



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5163 Name William Dawe Corps C of E.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>William Dawe.</u>                  |
| 2. What is your full Address? .....  | 2. <u>The Higgins<br/>Conception Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                            |
| 4. What is your age? .....   | 4. <u>20</u> Years <u>0</u> Months       |
| 5. What is your Trade or Calling? .....  | 5. <u>Street Car Conductor.</u>          |
| 6. Are you Married? .....  | 6. <u>No</u>                             |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                             |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                            |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                            |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                           |
|  | Corps .....                              |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                           |

I, William 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.

M-18 William Dawe SIGNATURE OF RECRUIT.  
W. Coughlan Signature of Witness.

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

I, William 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 18th day of May 1918

Signature of Attesting Officer W. B. Binks Lieut.

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

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

Date 18th May 1918 Place St. John's } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

5-163

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

Name William Dawe  
 Apparent age 20 years — months. Height 6 feet 8½ 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 Emma Dawe  
Kellgrens | Relationship mother  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-5-18</u>									
joined at <u>St. John's</u> on <u>May 18-1918</u>									
<del>Discharged July 9, 1919</del>									
Embarked <u>St. John's S.S. Columbia</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
Embarked for <u>B.C.I.</u> <u>23-11-18</u>									
Re-embarked <u>France</u> <u>28-11-18</u>									
Joined <u>Battalion</u> <u>5-1-19</u>									
Transfer from <u>Queen</u> <u>22-7-19</u> <u>Corps Winchester</u> <u>23-7-19</u>									
to <u>re-embark</u> for demobilization <u>22-5-19</u> <u>Corps</u> <u>1-6-19</u>									
Demobilization <u>St. John's</u> <u>9-7-1919</u>									
Total Service forfeited as above _____									

Total Service towards Engagement to 9-7-1919 (date of discharge) 1 years 53 days  
 " " Pensions " " " " " " " " " " " "

CR. 5163

Extract from Daily Orders Part II Royal Newfoundland  
Regiment, Depot St. John's dated 12-7-19.

The discharge of the undernoted on demobilisation  
has been CONFIRMED by Officer i/c Records from noted  
date <sup>9</sup> 22-7-19.

5163, Pte. W. Dawe.

C.R. 5163

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, June 27th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 25-6-19.

5163 Pte. Wm. Dawe.

C.R. 5163

Extract from Daily Orders Part II Depot, St. Johns,

Date June 18th 1919.

5163, Pte. W. Dawe.

Reported at Headquarters 1/6/19.

on "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5163

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 23/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5163 Pte. W. Dawe.

C.R. 5163

Extract from Nominal Roll of draft No. 56 from the 2nd.,  
Battalion of the Regiment to the 1st., Battalion B.E.F.  
Embarked Southampton 23/ 11/ 18.

#5163 Pte. W. Dawe.

C.R. 5163

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

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

#5163 Pte. William Dawe.



Extract from Daily Orders part 12, from 3 is The Royal Bfld.  
Regt. St. John's, dated May 20, 1918.

#5163 Pte. William Dawe.

Attested for General Service with the Royal Bfld. Regt. 3  
from 18.5.18

W Dawe

C.R. 563

P. H. C.

**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 Royal Newfoundland* } Former Trade or Occupation } *Car Conductor*
2. Regtl. No. *5163* 3. Rank *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *L. A. Williams* (Surname) *William* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *21*
6. Posted for duty on *May 18/18* at *D. J. L.* 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? } na,

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

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

*Reception 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?

*na  
na  
na  
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. E. Proctor* Capt R.A.M.C.  
 Medical Officer in charge of case.

Station *Sanchez D. Camp*...

Date *29/4/19*.....

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





No. 18614/2060

*065469*  
*RC*

NEWFOUNDLAND CONTINGENT



From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

18th November 1918

Subject: 5163, Pte. W. Dawe

With reference to the following telegram (9894) from the Hon. Minister of Militia, received

Pay to 5163 Dawe £4:0:0

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

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

*Nov. 20th 1918*

Received hereunder:

*W. Dawe*  
**LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.,  
Officer Commdg. 2nd Batt'n,  
Royal Newfoundland Regiment.**

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

W. Dawe  
No. 5163 Rank Pte.

Witness A. J. Carter Pte.

Lawe, D<sup>ca</sup>

5163

Ray Sept.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5163 Rank Mr Name Lewis William  
 Date of Enlistment 18-5-18 Address Kellegrews District St. Michael's  
 Occupation Sheet Metal Conductor Classification for Discharge H.F. Medical Category H.I.  
 Recommendation S.M.B. H Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	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
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 24-6-19 O. C. Discharge Depot. H Lewis H

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am          in a position to resume civilian occupation.

H Lewis H

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

(b) Clothing Supplies         

Date 24-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1932 to his home at Pellissippi and Release Certificate No. 2982 issued.

