



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5733 Name Frank Dawe ~~Corps~~ C of E.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Frank Dawe
- 2. What is your full Address? 2. Long Pond Hk Main Dist
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 25 Years Months
- 5. What is your Trade or Calling? 5. Farmer
- 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, Frank 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.

Frank Dawe SIGNATURE OF RECRUIT.
Pte R Powe SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank 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 6 day of July 1918.

Signature of Attesting Officer R. Dickson

†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 13th July 1918 Place St John's } Approving Officer. Abatey

† 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

5733.

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

Name Frank Dawe
 Apparent age 25 years 0 months. Height 5 feet 3 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jane Dawe
Long Pond | Relationship Mother
241 Main Dist 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 Re-serve 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>6-7-1918</u> | | | | | | | | | |
| Joined at <u>St. Albans</u> on <u>July 6th 1918</u> | | | | | | | | | |
| <u>Discharged</u> <u>August 31 1919</u> | | | | | | | | | |
| <u>Embarked St. Albans S.S. Co. Cambelle to Halifax Oct 22 1918</u> | | | | | | | | | |
| <u>to Liverpool for demobilization 24-6-9.</u> | | | | | | | | | |
| <u>Arrived Liverpool 1-7-1919</u> | | | | | | | | | |
| <u>Demobilization St. Albans 3-8-1919</u> | | | | | | | | | |
| Total Service forfeited as above _____ | | | | | | | | | |
| Total Service towards Engagement to <u>3-8-1919</u> [date of discharge] <u>1</u> years <u>29</u> days | | | | | | | | | |
| Pensions _____ | | | | | | | | | |

Reg. No. 5733 Rank P6 Name Dawe Frank - 7 boy
Attested 6-7-18 Address Long Point
Allotment 50 Allottee Jane Dawe (Mother)
Date of Allotment 1-8-18 Returned from Overseas
Embarked for Overseas JUL 22 1918 Cause

7-7-18 Vacc

G.L. 13-7-18 to 15-8-18. R.L. 12-7-18

20-7-18 / 15th Nov

St. John's, July 3rd, 1919.

C.R. 5733

Extract from Daily Orders Regt. 9th Royal Nfld.

Regt. St. John's, July 3rd, 1919.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.

5733 Pte. S. Dawe.

Reported at Headquarters 1-7-19 on "Cassandra" which
sailed Glasgow June 24th, 1919.

St. John's, July 3rd, 1919.

Extract from Daily Orders Regt. 9th Royal Nfld.

Regt. St. John's, July 3rd, 1919.

C.R. 5753

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
3-8-19.

5733, Pte. J. Dawe.

C.R. 5733

Extract from Daily Orders part I¹, Unit the Royal Wfld
Regiment dated July 21st. 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by C. C. Discharge Depot on noted date.

#5733 Pte. F. Dawe.

20-7-19.

C.R. 5733

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

The following men embarked for transport on H.M.S.
"Columbella" July 22, 1918.

#5733 Pte. Frank Dawe.

C.R. 5733

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 9th, 1918.

#5733 Pte. Frank Dawe.

Attested for General Service with the Royal Nfld. Regt.
July 6, 1918

F. Davis

5733
C.R. ~~5733~~

1110

Lowe, A.

5733

Aug Sept.

August 4th 1919.

#5733, Pte. F. Dawe,
Long Pond, Hr. Main.

Dear Sir:

Enclosed please find Discharge Certificate
#3484.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1733 Rank. Pvt Name. James T. Gave
 Intended place of residence. Long Pond

2. Occupation Farmers
 Classification of soldier. E Medical Category. A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 18 1919

L. M. St.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date

6161 21 700

Frank Gave
 Signature of soldier

Alb. [unclear]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date

JUL 18 1919

Frank Gave
 Signature of soldier

James Sheehan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 6-7-18 No. of days on Military
 Discharged from service. JUL 20 1919 Plus 14 days Service. 394

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date

JUL 20 1919

A. R. Coyle Capt
 Officer in Charge
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date

August 3 1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

207 B 2079 / 3484

SEPARATION ALLOWANCE.

Claimant. *Jane Dawe*..... *Mother*
Frank Dawe
On account of *John Dawe*..... No. *5733*.. Rank. *Pres.*

Decision. *Refused*
Third single son of military age did
not enlist.

W. J. Rudell Lieut. Col.
M. Bowley Major

Date. *May 17/1920*

Instructions.....
.....
.....
.....

