.

Persistent vomiting.
19 yrs.
Seldom came by
He states during the last two years
he has been persistent vomiting
at least once a day, on many days often.
Since joining the depot he has been just as mentioned, he has been
on Bismuth he gets meals, without avail; was sent to hospital, then
he was under observation for 37 days; and was discharged for purpose of
proceeding to Woodroworth for a Bismuth meal. There being no
accommodation for any likelihood in the near future he is being
retained.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | no | yes |
| (ii.) Previous active service | no | |
| (iii.) Climate in pre-war service | no | |
| (iv.) Ordinary military service before the war | no | |
| (v.) Serious negligence or misconduct on the man's part. | no | |

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

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.) without medicinal pain.

1 lb. weight in a fortnight.

unfit for further military service.

He vomits after nearly every meal, sometime with some stiffness. He has had no tenderness over abdomen.

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

no

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

no

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.

Discharge as permanently unfit for further military service.

Station *Hazley Down Woodstock*

Date *2-11-18*

W. K. 1
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

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 57485.....

Rank. Pvt.....

Name. Leanne Leeman.....
(Surname) (Christian Names)

Unit and Corps Regiment.....

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

England

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

The disease that I complain of to my knowledge started about 2 years ago and seems to be growing worse every day.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Hazleydown Hosp. 21 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates.

~~None~~
yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

None

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Listman

- (b) What was your trade before joining the Army?

So

(To be checked by A.F.B.64 or A.F.B.102.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hazleydown*

Signed (Soldier)

Lawrence Soeman

Date *5-11-18*

Signed

R. G. Woods

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W.3.

Name *Donald Norman* Reg'l. No. *5485* Rank *Plt.* Unit and Corps *Royal W. H. Co.*
(Surname) (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering.. ..

2. What is the present condition of such disability or disabilities?

Persistent vomiting

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

- (a) Sanatorium or other institution for tuberculosis
 (b) Hospital, and if so, what class?
 (c) Convalescent Home
 (d) Asylum, or
 (e) Other institution
 (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the existing disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station *Wagleydown* Members.
 Date *5-11-18*

Approved.

Station

Officer in charge, Central Hospital.

Date

(P.T.O.)

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

MEDICAL HISTORY

OF

Surname

Dance

Christian Name

Dornel

6384

Table I.—GENERAL TABLE.

Birthplace:—Parish

Seldom Cove St. John's

County

Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>17th</i>	<i>May</i> 191 <i>8</i>		191
Declared Age	<i>19</i> years	<i>1</i> days	years	days
Trade or Occupation	<i>fisherman</i>			
Height	<i>5</i> feet	<i>5</i> inches	feet	inches
Weight	<i>120</i> lbs.			lbs.
Chest Measure	Girth when fully expanded		inches	
	Range of Expansion		inches	
Physical Development	Right	Left	Right	Left
	<i>[Diagrams]</i>			
When Vaccinated	<i>6/6 6/6</i>			
Vision	R. E.—V= L. E.—V=	<i>6/6 6/6</i>	R. E.—V= L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>L. Lambert</i>			
(Rank)	<i>Major</i>			
Enlisted	at	<i>Sydney</i>	at	
Joined on Enlistment	on	<i>17th</i> day of <i>May</i> 191 <i>8</i>	on	day of 191
Transferred to	Corps	<i>Regiment</i>	Corps	Regtl. No.
Became non-effective by	on	day of 191	on	day of 191

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazeley Down	3	10	18	24	10	18	Persistent vomiting	21	P. vomits after nearly every meal, but has very little pain. Has lost 1 lb wt. during last fortnight. Discharged to unit pending transfer to 3 rd London Gen H.	<p><i>B. J. M. W. G.</i></p> <p>CAPT., R. A. M. C.</p>

Medical Report on an Invalid.

Station HAZELEY DOWN, WINCHESTER.Date 5-11-18.

- | | |
|--|---|
| 1. Unit ROYAL NEWFOUNDLAND
2. Regimental No. 5485
3. Rank Private
4. Name DAWE, DOHMAN
5. Age last birthday 19 years
6. Enlisted { on 27/5/18.
at St. John's | 7. Former Trade } Fisherman
or Occupation }
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).