Date 24-6-19

*J.A. Crawford*  
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 9-7-19

Date 24-6-19

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

Discharged approved for 25-6-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 24-6-19

*J.A. Crawford*  
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 JUN 25 1919

*R.H. [unclear]* MAJOR  
O. C. Discharge Depot.

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

Date .....

July 9, 1919

#5163 Pte. William Dawe,

Kolligrews, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2862.

Yours truly

Captain  
Paymaster & U.I. Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5163 Rank Pte. Name Dawe, W.M.  
 Intended place of residence Kellogg's, Hr. Main  
 2. Occupation Street Car Conductor  
 Classification of soldier F Medical Category A I

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 JUN 24 1919  
 Date ST. JOHN'S  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S  
JUN 24 1919  
 Signature of soldier  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S  
JUN 24 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 18-5-18 No of days on Military  
 Discharged from service 25-6-19 PLUS 14 DAYS Service 418

### 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 JUN 25 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date July 19 1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

A F B 2029 / 2862

# 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 24-6-19

Regimental No 5163

Name Dawe, Wm.

Rank Pte

Address Kelligrews, C.B.

Present Medical Category A1

Recommended for:— (a) Immediate discharge

(b) Standard Medical Board

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

Members of Board

(sgnd) **L. Paterson**

Senior Medical Officer

**F. W. Burden**

M. O. Depot

Military Service: 418 days

# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

Commissions Board

Please receive documents as indicated below

No.	RANK AND NAME
1163	H. Lane, N.

N. F. P. 696	Non-effective account.	Medical history sheet.	Nfld. medical history sheet.	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet.	Company conduct sheet.	Field conduct sheet.	Report of Newfoundland Medical Boards					Attestation paper.	Identity certificate.	Allotment papers.	A. F. W. 3483	Headquarters Travelling Board.	Proceedings on discharge.	D. F. 2	D. F. 1	
B. 178	B. 178a	B. 179	B. 268	W. 3494	D. 400A	B. 103	B. 120	B. 121	B. 122	1st. Board	2nd Board	3rd Board	4th Board	Board	B. 1015	Form L	Form K	A. F. W. 3483	D. F. 2	D. F. 1					

Received above noted documents, \_\_\_\_\_

Dated \_\_\_\_\_ 19 \_\_\_\_\_

Signature of Officer forwarding documents: \_\_\_\_\_

Date *S. J.* 19 *19*

# The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24. 6. 19

Regimental No 5763

Name Dave. 2nd

Rank Pte

Address Kellegrews C. B.

Present Medical Category A1

Recommended for: (a) Immediate discharge  
(b) ~~Standard Medical Board~~

Members of Board

R. H. East  
O.C. Discharge Depot.

H. Peterson  
Senior Medical Officer

W. Burden  
M. O. Depot

July 11, 1919

#5163 Pte. William Daws,

Kelligrews, 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 & V.I.C. Records.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 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 *William* 2. Surname *Dawson*  
3. Rank *Private* 4. Regt. No. *5163*  
5. Address in full to which future payments of gratuity are to be forwarded *Keelings*  
6. Date of enlistment in the Regiment *18-5-18*  
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 *Mother*  
9. Address in full of such dependents *Keelings*  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*  
11. Were you on active service only in field, if so give dates and particulars of such service. *No*  
12. Give total length of time which you served on active service whether in field or Overseas *1 year & 1 month*

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..... Yes

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

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

19. Are you now serving in the Regt.?..... If not give? - (a) Date of discharge... 24.7.6.19. (b) Reason for discharge.....

Demobilization

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

.....

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:

Place of Residence:

Declared before me at:

This                      day of                      19.....

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

---

POST DISCHARGE PAY.			:		
Date paid	Paid	Paid	:	War Service	Net amount
	Soldier.	Dependant.	:	Disability.	due
.....	.....	.....	:	.....	.....
.....	.....	.....	:	.....	.....
.....	.....	.....	:	.....	.....
Certified correct.			:	Paymaster	

## 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.

*W. Dams*

Signature of Man.

Reg. No. 5163

*J. H. Snow Capt.*

Signature of the Vocational Officer or his Representative.

**ST. JOHN'S**

Place

Date

24-6-19.

