



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5065 Name Edelbert Say Corps Infantry

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <u>Edelbert Say</u>   |
| 2. What is your full Address? .....  | 2. <u>Old Periwinkle</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>            |
| 4. What is your age? .....   | 4. <u>23</u> Years ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Yeoman</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, Edelbert Say 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.

Edelbert Say SIGNATURE OF RECRUIT.

16/5/18 Signature of Witness.

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

I, Edelbert Say 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 16 day of May 1918

Signature of Attesting Officer Edwards

### †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 May 16 1918 } Approving Officer.  
Place St. John's

† 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

5068

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

Name Ethelbert Jay  
 Apparent age 23 years 9 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joshua Jay  
Franklin Ave City 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 E'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 total engagement reckons from <u>11-6-18</u>									
Joined at <u>Albany</u> on <u>May 16-1918</u>									
Discharged <u>August 11-1919</u>									
Embarked <u>Albany N.Y.</u> to <u>Halifax N.S.</u> <u>22-7-18</u>									
To be expanded for demobilization <u>5-6-1919</u>									
Arrived to expand <u>land</u> <u>1-7-1919</u>									
Demobilization <u>Albany</u> <u>4-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge)					1 years 81 days				
Pensions " " " " " " " " " " " "									

E. Day

C.R. 5068

PKO

C.R. 5068

Extract from Daily Orders Part II Royal Newfoundland Regiment.

Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer i/c Records from noted date 4-8-19.

5068, Pte. K. Day.

C.R. 5068

Extract from daily orders part II Royal Newfoundland  
Regiment Depot N.S. John's dated July 11th 1919.

The discharge of the undernoted on demobilisation  
has been APPROVED by C.C. Discharge Depot with  
effect from 21-7-19.

5068, Pte. E. Day.

C.R. 5068

Extr. t from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated July 25, 1918.

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

#5068 Pte. Ethelbert Day.

C.R. 5068

Extract from Daily Orders Part VI Unit The Royal Field. Regt.  
St. John's, July 24th 1919.

5068 Pts. E. Day.

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

C.R. 5068

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 17th, 1918

#5068 EPte. M. Day.

Attested for General Service with the Royal Nfld. Regt .  
from 16.5.18



August 11, 1919

Mr. Edward Day,  
Old Mexican, T.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.

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 & RECOVERY OFFICE, ST. JOHN'S.

- Christian name *Edward* 2. Surname *Day*  
3. Rank *Pte* 4. Regt. No. *15068*  
5. Address in full to which future payments of gratuity are to be forwarded, *Old Terrace 2 B.*  
6. Date of enlistment in the Regiment *May 13/18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*  
8. Relationship of such dependants *No*  
9. Address in full of such dependants *No*  
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 Mfld. If so, give dates and particulars of such service. *No - Depend only*  
12. Give total length of time which you served on active service, whether in Mfld. 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.

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

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 Eireland?

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

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

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

19. Are you now serving in the R.C.A.F. If not give: (a) Date of discharge. (b) Reason for discharge.

..... *July 7/49* *Rem of* .....

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

..... *No England - 10 Months* .....

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.

E. Doy

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Ed. Doy*

*St. Joseph*

*7th* day of *July* 19*19*

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

*William McCarthy*

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due

.....

.....

.....

Certified correct.

Paymaster



L Day, Ed

5068

Ray rept.

August 4th 1919.

#5068, Pte. S. Day.  
Old Perlean.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3314.

Yours truly,

Capt. W. Kaymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5068 Rank. Pt Name Day E  
 Intended place of residence. Old Police

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

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 7 1919

*[Signature]*  
 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 JUL 7, 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUL 7 - 1919

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 16-5-18 No. of days on Military  
 Discharged from service. 21-7-19 Plus 14 days Service. 446

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

*[Signature]*  
 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 August 4/1919

*[Signature]*  
 Officer in Records  
 The Royal Newfoundland Regiment

*[Handwritten notes]*  
 16  
 20  
 31  
 4  
 81



# The Royal Newfoundland Regiment

Class for Demobilization:—

16.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 11.7.19

Regimental No. 5168

Name Say Ethelbert

Rank PL

Address C.O. Portlauran T. Bay

Present Medical Category A1

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

Members of Board

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

W. P. ...  
Senior Medical Officer

D. W. Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

3710

Reg. No. 5068 Rank pty Name Day E  
 Date of Enlistment 16-5-18 Address Old Pelham District, Trinity  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	B 1915	1	do 2nd	" 3	3
B 178b	D 400B	Form L		do 3rd	" 4	
B 178c	1 D 400C	Form K		do 4th	" 5	
B 178d	B 103	ME 2			" 6	
B 178e	B 120	M 83				

Date 4-7-19

1 O. C. Discharge Depot. Mrs H

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 amb blonstein

Date 7-7-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B2198 to his home at Old Peruvian and Release Certificate No. 3223 issued.