PERSISTENT VOMITING

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. **Two years ago.**
10. Place of origin of disability. **Seldom-come-by.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that during the last two years he has been persistently vomiting at least once a day and many days oftener. Since joining the Depot, this has been just as marked. He has been on Bismuth before meals without avail. Was sent to Hospital, where was under observation for 21 days, and was discharged for the purpose of proceeding to Wandsworth for Bismuth meal. Having no accommodation, nor any likelihood in the near future, he is being repatriated.**
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). **Aggravated by service during the present war.**
- (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. **(Disability acquired prior to enlistment).**

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 vomits after nearly every meal sometimes with, sometimes without, preliminary pain. He has lost one pound weight in a fortnight. No tenderness over abdomen. Unfit for further military service.

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? **No**

17. If not, was an operation advised and declined? **No**

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? **N.A.**

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. **N.A.**

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

Discharge as Permanently Unfit for further military service.

(Sgd) J. St.P. KNIGHT, Capt. R.N.R.

Officer in medical charge of case.

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

Station HAZELTLY DOWN, WINCHESTER

Date 5-11-18.

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.

Opinion of the Medical Board.

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

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

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

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

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

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

(i.) Service during the present war; **No**

(ii.) Climate;

(iii.) Ordinary military service;

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

(v.) Whether it is constitutional or hereditary.

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

Has long uvula touching back of tongue

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

23. Is the disability permanent?

Temporary

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

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

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

**Total Disability NIL
Pensionable Disability NIL**

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

Claims that poor food in Army aggravated the condition

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

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

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

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

Signatures:—

(Sgd) **N. S. FRASER** President.

Station **St. John's,**

J. SINCLAIR TAIT

Date **Dec. 2nd., 1918**

L. PATERSON, Major

Members.

APPROVED BY THE DIRECTOR OF MEDICAL SERVICES

Station **DEC 2 1918**

(Sgd) **CLUNY MACPHERSON, Major** D. M. S. NEWFOUNDLAND.

Date

Administrative Medical Officer.

No.

NEWFOUNDLAND.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 5485 Army Rank PLT

Name Hawthorn
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps ROYAL NEWFOUNDLAND REGIMENT.

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age _____ years _____ months
 Height _____ feet _____ inches
 Chest measurement { girth when fully expanded _____ ins.
 { range of expansion _____ ins.
 Complexion _____
 Eyes _____
 Hair _____
 Trade _____
 Intended place of residence { _____
 (To be given as fully as practicable) { _____

Descriptive marks.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— _____

4. Character awarded in accordance with King's Regulations:— _____

To be filled in on the soldier quitting the Colours.

COPIES SENT		
TO	NO.	DATE
M. OF M.		
O.C. 1ST. BN.		
" 2ND. BN.		

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to* _____

COPY

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178 to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Howe Christian Name Wesmond

TABLE I—GENERAL TABLE.

Birthplace ... Parish Saldon Lane By County Hyld
Examined ... { on 27th day of May 1918
at St. John's

Declared Age ... 19 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 5 inches.

Weight ... 120 lbs.

Chest Measurement { Girth when fully Expanded 35 inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number / /

When Vaccinated ...

Vision ... { R.E.—V= 6/6
L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Lamont Patterson
(Rank) Major Medical Officer.

Enlisted ... { at St. John's
on 27th day of May 1918

Corps.	Regtl. No.
<u>Royal Fusiliers</u>	<u>5485</u>
<u>Regt.</u>	

Became non-effective by ...
on ... day of ... 191 ...

(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Hambley Roward</i>	<i>03</i>	<i>10</i>	<i>18</i>	<i>24</i>	<i>10</i>	<i>18</i>	<i>Persistent Vomiting</i>	<i>21</i>	<i>Pt. vomits after nearly every meal, but has very little pain. Has lost 1 lb wt. during last fortnight. Discharged to unit pending transfer to 3rd London Genl Hosp</i>	<i>C. St. A. Vivian Capt. R. H. M. O.</i>

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
28-5-18	Vacc. I.P.
13-6-18	T.A.B. I.P.
4-7-18	T.A.B. I.P.
11-7-18	T.A.B. I.P.
	3
5-11-18	Boarded at Hazelby Board Camp Persistent Vomiting Marked E Category (Authority 1st of 1st letter) J. St. P. Knight Capt. W. T. Telford Regt.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179a, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 5485

Rank Pvt

Name Flavor Norman
(Surname) (Christian Names)

Unit and Corps } 1st Inf

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

England

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

The disease that I complain of to my knowledge started about 2 years ago and seems to be growing worse every day.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

Hampley Naval Hosp.

