

4594

ROYAL NEWFOUNDLAND REGT.

*Decand  
12-2-61*

1914-1918





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4594 Name Dave Harvey Corps 6 of 6

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

1. What is your name? ..... 1. Harvey Dave
2. What is your full Address? ..... 2. Chambers C B
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 30 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, Harvey Dave 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.

.....  
Harvey Dave SIGNATURE OF RECRUIT.  
James Arkhe A/C Signature of Witness.

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

I, Harvey Dave 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 .....  
 on this 20th day of April 1915 at Sus. Boat, m.p.

Signature of Attesting Officer .....

### †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).....









# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4594 Name Dave Harvey Corps 6 of 6

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

- 1. What is your name? ..... 1. Harvey Dave
- 2. What is your full Address? ..... 2. Chambers C B
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 30 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 } 11. yes  
to be signed by you if you are accepted? .....

I, Harvey Dave ..... 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.

..... Harvey Dave ..... SIGNATURE OF RECRUIT.

..... James Arkie L/C ..... Signature of Witness.

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

I, Harvey Dave ..... 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 explained as replied to, and the said recruit has made and signed the declaration and taken the oath before me ..... on this ..... day of April ..... 1916

Signature of Attesting Officer ..... Geo. Leary Major

### †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 ..... } Approving Officer.  
Place .....

† 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 Harvey Dawe  
 Apparent age 30 years - months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Dawe  
Topsail, C. B. | 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 <u>22-4-18</u> |               |  |           |       |  |      |  |      |   |
| Joined at <u>St. Erves</u> on <u>April 22-1918</u>             |               |  |           |       |  |      |  |      |   |
| <u>Discharged June 29 1919</u>                                 |               |  |           |       |  |      |  |      |   |
| <u>Embarked St. Erves train to Halifax Nov. 11-6-18</u>        |               |  |           |       |  |      |  |      |   |
| <u>Embarked for S.C. &amp; 26-10-18</u>                        |               |  |           |       |  |      |  |      |   |
| <u>Disembarked France 26-10-18</u>                             |               |  |           |       |  |      |  |      |   |
| <u>Joined British train 3-11-18</u>                            |               |  |           |       |  |      |  |      |   |
| <u>Agreed to transfer from France 1-5-1919</u>                 |               |  |           |       |  |      |  |      |   |
| <u>Re-embarked for demobilization 22-5-1919</u>                |               |  |           |       |  |      |  |      |   |
| <u>Arrived Newfoundland 1-6-1919</u>                           |               |  |           |       |  |      |  |      |   |
| <u>Demobilization Nov 30 1919</u>                              |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....                          |               |  |           |       |  |      |  |      |   |

Total Service towards Engagement to 30-6-1919 (date of discharge) 1 years 70 days  
 " " Pensions " " " " " " " " " " " "



C.R. 4594

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.  
St. John's, July 4th, 1919.

The discharge of the undermentioned on demobilization has been  
*confirmed*  
APPROVED by C.O. Discharge Depot, with effect from 29-6-19.

4594 Pte. Harvey Dawe.



C.R. 4594

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by O.C. Discharge Depot with effect from 18--6-19.

4594 Pte. Harvey Daws.



C.R. 4594

Report from Gen. received from the P.A.R. London  
dated 6-5-19.

The u/s re-joined 1st. Bn. Winchester from  
Subjective France 1/5/19.

4594 Pte. H. Dawe.



C.R. 4594

Extract from Daily Orders Part II Unit The Royal Wfld. Regt.,  
By Lt. Col. T. C. Mathias, D.S.O. Commanding 1st Batta. 3-11-18

The following joined the Batta. 3-11-18

4594 Pte. H. Dawe

B Coy.



C.R. 4594

Extract from Nominal Roll of Re-enforcement Draft No. 55 Embarked Folkestone  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazleley Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.S.F.

4594 Pte. Dawe, H.



## DEPARTMENT OF MILITIA.

C. R. 4594

Received of

John Dawe Esq.

Y

The sum of \$

48.66Chamberlains C. B.

Cost of Message

80 Y

2 10

Total

49.16

For transfer to No

4594

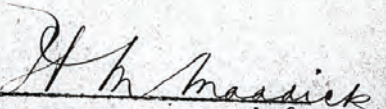
Rank

Pvt.