Frank
John Allotment of *50¢* per day payable to *Jane Dawe*
his mother from *1/8/1920* to *2/9/19*
60¢

Discontinued on account of *being discharged.*

Baptism Cert. for *Andrew*
Marriage Cert. for *Andrew* } returned
Do for *Albert*

L. C. Summary

26/7/20

R

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

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

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

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

- (1) Name in full of soldier *Frank Dune* Rank *Plt* Reg't or Unit *Mtd.* Reg't No. *5753*
John Dune *Plt* *"* *5757*
- (2) Age of soldier *Frank 24* Married or single *both single*
John 22
- (3) Name in full of mother *Jan Dune* Age *58* Occupation *—* Permanent Address *Long Pond Com. Bay*
- (4) Give name of your husband *Dead* Age Occupation Where employed
- (5) If your husband is not supporting you give the reason.
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).
- (7) If you are a widow, state date and place of death of your husband *4 years Long Pond C. Bay*
- (8) Have you married again since death of above mentioned husband? *no*
- (9) Names of your other children. Address in full Age Occupation, Married or single
Andrew Dune B. 9/1/98 *Long Pond* *21* *Miner* *married 13/11/19*
Albert Dune *"* *29* *"* *"* *20/1/15*
- (10) State amount earned by (a) Yourself *nothing*
(b) Your husband
- (11) State amount and source of any other income *Small portion of my ground*

(12) State value of real property belonging to you and your husband *about \$200 =*

(13) State value of personal property belonging to you and your husband *—*

(14) If husband is dead state value of real and personal property left by him *Husband was an invalid for 15 years before he died who to share his widows house*

(15) Actual amount contributed by soldier during the year prior to his enlistment *Frank \$100⁰⁰ more or less John \$100⁰⁰ more or less*

(16) Was this amount contributed weekly or monthly *through the year*

(17) Did this amount include payment of son's board, etc? *yes*

(18) State your son's trade or occupation prior to enlistment *Both Miners*

(19) State amount of his wages per week *—*

(20) State name and address of his last employer *working on Bell Island*

(21) State amount of monthly support from son since enlistment *Frank allowed \$16⁰⁰ John " 18⁰⁰*

(22) State amount of allotment received by you from son since enlistment *Frank \$152⁰⁰ John 152⁴⁰*

(23) State from what date did you receive allotment? *Frank 7th Sep: 1918 John " " "*

(24) Actual amount contributed by other children *Nothing* Weekly. Monthly

(25) Are any of these children in the employ of you or your husband? *—*

(26) If not receiving support from other children, state cause. Explain fully. *Widow*

(27) With whom are you residing at present? *In my own house*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *no had to be done*

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

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

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

(32) In what capacity and in what place? *—*

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

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

Signature of Applicant *James P. Davis*

Place of Residence *Long Point*

Declared and subscribed before me at *Kelligrews* this *21st* day of *February* 1920

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *G. M. G. Gorman J.P.*

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

Signature of member of the Patriotic Fund Committee

S. Mendell President
Hugh W. Tacey Long Point W.P.A.
Mission Point
Kelligrews

Apr 11 30, 1920

Mrs. Jane Dawe,
Long Pond, C.B.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly furnish me with Marriage Certificates of your sons Andrew and Albert, or else certified extract from Parish Register showing dates of their marriages.

Will you also please furnish me with Birth Certificate of your son Andrew.

Yours truly

Major

Rymaster.

JMH/LM.

July 6, 1920

Mrs. Jane Daws,
Long Pond,
C.B.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to advise you that same cannot be granted, because you have three sons of Military age who did not enlist.

The regulations provide, that in the case of a widowed mother who has three or more sons of Military age, Separation Allowance will only be paid when the Third one enlist.

Yours truly,

Major
Paymaster.

JMH/LM.

July 27, 1920

Mrs. Jane Dawe,
Hong Pond,
C.B.

Dear Madam:

With reference to your claim for
Separation Allowance, I return herewith Birth
Certificate of your son Andrew, Marriage Certificate
of your sons Albert and Andrew.

Yours truly,

Major
Paymaster.

Enc. 3

The Royal Newfoundland Regiment

Class for Demobilization:

E/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *5733*

Name

Dawe, Frank.