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

## MEDICAL HISTORY

Surname Slawe

OF

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Melegrew's C.B.County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	18	May		191
at	St. John's		at	
Declared Age	20	years	years	days
Trade or Occupation	Street Car Conductor			
Height	5	feet 8 1/2	feet	inches
Weight		140	lbs.	lbs.
Chest Measure- ment	Girth when fully expanded		37	inches
	Range of Expansion		4	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/ Scar			
When Vaccinated	1 W R 290			
Vision	R. E.—V=	6/10	R. E.—V=	
	L. E.—V=	6/60	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)	James Peterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	18	day of	May
				1918
		Corps.		Regtl. No.
Joined on Enlistment	The Royal 5163			
	Nfld. Regt.			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				day of
(Rank)				191



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 } *Conductor*
2. Regtl. No. *5763* 3. Rank. *Private*..... 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Dawe*..... *William*.....  
(Surname) (Christian Names)
5. Age last birthday *21*.....
6. Posted for duty on *May 18/18* at *St. Johns*  
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  
(b) Where (if any)  
(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? } *na*

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

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

*He suffers from 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*

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. R. Powell*  
*Capt R. A. M. E.*

Station *Hayley D. Camp* .. .. .

Date *28 Feb 19* .. .. .

Medical Officer in charge of case.

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



Army Form B. 103

Regimental Number 5163**Casualty Form - Active Service.**Regiment of Corps C. NewfoundlandRank Pte Surname Lawe Christian Name WmReligion Ch of E Age on Enlistment 20 years — monthsEnlisted (a) 18/5/18 Terms of Service (a) Duration Service reckons from (a) 18/5/18Date of promotion to present rank — Date of appointment to lance rank —Extended — Re-engaged — Qualification (b) —Occupation Shoe Card Conductor or Corps Trade and Rate 77 Long Cap Signature of Officer —

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Island Batt.			19
		Arrived in UK		8/1/19.	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &amp;c.

(11701) W.L.W. 1287-P.1124, 1,000,000, 612, D &amp; S, Form B.103, (E. 1286.)

P.T.O.

Next of Kin: Mother: Lawe Emma: Kellinuos: N.F.L.D.



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

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

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

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

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

Name in full *Dave. Williams*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5765*

Intended address *Kelloggus - St. John's*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

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

Figure on discharge *Left*

Christian name of Father *Henry*

Christian name of Mother *Emma*

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

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

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

Place and date of soldier's birth *Kelloggus. 18 May. 1898*

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) *William Dave.*

(Rank) *PL*

Station *St John's*

Date *28-6-19*

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





SEPARATION ALLOWANCE.

Claimant: *Emma Dawe (mother)*

On account of *William Dawe* No. *5163* Rank. *Pvt.*

Decision. *Approved, payable from 26/2/19 - date of Eli's marriage*

Date. *March 1/1920*  
*W. H. Dudley, Lieut. Col.*  
*W. H. Dudley, Major*

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

*6250* Allotment of *60* per day payable to *Mrs Emma Dawe*  
his *mother* from *1/7/18* to *9/7/19*  
Discontinued on account of *being discharged*  
*L. H. S. Sgt.*

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, N.F.L.D.

1. Name in full of soldier William Dawe ~~rank~~ Private Reg't or Unit Royal Nfld Regt. No. 5763

2. Age of soldier 21 years Married or single. single  
66

3. Name in full of mother Emma Dawe Age 62 years Occupation \_\_\_\_\_ Permanent Address Village Green Co. - Bay

4. Give name of your husband. Henry Dawe Age \_\_\_\_\_ Occupation \_\_\_\_\_ Where employed. \_\_\_\_\_

5. If your husband is not supporting you, state the reason. \_\_\_\_\_

6. If your husband is ~~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. Child Nov 3 - 1895  
Graves Co. - 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.
<u>Robert Dawe</u>	<u>30/12/08</u>	<u>36</u>	<u>Butcher</u>	<u>Married</u>
<u>Arthur Dawe</u>	<u>19/09</u>	<u>34</u>	<u>Carpenter</u>	<u>"</u>
<u>Robert Dawe</u>	<u>16/4/11</u>	<u>32</u>	<u>Miner</u>	<u>"</u>
<u>Edith Dawe</u>	<u>26/2/19</u>	<u>30</u>	<u>Carpenter</u>	<u>"</u>

10. State amount earned by (a) Yourself nothing  
(b) Your husband. \_\_\_\_\_

11. State amount and source of any other income. \$16.00

12. State value of real property belonging to you and your husband. none

13. State value of personal property belonging to you and your husband

\$ 30<sup>00</sup>

14. If husband is dead state value of real and personal property left by him.

\$ 350<sup>00</sup>

15. Actual amount contributed by soldier during the year prior to enlistment.

\$ 20<sup>00</sup> - month

16. Was this amount contributed weekly or monthly.

Monthly

17. Did this amount include payment of son's board, etc.

No

18. State your son's trade or occupation prior to enlistment.

Conductor on Street Cars

19. State amount of his wages per week.

\$ 15<sup>00</sup>

20. State name and address of his last employer.

Risk Milk Co.

21. State amount of monthly support from son since enlistment.

Average \$ 10<sup>00</sup>

22. State amount of allotment received by you from son since enlistment

\$ 221<sup>40</sup>

23. State from what date did you receive allotment?

Aug 1 - 1918

24. Actual amount contributed by other children

weekly Monthly

None

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.