Name

J. Dawe

Date

Sept 12/18

  
 For Paymaster.
LieutM



C.R. 4594

Extract from Daily Orders Part 11. from Unit The Royal Wfld.  
Regiment, St. John's, dated June 14th 1918.

4594 Pte H. Dawe.

Embarked for Overseas with draft 11-6118.



C.R. 4594

Extract from Daily Orders part 11, from Unit The Royal Wfld. Regt  
St. John's, dated April, 23, 1918.

#4594 Pte. Harvey Dawe.

Attested for General Service with the Royal Wfld. Regt.  
with effect from 22/4/18.

C.R.

4594

Extract from telegram received from Synoptical,  
London, June 4th, 1919.

Remittance received as follows:- Have not been paid  
Soldier repatriated you can adjust?

4594 Dawe

£.5.0.0.





H. Lawrence

C.R. 4594

~~PHC~~



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

# MEDICAL HISTORY

OF

Surname BlaweChristian Name Harvey

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

|   | <u>SPECIAL RESERVE.</u>                       |      | <u>REGULAR ARMY.</u>          |      |
|---|---|------|-------------------------------|------|
|   | Right   | Left | Right                         | Left |
| Examined ....   | on <u>27</u> day of <u>apr</u> 191 <u>8</u>   |      | on _____ day of _____ 191     |      |
|   | at <u>St. Johns</u>                           |      | at _____                      |      |
| Declared Age ...  | <u>30</u> years _____ days                    |      | years _____ days              |      |
| Trade or Occupation ...   | <u>Fisherman</u>                              |      |                               |      |
| Height ...  | <u>5</u> feet <u>9½</u> inches                |      | feet _____ inches             |      |
| Weight ...  | <u>138</u> lbs.                               |      | lbs. _____                    |      |
| Chest Measurement {   | Girth when fully expanded... <u>37</u> inches |      | inches _____                  |      |
|   | Range of Expansion... <u>4</u> inches         |      | inches _____                  |      |
| Physical Development ...  |   |      |                               |      |
| Vaccination Marks {   | /   |      | /                             |      |
|   | Arm ...                                       |      | Arm ...                       |      |
|   | Number ...                                    |      | Number ...                    |      |
| When Vaccinated ...   |   |      |                               |      |
| Vision ...  | R. E.—V= <u>6/6</u>                           |      | R. E.—V=                      |      |
|   | L. E.—V= <u>6/6</u>                           |      | L. E.—V=                      |      |
| (a) Marks indicating congenital peculiarities or previous disease | (a)   |      | (a)                           |      |
| (b) Slight defects but not sufficient to cause rejection          | (b)   |      | (b)                           |      |
| Approved by (Signature)   | <u>L. J. Davidson</u>                         |      |                               |      |
| (Rank)  | <u>Major</u>                                  |      |                               |      |
|   | Medical Officer.                              |      | Medical Officer.              |      |
| Enlisted ...  | at <u>St. Johns</u>                           |      | at _____                      |      |
|   | on <u>27</u> day of <u>apr</u> 191 <u>8</u>   |      | on _____ day of _____ 191     |      |
| Joined on Enlistment ...  | Corps. _____ Regtl. No. _____                 |      | Corps. _____ Regtl. No. _____ |      |
|   | <u>The Royal 459th</u>                        |      |                               |      |
|   | <u>Gloucesters.</u>                           |      |                               |      |
| Transferred to ..   |   |      |                               |      |
| Became non-effective by   | on _____ day of _____ 191                     |      | on _____ day of _____ 191     |      |
| (Signature)   |   |      |                               |      |
| (Rank)  |   |      |                               |      |





**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisher*
2. Regt. No. *46.94* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *D. Awe* *H* (a) Former Regts. or Corps. with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *31*
6. Posted for duty on. *April 22/18* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179a (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 ? } *na*

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

15. What is his present condition ?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*na*  
*Recomplain for Disability*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

*Repatriation*

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.

*W. Procunier, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *St. D. Camp* .. .. .

Date *17/6/19* .. .. .