21 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

yes

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

none

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Fisherman

- (b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hampley Naval*.....

Signed (Soldier) *David D. ...*

Date *5-11-78*.....

Signed *T.B.J. W. ...*.....

COPY.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name *Alward* *Alward* Regtl. No. *5118* *Ranb* *1118* Unit and Corps *Royal Tfld*
(Surname) (Christian Names)

1. State the nature of the disability or disabilities from which this man is suffering.

2. What is the present condition of such disability or disabilities?

Persistent Vomiting

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

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the remaining disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis
- (b) Hospital, and if so, what class?
- (c) Convalescent Home
- (d) Asylum, or
- (e) Other institution
- (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?

4. With reference to Army Council Instructions, is any surgical appliance recommended?

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable

Signature President.

Station *Royal Tfld* }
Date *5-11-18* } Members.

Approved.

Station Officer in charge, Central Hospital.

Date

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full **DAWE, DORMAN**
 Regiment from which discharged **ROYAL NEWFOUNDLAND**
 Regimental Number **4188 5485**
 Where born (Parish, Town and County), and when **Seldom-come-by. May 2nd 1899.**
 Intended address **Seldom-come-by.**

Height on discharge **Feet** **Inches**
 Colour of Hair on discharge **Brown** Colour of Eyes **Blue**
 Descriptive marks **Complexion** **Fair**

Figure on discharge
 Christian name of Father **Samuel**
 Christian name of Mother **Emma**

Wife's Maiden name in full

Date and Place of Marriage

Christian names of Children

Nature and locality of civil employment desired **(Fisherman before enlistment)**

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) **DAWE, DORMAN**

(Rank) **Pte.**

Station **HAZELEY DOWN, WINCHESTER**

Date **5/11/18.**

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.

Station

Date

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
				India		
				S. Africa		
Disallowed			
Service towards Pension			
Date inclusive to which pay has been issued	Sum due on account } of advance of pension }					
Sums due on account of public debts ...						

Rank on Discharge

Character (as on Certificate of discharge)

Where born, and on what date

Date and Place of first Enlistment

Trade on Enlistment

Cause of Discharge

Number of G.C. Badges

Medals

Wounds, and Actions in which received

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station

Officer in Charge

Date

Records.

Medical Report on an Invalid.Station HAZELEY DOWN, WINCHESTER.Date 5-11-18,

- | | | | |
|----------------------|---------------------------|--|------------------|
| 1. Unit | ROYAL NEWFOUNDLAND | 7. Former Trade }
or Occupation } | Fisherman |
| 2. Regimental No. | 5485 | 7A. If with previous service in Army, state— | |
| 3. Rank | Private | (a) Former Unit; | |
| 4. Name | DAWE, DORMAN | (b) Regimental No.; | |
| 5. Age last birthday | 19 years | (c) Date of Discharge; | |
| 6. Enlisted { | 27/5/18. | (d) Cause of Discharge. | |
| at | St. John's | | |

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).***PERSISTENT VOMITING****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. **Two years ago.**
10. Place of origin of disability. **Seldom-come-by.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that during the last two years he has been persistently vomiting at least once a day and many days oftener. Since joining the Depot, this has been just as marked. He has been on Bismuth before meals without avail. Was sent to Hospital, where was under observation for 21 days, and was discharged for the purpose of proceeding to Wandsworth for Bismuth meal. Having no accommodation, nor any likelihood in the near future, he is being repatriated.**

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.

Aggravated by service during the present war.

(Disability acquired prior to enlistment).

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 vomits after nearly every meal sometimes with, sometimes without preliminary pain. He has lost one pound weight in a fortnight. No tenderness over abdomen. Unfit for further military service.

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?

No

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

No

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?

N.A.

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.

N.A.

20. Do you recommend—

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

Discharge as Permanently Unfit for further military service.

(Sgd) J. St.P. KNIGHT, Capt. R.N.R.

Officer in medical charge of case.

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

Station **HAZELEY DOWN, WINCHESTER**

Officer in charge of Hospital.

Date **5-11-18.**

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

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

Opinion of the Medical Board.