Address

Long Pond, Hr. Train

Present Medical Category

A1

Recommended for:

(a) Immediate discharge

(b) ~~Standing Medical Board~~

D. R. Cooper Capt.
O.C. Discharge Depot.

Members of Board

J. Paterson
Senior Medical Officer

Geo. Burdett
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5733 Rank. PLT Name Dave J
 Date of Enlistment 6.7.18 Address Long Road District St. John's
 Occupation Farmer Classification for Discharge 6 Medical Category A I
 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 <u>3</u> |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| B 179a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | | " 6 |
| B 179c | B 120 | M 93 | | |

Date July 18, 1919

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Mark Dave
meek

Int. [Signature]

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 18-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2475-12 to his home at Songland and Release Certificate No. 3712 issued

Date 18-7-19

Chubbington
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 3-5-19

Date 18-7-19

Chubbington
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | |
|-----------|--------|--------|---|-----------|--------|----------|
| N.F. P/36 | B 268 | B 121 | 1 | N.F. Med. | D.F. 1 | 1 |
| F 178 | W 3494 | B 122 | | Board 1st | " 2 | 1 |
| B 178a | D 400A | B 1915 | 1 | 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 18-7-19

Chubbington
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 JUL 20 1919

L. R. COOPER, CAPT,

O. C. Discharge Depot.

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

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.

Dave J.

Signature of Man.

M. Blonstein

Reg. No. 5733

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 18-7-19 191

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

MEDICAL HISTORY

Surname *Dams.*

Christian Name *Frank.*

Table I.—GENERAL TABLE

Birthplace:—Parish *Long Point St. John* County *Newfoundland*

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---|-------------|---|------------|
| | Right | Left | Right | Left |
| Examined | on <i>6</i> day of <i>July</i> 191 <i>8</i> at <i>St. John's</i> | | on _____ day of _____ 191____ at _____ | |
| Declared Age | <i>26</i> years _____ days | | _____ years _____ days | |
| Trade or Occupation | <i>Farmer.</i> | | _____ | |
| Height | <i>5</i> feet <i>3</i> inches | | _____ feet _____ inches | |
| Weight | <i>126</i> lbs. | | _____ lbs. | |
| Chest Measurement | Girth when fully expanded <i>37 1/4</i> inches | | _____ inches | |
| | Range of Expansion <i>3 1/2</i> inches | | _____ inches | |
| Physical Development | _____ | | _____ | |
| Vaccination Marks | Arm | _____ | Right | Left |
| | Number | _____ | _____ | _____ |
| When Vaccinated | _____ | | _____ | |
| Vision | R.E.—V= | <i>6/12</i> | R.E.—V= | _____ |
| | L.E.—V= | <i>6/9</i> | 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>Lambert</i> | | _____ | |
| (Rank) | _____ | | _____ | |
| Enlisted | at <i>St. John's</i> | | at _____ | |
| | on _____ day of <i>July</i> 191 <i>8</i> | | on _____ day of _____ 191____ | |
| | Corps | Regtl. No. | Corps | Regtl. No. |
| Joined on Enlistment | <i>Royal Nfld. 5733</i> | | _____ | |
| Transferred to | <i>Regiment</i> | | _____ | |
| Became non-effective by | _____ | | _____ | |
| (Signature) | _____ | | _____ | |
| (Rank) | _____ | | _____ | |



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 Office 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 *Frank Dauce*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5733*

Intended address *Long Pond, St. John's*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Short*

Christian name of Father *—*

Christian name of Mother *June*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Long Pond, July 15th, 1893*

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) *Frank Dauce*

Pte
(Rank)

Witness W. M. ...

Station *ST. JOHN'S*

Date *17-7-19*

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.



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

Date

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..... *Regal N. F. L. Co* 7. Former Trade or Occupation } *Farmst*
2. Regtl. No. *2733* 8. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Davis Frank* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *24*.....
6. Posted for duty on..... at..... 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."

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? } ✓

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.)

No complaints of no disability

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

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

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?

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?

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.

Refused

W. E. Pennington
 Medical Officer in charge of case.

Station *Hazlewood*

Date *1/14/19*

* 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

August 9th 1919.

Mr. F. Dawe,
Long Pond, Manuels C.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 war Ser-
vice Gratuity.

Yours truly,

Capt. & Paymaster

RS-

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..... *Franis* 2. Surname..... *Dawe*
3. Rank..... *Rhe* 4. Regtl. No..... *5723*
5. Address in full to which future payments of gratuity are to be forwarded..... *Long Pond, C.B. Manuels*
6. Date of enlistment in the Regiment..... *Dec. 6/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
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 Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Twelve months*
- 1. $\frac{1}{2}$

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.

.....

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

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

19. Are you now serving in the Reserves? *no* If not give: - (a) date of discharge *June 30/19* (b) Reason for discharge *Demob*

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. *England*

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?

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: *Frank X Dame*

Place of Residence: *Long Pond C.B.*

Declared before me at: *St John's*

This *19* day of *July* 19*19*.....