\* 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



**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- (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 part of the soldier .. .. .
- Give details: . . . . .

(a) Attributable to

(b) Aggravated by

|       |       |
|-------|-------|
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |
| ..... | ..... |

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. . . .

|       |       |
|-------|-------|
| ..... | ..... |
|-------|-------|

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazley D. Camp* ..... } President or  
 Date *1.7.19* ..... } Chairman.  
 ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable  
 Date ..... } in cases of  
 ..... } Patients in  
 ..... } Hospitals.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.



**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 *1st Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *4094* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regt. Nos.
4. Name *D. A. W. H.*  
 (Surname) (Christian Names)
5. Age last birthday *31*
6. Posted for duty on *April 22/18* at *St. John's*  
 in category (or grade).....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

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? } *no.*

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? *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? *no*
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? *no*

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

*Repatriation*

*W. E. Provenier, Capt R. A. M. C.*  
 Medical Officer in charge of case.

Station *H. D. Camp*  
 Date *17/5/19*

\* 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



**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. .. . | .....               | .....             |
| Give details:   |                     |                   |

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station

Date

*Hazelton D. Camp*  
*17/15/19*

President or Chairman.

Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station

Date

Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class . of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

Date

O.C. Discharge Centre.



To:- The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-  
Please charge the amount set opposite my name to my account and  
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments  
for the period of the year.  
Commencing on the 1st July 1918.

| Regtl.<br>No. | Rank | Name    | Amount | Signature |
|---------------|------|---------|--------|-----------|
| 1594          | Lt   | Dawe H. | \$250  | H. Dawe   |

I have the honour to be, Sir,  
Your obedient servant.

Date July 1/18

H. Dawe

<sup>88.</sup>  
No. ~~4582~~/187

From: NEWFOUNDLAND CONTINGENT W.I.

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

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET, S.W. 1, LONDON.

To: ~~Officer Commanding,~~  
1/Bn Royal Newfoundland Regt.,  
B.B.F.

21st March 1919

5-4-1919

4594 Pte. Dawe H.

4594 Pte H Dawe

With reference to the following telegram from the Minister of Militia, / / ( 86 )

"Pay to- 4594 Dawe, £10:0:0

*Handwritten notes:*  
This man wishes the  
and returned to B. and  
If possible please  
21/3/19  
A

Kindly advise whether this remittance should be

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

*R.A. Guinness Maj.*  
Chief Paymaster & O. i/c Records

*B*











Lowe, H

4594

Ray Sept.









## Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. & C. Records together with the remainder of the man's documents.

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

Name in full *Harvey Dawe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4594*

Intended address *Topsail*

Height on discharge *5* Feet *10*

Color of hair on discharge *Dark*

Complexion

Color of eyes

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Mary*

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

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

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

Place and date of soldier's birth *Port de Grave 3<sup>rd</sup> July 1888*

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) *Harvey Dawe*

*Pte*  
(Rank)

Station \_\_\_\_\_

Date *14/6/19*

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

Station \_\_\_\_\_

Date \_\_\_\_\_





## 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.

.....  
.....  
.....

*45-94 H. Dowe*  
Signature of Man.

Reg. No. ....

*J. P. Snowlett*  
Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date *16-6-19* 191.....



**The Royal Nfld. Regiment**

**DEMOBILIZATION**

No. 459 Rank Plt

Name H. Dave

Warned for demobilization on

**JUN 16 19**

# The Royal Newfoundland Regiment

Class for Demobilization

*E.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 14. 6. 19

Regimental No. 4594

Name Dave Hawey Rank \_\_\_\_\_

Address Lopsail

Present Medical Category Ai

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

Members of Board {

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

Robson  
Senior Medical Officer

Dee Burden  
M. O. Depot



# The Royal Newfoundland Regiment

4094 *400* DEMOBILIZATION OF *Laws, A.*  
 Reg. No. *22-4-18* Name *Laws, A.*  
 Date of Enlistment *Fisherman* Address *St. John's* District *H.I.*  
 Occupation ..... Classification for Discharge ..... Medical Category .....  
 Recommendation S.M.B. .... Disability Rating .....  
 Passed to Demobilization Officer with following documents: *1*

|          |        |        |           |        |          |
|----------|--------|--------|-----------|--------|----------|
| N.F. F36 | B 268  | B 121  | N.F. Med  | D.F. 1 | <i>5</i> |
| B 178    | W 3404 | 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 *14-6-19*

*H. Dancer*  
O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with *#6000*

(a) Clothing Allowance payable *Miss Loustin*

*16-6-19*  
(b) Clothing Supplied

Date .....