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

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

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

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

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

1. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war; **No**
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it? **Has long uvula touching back of tongue**
22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which? **Temporary**
23. Is the disability permanent?
24. If not permanent, how soon do the Board recommend re-examination?
25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?
- Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*
- Total Disability NIL**
Pensionable Disability NIL
26. If an operation was advised and declined, was the refusal unreasonable? **Claims that poor food in Army aggravated the condition**
27. Do the Board recommend—
- (a) Discharge as permanently unfit, or **Yes**
- (b) Change to England?
28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—
- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.
29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?
30. Does the man require the constant attendance of another person?

Signatures:—

(Sgd) N. S. FRASER President.

Station St. John's,

J. SINCLAIR TAIT

Date Dec. 2nd., 1918

L. PATERSON, Major } Members.

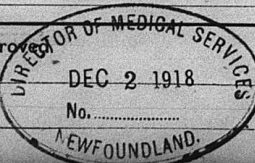
APPROVED BY THE DIRECTOR OF MEDICAL SERVICES

Station DEC 2 1918

(Sgd) CLUNY MACPHERSON, Major D. M. S. NEWFOUNDLAND

Date No.....

Administrative Medical Officer.



Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W, W.(T), P, or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART Soldier's Name Douglas Norman
(Surname) (Christian names in full)

A. Unit from which discharged Royal Newfoundlands
 Regimental Number 4485 Rank on discharge Plt. Age on discharge 19
 Married, widower with children, or single Single
 Occupation before enlistment Fisherman
 Special qualifications (if any) for }
 employment in civil life }
 Nature and locality of employment desired _____
 Full postal address to which } Seldon Come - Byes
 proceeding on discharge }
 Name of Approved Society (if any) _____

PART **B.** Period of service, and in what
 Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
			India		
			South Africa		

Disallowed

Service towards pension

PART **C.** Number of G.C. badges _____ medals _____

Wounds and actions in which received _____

PART **D.** Where born (parish, town and county), and date Seldon - Come - Byes May 2 1899
 Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair
 Christian name of father Samuel
 Christian name of mother Emma

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names
of children and
dates of birth

Date and place of 1st enlistment

St John's May 27th 18

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

Cpl. Dewt Dorman X

Rank

Pte.

Station

Hayley Down.

Date

3.11.18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para.

King's Regulations

or

Transferred to Class*

of the Reserve.

Strike out
whichever
is applicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Station

Officer i/c Records.

Date

191

* Insert P., or P.(T).

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name Dave Norman
(Surname) (Christian names in full)

A. Unit from which discharged Royal Newfoundland

Regimental Number 4485 Rank on discharge Plt. Age on discharge 19

Married, widower with children, or single single

Occupation before enlistment Fisherman

Special qualifications (if any) for employment in civil life } _____

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } Selden - Come - Byr.

Name of Approved Society (if any) _____

PART Nature of medical unfitness _____

B. _____

Service with Colours _____ years _____ days, of which _____ years

_____ days were served abroad during the present war.

Military character _____

Anything against the soldier to render his recommendation undesirable _____

Date of discharge _____ 191 ____.

Station _____

Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A. of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Report to the Employment Department, Ministry of Labour, on a Soldier's Discharge from a Central Hospital as physically unfit for further War Service under para. 392 (xvi.), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Director of the Employment Department, Ministry of Labour, 1, Queen Anne's Chambers, Westminster, London, S.W.1.

PART Soldier's Name Rose Corman
(Surname) (Christian names in full)

A. Unit from which discharged Royal Newfoundland
 Regimental Number 4485 Rank on discharge Pte. Age on discharge 19
 Married, widower with children, or single single
 Occupation before enlistment fisherman
 Special qualifications (if any) for }
 employment in civil life }
 Nature and locality of employment desired _____
 Full postal address to which } Seldom-Come-By's
 proceeding on discharge }
 Name of Approved Society (if any) _____

PART Nature of medical unfitness _____

B. Service with Colours _____ years _____ days, of which _____ years
 _____ days were served abroad during the present war.
 Military character _____
 Anything against the soldier to render his recommendation undesirable _____
 Date of discharge _____ 191____.
 Station _____
 Date _____ Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—As there is a representative of the Employment Department, Ministry of Labour, attached to each Discharge Centre, this Army Form is not to be sent to the Ministry of Labour, except in cases of discharge from Central Hospitals.

ORIGINAL.

LAST PAY CERTIFICATE



To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.
 Regt No. 5485 Rank Private Name Dave D Unit 2 1/2 R Newfoundland who was Repatriated
 to Newfoundland on 12/11/18 Authority Part II orders Cause

DR.