All out of families of their own

27. with whom are you residing at present?

San Rafael Ave

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars

No - Did not know that any money was allowed, but stands in kind of honor

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

30. Are you already in receipt of any payment from any Patriotic fund? 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? \_\_\_\_\_

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—*Edith Mearns* <sup>mark</sup> ~~Edith Mearns~~-----

Place of Residence—*Village of Gaultier*-----

Declared and subscribed before me at—*Village of Gaultier*-----

this—*17th*-----day of—*December*-----1919

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

*James H. Forsythe*  
Justice of the Peace

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 mentioned above is the sole support of the applicant.

Signature of Clergyman—*Hugh W. Facey B.A.*  
*signed by Edith Mary Facey*

Signature of member of the Patriotic Fund Committee—*Edith Mearns*-----

Jan. 23, 1920

Mrs. Emma Dawe,  
Kelligrews, C.B.

Dear Madam:-

Referring to your  
application for Separation Allowance, will  
you kindly furnish me with Marriage Certificates  
of your sons:

ROBERT DAWE,  
HERBERT DAWE,  
ARTHUR DAWE,  
WILL DAWE,

or else a certified extract from your Parish Register  
showing dates of their marriages.

Yours truly

Major

Registrar.



8399

Kelligrew  
Gully Pond

Newfoundland

January 27<sup>th</sup> 1920.

Robert Klawe & Edith - Bussey.  
Married at Fort Rupert Newfoundland  
December 30<sup>th</sup> 1908.

Herbert Klawe & Gladys Weymouth  
Married at Cambridge N. S. A.  
Month not known Year 1909.

Heuten Klawe & Sarah Butler  
Married at Fofssail Newfoundland.  
September 16<sup>th</sup> 1911.

~~Edith~~  
Eli Klawe & Edith Sillifant  
Married at Vancouver British Columbia.  
February 26<sup>th</sup> 1919.

My son Hubert is living in Boston U.S. America and  
My son Eli is living in Washington D.C. America I have not  
got their marriage certificates

Witness

~~F. M. F. F. F.~~ J. P.

Emm  
Emm  
Emm

Mar.10,1920

Mrs. Emma Dawe,  
Kellagrews, C.B.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, payable from date of marriage of your son Eli; and I enclose cheque for Eighty eight dollars (\$88.00) in payment of same.

Yours truly

Major

Paymaster.



ST. JOHN'S, JUN 24 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pt W<sup>m</sup> Dawe

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

5163 Pt W<sup>m</sup> Dawe

25 00

ACCOUNT	<u>Bvm</u>
CH. NO.	<u>2486</u>
IND. LEDGER	INIT. #13
PAY LEDGER	INIT. #0
GEN. LEDGER	INIT. #0

Certified correct for \$ 25.00

W. M. D. Clouston  
Billeting Officer.

Col. W. M. D. Dawe

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
50.Number of Sheet one

Regiment of

Royal Newfound Land

Signature of O. C. Company

C. P. Hicks

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>Dawe, William</u>	Age on	<u>20</u> years months	<u>Sheriff's Clerk</u>			
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion			
Joined	Date		<u>14.5.14</u>	<u>C. of E.</u>			
Joined	Date	Period of	with Colours	Place of Birth			
Joined	Date		<u>5 1/2</u> years.	<u>Kelligrews, C.B.</u>			
			with Reserve				
			<u>3 1/2</u> years.				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>9 7/9</u>			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

95163

## DEMOBILIZATION OF

Reg. No. 5163 Rnk. Mr. Name Sears, William  
 Date of Enlistment 18-5-18 Address Kellegrew District St. John's  
 Occupation Street Conductor Classification for Discharge ST Medical Category 1A  
 Recommendation S. I. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 28	B 121	N.F. Med	D.F. 1
B 178	W 364	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 108	ME 2		" 6
B 179c	B 120	M 83		

Date 24-6-19 *J. H. H.* O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*W. Sears*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. # 6.00
- (b) Clothing Supplied. *AMB Trust*

Date 24-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

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

Date 24-6-19 Demobilisation Officer

4. Pay and Allowances.

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

Date 24-6-19 Dept. Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 1336	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3404	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 24-6-19 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**

Date JUN 25 1919 O. C. Discharge Depot.

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

Date July 10/19

Reg. No. *1163* Rank *1st Lt* Name *Paul von*  
Attested ..... Address *Kelligrass.*  
Allotment ..... Allottee .....  
Date of A<sup>1</sup> ..... Returned from Overseas *29. 1. 19.*  
Return *5. Lossiau* Cause *Archieb. 6*

DEMobilIZATION OFFICER  
MOVED ON DEMobilIZATION

*24* *14*  
*25* *19*  
PSCHARR