O. i. c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 2808 issued.

Date 16-6-19 *J.A. Snow Capt*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 30-7-19.

Date 16-6-19 *J.W. H. H. H.*  
Depot Paymaster.

Discharged approved for 16-6-19  
Forwarded with following documents to O. C. Discharge Depot.

|           |        |        |           |        |
|-----------|--------|--------|-----------|--------|
| 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    |
| B179c     | B 120  | M 93   |           |        |

*2 Form B*

Date 16-6-19 *J.A. Snow Capt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to—  
Officer i/c Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date 8/6/19 *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....



4594

Army Form B. 103.

Regimental Number 4573

Casualty Form - Active Service.

Regiment or Corps 21st ROYAL NEWFOUNDLAND REGT

Rank 9th Surname Dave Christian Name Harvey

Religion C.P. Age on Enlistment 30 years months

Enlisted (a) 22/4/18 Terms of Service (a) DURATION Service reckons from (a) 22/4/18

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

Extended ( ) Re-engaged ( ) Qualification (b) or Corps Trade and rate

Occupation Fisherman Signature of Officer W. M. [Signature]

| Report |                    | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.219, Army Form A. 86, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.219, Army Form A.86, or other official documents. |
|--------|--------------------|--|-------------------|------------------|--|
| Date   | From whom received |  |                   |                  |  |
|        |                    | Embarked ...   | 26 OCT 1918       |                  |  |
|        |                    | Disembarked ...  |                   |                  |  |
|        |                    | Joined Detachment  | 3 NOV 1918        |                  |  |
|        |                    | Joined Depot   | 1-5-19            |                  |  |
|        |                    | for 1312   |                   |                  |  |
|        |                    | Rejoined Depot   | 1-5-19            |                  |  |

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Sholing Signal Station.  
 Next of Kin: Father John Dave Topsail 15 Hants Road, Southampton.  
 P.T.O.



July 2, 1919

#4594 Pte. Harvey Dawe,

Topsail, 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 the "War Service  
Gratuity."

Yours truly

Captain,  
Paymaster & O.i/c records.



446

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 *J. Harvey* ..... 2. Surname *Lawe* .....

3. Rank *Pvt* ..... 4. Regtl. No. *4594* .....

5. Address in full to which future payments of gratuity are to be forwarded, *Topsail, C. B.* .....

6. Date of enlistment in the Regiment *Apr. 27/18* .....

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

8. Relationship of such dependents. ....

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

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Apr. 27/18 to June 16/19* .....

*June 16/19*

*From Apr. 27/18 to*



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?..... *No*

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

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

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

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

19. Are you now serving in the Res?..... *No* If not give:- (a) Date of discharge..... *June 1919* (b) Reason for discharge.....

..... *Temporary* ..... *Deas of delegation* .....

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

*France, Belgium & Germany - Oct 1918 to April 1919* .....

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

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



Signature of Applicant: *Harry Dawe*  
 Place of Residence: *Topsail, C. B.*  
 Declared before me at: *St. John's, Nfld.*  
 This *16th* day of *June* 19...*19...*

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

| POST DISCHARGE PAY. |               |                 |                       | Not amount due |
|---------------------|---------------|-----------------|-----------------------|----------------|
| Date paid           | Paid Soldier. | Paid Dependent. | War Service Gratuity. |                |
| .....               | .....         | .....           | .....                 | .....          |
| .....               | .....         | .....           | .....                 | .....          |
| Certified correct.  |               |                 |                       | Paymaster      |







ST. JOHN'S, Sept 1st 1919

# Royal Newfoundland Regiment.

Billeting Account,

To M H Dams

Billeting Soldiers as undermentioned

from June 1st 1919 to June 16th 1919

4594 M H Dams 16 60

134m  
ACCOUNT \_\_\_\_\_  
GH. NO. 8849 INITIALS ED  
IND. LEDGER \_\_\_\_\_ INIT. -LS \_\_\_\_\_  
LEDGER \_\_\_\_\_ INITIALS \_\_\_\_\_  
GEN. LEDGER 6187-16

Certified correct for \$ 16

J. A. [Signature]  
Billeting Officer.  
John Dams



Receipt for Army Book 64

No. .... *+594* Name ... *Dawc* .....