STATEMENT OF ACCOUNT

PERIOD:	PARTICULARS					PARTICULARS					CR.
	\$	£	s	d	\$	£	s	d			
From 26/10/18 To 22/11/18	Balance Dr. from					Balance Cr. from					
	Allotment 18 days @ 60	110	80	12	4	5	Pay 18 days @ \$100	118	00		
	Cash Payments:			1	4	0	Field Alice 18 days @ \$100	118	00	14	1
	Other Debits:						Other Alices days @ \$				
	Other Credits:										
	Total Debits			13	8	5	Total Credits			14	1
	Balance due by Paymaster			1	13	0	Balance due to Paymaster			14	1
				14	1	5				14	1

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

11 Coy Devon Corp
W. J. Wrench Nov 12 1918
 (Place) (Date)

W. J. Wrench
 O.C. "B" Company

in accordance with information received in the Pay & Record Office
 is therefore subject to amendment if and as may be found necessary.
 & Record Office, London,

OK/wm

W. J. Wrench
 Chief Paymaster & Officer i/c Records.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company C. P. Dickenson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No. <u>5485</u>	<u>Dorman Dawe</u>	Age on <u>19</u> years <u>11</u> months		<u>Fisherman</u>		
Joined _____	Date _____	Place and Date of Enlistment } <u>St Johns</u> <u>Nov 5-18.</u>		Religion		
Joined _____	Date _____			<u>CofE</u>		
Joined _____	Date _____	Period of } with Colours <u>207</u> years. with Reserve <u>365</u> years.		Place of Birth		
Joined _____	Date _____			<u>Seldou Come Bay</u>	<u>Ango West</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Medically unfit</u>	<u>St Johns</u>	<u>19¹²/₁₈</u>			

COPIES SENT		
To	No.	DATE
M. of M.		
O.C. 1st. Bn.		
" 2nd. Bn.		

Army Form B. 121.

To be carried over.

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:

I am going home for a rest & I hope to
be able to resume fishing.

Dorman Dawe

Dorman Dawe

Signature of Man.

W. H. McCall

Signature of the Vocational Officer or his Representative.

Reg. No. 5485

Place

A. Johns

Date

Dec. 3

191

F

OFFICE COPY.

LAST PAY CERTIFICATE



To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 5485 Rank Pte Name Dawe D Unit 2/1 R Newfoundland who was repatriated to Newfoundland on 12/11/18 Authority Part 4 orders Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	\$	d	£	s	d	PARTICULARS	\$	d	£	s	d	
PERIOD: From <u>26/10/18</u> to <u>12/11/18</u>	Balance Dr. from						Balance Cr. from						
	Allotment 18 days @ 60	10	80	2	4	5	Pay 18 days @ \$ 100 ^{18/18.10}						
	Cash Payments:			1	4	0	Field Allow 18 days @ \$ 100 ^{1.80}	119	80	1	4	5	
							Other Allowances days @ \$						
	Other Debits:						Other Credits:						
	Total Debits			13	8	5	Total Credits			14	1	5	
	Balance due by Paymaster			1	13	0	Balance due to Paymaster						
				14	1	5				14	1	5	

Copies sent to M J M
St John's N.F. 11/11/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

Hayden Down Camp Wynhete 26/10/18 1918
(Place) (Date)

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, O.C. "D" Company. to

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre, <i>Royal N F 20 Hazelton</i>	A.F. W. 3961B has been sent to The Officer i/c Records, <i>58 Victoria Road London</i>	A.F. W. 3961C has been sent to The Regimental Paymaster, <i>58 Victoria Road London</i>
--	--	---

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as* _____
- (d) Transfer to the Reserve
- (e) † Claims repatriation to *N F 20*

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *St Johns 27 May 18*
(Country) _____ (Place) _____
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____
- (vi) Names and addresses of two references who can verify the above particulars _____

No. *3485* Rank *Pte*

Name *James Seaman*
(Surname) _____ (Christian names in full) _____

Unit and Corps *Royal N F 20*

Authority *1794*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Hazelton*

Date *5-2-18* 1918 O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE 1.—† If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms.