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

| POST DISCHARGE PAY. | | | | | Net amount due |
|---------------------|----------|------------|-------------|-------|----------------|
| Date paid | Sold | Paid | War Service | | |
| | Soldier. | Dependence | Invalidity. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Certified correct. | | | | | Paymaster |



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frank Dawe, Regl. No. 5733.

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 75 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 August 1st / 18.

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|----------------|---------------------|----------------------|
| 4737 | Mother | Jane Dawe | Manuels 6 B. | 50 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Allotment, \$ | 50 ^c . |

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.) H. A. James
 Officer Commanding
F. Company

St John's
Jul 8th 1918

(Sig.) Frank Dawe
 (Rank) Pte.

Witness:
4283 Pte. V. L. Randell

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To *Pt J Dave*

Billeting Soldiers as undermentioned

from

July 1/19 to July 16/19

\$733

J Dave

16.60

| | |
|-------------|-------------|
| ACCOUNT | <i>Bm</i> |
| CH. NO. | <i>3356</i> |
| IND. LEDGER | INITIALS |
| PAY LEDGER | INITIALS |
| GEN. LEDGER | INITIALS |

Certified correct for \$ *16.60*

M. M. M. M.
Billeting Officer.

J. Dave. Pr. (Sgt)

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 Asst Dick's Lieut

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|-------------------|------------------------------|-------|-------------------|---|
| No. | | Age on | years | months | |
| 5753 | <u>Frank Dawe</u> | 20 | | | |
| Joined | Date | Place and Date of Enlistment | | Religion | |
| Joined | Date | } with Colours | | C of C. | |
| Joined | Date | } with Reserve | | Place of Birth | |
| Joined | Date | } with Reserve | | Longford 44 Irish | |

| Place | Date of Offence | Rank | Cause of Drunkenness | OFFENCE | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|---------------------------|---------------------|------------|----------------------|--|-------------------------|--------------------|---|----------------------------|------------|
| <u>St. John's, N.S.</u> | <u>July 30 1918</u> | <u>Pte</u> | | <u>Urinating in sleeping quarters</u> | <u>Pte Glynn</u> | <u>7 Days C.B.</u> | <u>30/7/18</u> | <u>Capt. S. Cunningham</u> | <u>See</u> |
| <u>Chatham Range H.Q.</u> | <u>18-11-18</u> | <u>-</u> | | <u>hesitating to comply with orders</u> | <u>Sgt. D. G. G. G.</u> | <u>2 days C.B.</u> | <u>20/1/18</u> | <u>2/Lt S. Knight</u> | <u>NSX</u> |
| <u>Magdalen H. Camp</u> | <u>11-2-19</u> | <u>-</u> | | <u>Absent from parade in School Class.</u> | <u>Cpl. Carey</u> | <u>2 days C.B.</u> | <u>12/2-19</u> | <u>Capt. M. Lewis</u> | <u>NSX</u> |
| | | | | <u>Demobilized</u> | <u>St John's</u> | <u>3 1/2</u> | | | |

To be carried over.

Army Form B. 121.

5788.

CR. 3738. Army Form B 179A

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. of 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 Wuffs*
- 2. Regtl. No. *5733* 3. Rank.....
- 4. Name *Low* *Frank*
(Surname) (Christian Names)
- 5. Age last birthday. *24*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Farmer*
- 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) Cause of Discharge.
(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. 19). If no disability enter "nil."
- 11. Date of origin of disability.
- 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.

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 ? }

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 complainant of no disability

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
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 ?
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 ?

20. Do you recommend—
- (a) Discharge as permanently unfit ?
 - (b) Change to United Kingdom ?

Repatriation

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

W. E. Proctor Capt R.A.M.C.

Station ... *Hazley Town*

Medical Officer in charge of case.

Date *1/4/19*

* 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

11733

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5733 Rank PLC Name Dave F
 Date of Enlistment 6.7.18 Address Long Pond District St. John's
 Occupation Farmer Classification for Discharge 6 Medical Category A.I.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents—

| | | | | |
|-----------|--------|--------|-----------|--------|
| N.F. P136 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| B 178 | W 3494 | B 122 | Board 1st | " 2 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| B 179a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | | " 6 |
| B 179c | B 120 | M 93 | | |

Date July 18/19 O. C. Discharge Depot H. M. G. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.
with permission Le mark Dave

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied

Date 18-7-19 O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2475-12 to his home at Sanjour and Release Certificate No. 3712 issued.

Date 18-7-19 [Signature]
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 3-8-19

Date 18-7-19 [Signature]
Depot Paymaster.

Discharge approved for 20-7-19

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 |
| 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 18-7-19 [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date 18-7-19 [Signature]
O. C. Discharge Depot.

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

Date Aug 11 19 [Signature]