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

Date. *July 26* .....

Place. .... *Manusk... C.B. H. 64* .....

Name. *Harvey... Fawc* .....

*Manusk C.B.*

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



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company J. James

| Regimental Number and Name |                         | Enlistment  |                 | Trade          |
|----------------------------|-------------------------|---|-----------------|----------------|
| No.                        | <u>1594 Dave Hawley</u> | Age on  | 30 years months | <u>Soldier</u> |
| Joined                     | Date                    | Place and Date of Enlistment                                      | <u>St Johns</u> | Religion       |
| Joined                     | Date                    | Period of } with Colours / 70 years.<br>with Reserve / 565 years. | <u>22-11-18</u> | Place of Birth |
| Joined                     | Date                    |   | <u>Toprad</u>   |                |

Good Conduct Badges, Service pay or proficiency pay

| Place | Date of Offence | Rank | Cases of Drunkenness. | OFFENCE                             | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|-----------------------|-------------------------------------|--------------------|--------------------|---|-----------------|---------|
|       |                 |      |                       | <u>Demobilized St Johns 30 6 19</u> |                    |                    |   |                 |         |

To be carried over

Army Form B. 121.



54594

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4594 Rank Plt Name Dave A  
 Date of Enlistment 22-4-18 Address Topsail District St. John's  
 Occupation Yuserman Classification for Discharge H Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

|            |        |        |           |         |   |
|------------|--------|--------|-----------|---------|---|
| N. F. P/36 | B 268  | B 121  | N. F. Med | D. F. 1 | 1 |
| B 178      | W 3494 | B 122  | Board 1st | " 2     |   |
| B 178a     | D 400A | B 1915 | do 2nd    | " 3     | 5 |
| 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 14-6-19 for Mrs H O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. H 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 \$60.00
- (b) Clothing Supplied None

Date 16-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at Liphall Hs Man and Release Certificate No. 2808 issued.

Date 16-6-19

J.A. Snowball  
Demobilization Officer

**4. Pay and Allowances.**

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

Date 11-1-19

J.M. H.  
Depot Paymaster.

Discharge approved for 16-6-19

Forwarded with following documents to O.C. Discharge Depot.

|          |        |        |            |        |
|----------|--------|--------|------------|--------|
| N.F. P36 | B 268  | B 121  | N.F. Med   | D.F. 1 |
| B 178    | W 3494 | B 122  | Board Ist. | " 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    |
| B179c    | B 120  | M 93   |            |        |

2 Form B

Date 16-6-19

J.A. Snowball  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

R.H. Sait Capt.

Date JUN. 16. 1919

O. C. Discharge Depot.

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

Date June 14/19

J. Melmoth of  
God's Records



Reg. No. *4894* Rank *1st Lt* Name *Saml. Harvey*

Attested ..... Address *20psair*

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

Date of Allotment ..... Returned from Overseas *29.1.19.*

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

*1st Lt*  
*16.6.19.*

PASSED TO DEMOBILIZATION OFFICE.  
DISCHARGE APPROVED ON DEMOBILISATION.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4594 Rank Pfc Name Dave H.  
 Intended place of residence Toprail H. Main

2. Occupation Fisherman  
 Classification of soldier E Medical Category A'

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUN 16 1919

*H. Daine*  
 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 JUN 16 1919

*H. Daine*  
 Signature of soldier

*Wm. Clouston*  
 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 JUN 16 1919

*H. Daine*  
 Signature of soldier

*James O'Sherman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service... 22-4-18 No. of days on Military  
 Discharged from service... 16-6-19 Plus 14 days Service. 435

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 16 1919

*R. H. Sait Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date June 30/1919

*M. Bowley Capt*  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

*at B 2079/2507*