In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W.3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to
O.C. Discharge Centre,

The Officer i/c Records,

A.F. W. 3961c has been sent to
The Regimental Paymaster,

*Royal N 7 I L
Hazelbydown*

*58 Victoria Road
London*

*58 Victoria Road
London*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
(b) Discharge as surplus to military requirements
(c) Discharge as*
(d) Transfer to the Reserve
(e)† Claims repatriation to N 7 I L

Strike out whichever inapplicable.
In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

(Country) N 7 I L (Place)

- (i) Where enlisted London 27 May 18
(ii) Date of arrival in United Kingdom
(iii) Port of arrival
(iv) Ship on which arrived
(v) Name of Shipping Line or Agent

(vi) Names and addresses of two references who can verify the above particulars

No. 5485 Rank Pvt

Name Dame Leonard
(Surname) (Christian names in full)

Unit and Corps Royal N 7 I L

Authority 13 1799

Station Hazelbydown

Date 5-5-18 1918 O.C.

* Insert cause other than under (a) or (b) above.

NOTE.—†If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

11 1914

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowance is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowance and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

Regimental Paymaster *Officer i/c Records* *O.C. Discharge Centre*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for :—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W, or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W, or W. (T), only" are to be inserted at (d).

- (i) Where enlisted _____ (Country) _____ (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. _____ Rank _____

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps _____

Authority _____

Army Form O. 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary, by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records, Station _____

Date _____ 191____ O.C. _____

Insert cause other than under (a) or (b) above

NOTE.—†In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms.

In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

P.T.O.

PART II.

Officer i/c Records

The soldier named in Part I. of this Army Form is:—

*(a) { Married or a
Widower }

Surjit

The following are the particulars, in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian names.

Christian Names (in full)	Sex	Dates of Birth

*(b) Unmarried or a widower } with the following dependants for
without children } whom an allowance is being paid:—

*(c) Unmarried and without dependants

*(d) The address of his family or dependants is

Selehwa home Bye 4724

This information and that of the children is to be extracted to A.F. W350 in cases where the soldier has been enrolled as an A.R.M.W.

Station _____
Date _____ 191____
Regimental Paymaster or Secretary T.F. Association.
* Strike out whichever inapplicable.

PART III.

(For use when applicable.)

The Secretary,
T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Station _____
Date _____ 191____
Regimental Paymaster.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station" and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name Samuel Seaman
(Surname) (Christian names in full)

Unit from which discharged Royal N Flk

Regimental Number 44850 Rank on discharge Plt Age on discharge 19

Married, widower with children, or single Single

Occupation before enlistment Fitter

Special qualifications (if any) for employment in civil life }
Nature and locality of employment desired }

Full postal address to which proceeding on discharge } Seldom home by

Name of Approved Society (if any)

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...	<u>Royal N Flk</u>		<u>180</u>	<u>India</u> <u>South Africa</u> <u>England</u>		<u>90</u>
Disallowed						
Service towards pension						

PART C.

Number of G.C. badges medals

Wounds and actions in which received

PART D.

Where born (parish, town and county), and date Seldom home by May 1899

Colour of hair on discharge Brown Colour of eyes Blue Complexion Fair

Christian name of father Samuel

Christian name of mother Emma

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and Part A. of Army Form W. 3463A and B are to be completed by the Officer i/c Hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

St Johns May 27 1918

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) *Leone Norman*

Station

Hazley Town

Rank

P/Lt

Date

5-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out whichever inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date

191

* Insert P., or P.(T).

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name WAVE LORMAN
(Surname) (Christian names in full)

A. Unit from which discharged Royal N.F.L.S.

Regimental Number 52485 Rank on discharge Pte Age on discharge 19

Married, widower with children, or single _____

Occupation before enlistment Fisherman

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } Selkirk Home Bldg.

Name of Approved Society (if any) _____

PART Nature of medical unfitness Persistent Vomiting

B. Service with Colours _____ years 180 days, of which ~~_____~~ years
90 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 5-11-18 1911

Station Hazleydown

Date 5-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463s can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

FORM K

Nº 4745



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Dorman Dawe , Regl. No. 5485

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 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4392	Father	Samuel Dawe	Seldom Creek Regt	60
Total Allotment, \$				60

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.) Swatson Print
Officer Commanding
E. Company
A. John
June 13th 1918

(S) Dorman Dawe
(Rank) Pt

FORM K

No. 4745

2004



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Dorman Dave*, Regl. No. *5445*

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 1st*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4392</i>	<i>Father</i>	<i>Samuel Dave</i>	<i>Seldom Crane Bay</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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.) *Swatson*
Officer Commanding
E. Company
St John
June 13th 191*5*

(S) *Dorman Dave*
(Rank) *Pte*