Date 7-7-19 *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

Date 7-7-19 4-18-19  
*J.A. Snow Capt*  
Depot Paymaster.

Discharged approved for 21-7-19  
Forwarded with following documents to O. C. Discharge Depot.

N.F. 136	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 7-7-19 *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 JUL 21 1919 *J.N. Cooper Capt*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

Day-E r

Signature of Man.

Reg. No. 5668

J. A. Knowlton

Signature of the Vocational Officer or his Representative.

Place

St John.

Date

9-7-19

191

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

## MEDICAL HISTORY

Surname

Way

OF

Christian Name

Eitelbert

## Table 1.—GENERAL TABLE.

Birthplace:—Parish

St. Johns

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	16 day of May 1918	St. Johns	day of	191
Declared Age.....	22 years	days	years	days
Trade or Occupation .....	Fisherman			
Height .....	5 feet	7 inches	feet	inches
Weight .....	141 lbs.			lbs
Chest (Girth when fully expanded... Measurement } Range of Expansion..	35 inches			inches
	3 inches			inches
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	18 cas			
When Vaccinated .....	Apr 29 1910			
Vision .....	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	J. J. [Signature]			
(Rank)	[Rank]			
	Medical Officer.			Medical Officer.
Enlisted .....	at	St. Johns	at	
	on	16 day of May 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment.....	The Royal 5068			
	Nfld Regt			
Transferred to..				
Became non-effective by .....	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Magdalen Camp Hospital	6	4	19	30	5	19	Branchitis	55	On admission had branchitis and pyrexia lasting three weeks. Recovery very slow. Has now regained normal condition.	NE Eljerke Capt R.M.C.





# 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 *Day, Ethelbert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5668*

Intended address *Old Publica Trinity Bay*

Height on discharge *5* Feet

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *Median*

Figure on discharge *Jonas*

Christian name of Father *—*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Old Publica 24-12-1895*

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) *Ethelbert Day* *St.*  
(Rank)

Station *—* Date *L 4 1919*

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



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



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vii. 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 Tank Corps*..... 7. Former Trade }  
or Occupation }
2. Regt. No. *5268* 3. Rank. *Private*..... 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *J. J. J.*.....  
(Surname) (Christian Name)
5. Age last birthday.....
6. Posted for duty on *May 16/18*.....  
in category (or grade) *S. J. J.*
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 n (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. }

*n.a.*  
*n.a.*

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

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 complains of no disability -*

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.

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

*n.a.*

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

*n.a.*

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 ?

*n.a.*

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 ?

*n.a.*

*Repatration*

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

*W.E. Procmier. Capt RMC*

Medical Officer in charge of case.

Station *H.D. Camp*

Date *11-6-19*

\* 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?
- 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)?

Opinion of Military Member in case of disagreement.

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 Hayley B. Camp ..... } President or  
 Date ..... } Chairman.  
 ..... } Members.

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

Station ..... } Only applicable  
 Date ..... } in cases of  
 Officer in charge, Central Hospital. } 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.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
59.

Number of Sheet 64

Regiment of Royal Newfoundland

Signature of O. C. Company Charles Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	months	Fisherman	
<u>5068</u>	<u>Day</u>					
Joined	Date	Place and Date of Enlistment		Religion	Meth.	
		<u>St Johns</u>				
Joined	Date	Period of } with Colours <u>1 1/2</u> years. with Reserve <u>3/4</u> years.		Place of Birth		
Joined	Date			<u>St Johns</u>		

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>St Johns</u>	<u>15.2.19</u>	<u>Pte</u>		<u>absent from tea parade</u>	<u>Gold. Mercer</u>	<u>1 days CB</u>	<u>16.2.19</u>	<u>Capt G. Emerson</u>	<u>[Signature]</u>
"	<u>19.3.19</u>	"		<u>absent from 3 P.M. Parade</u>	<u>G.S.M. Calvey</u>	<u>2 days A.B.</u>	<u>20.3.19</u>	<u>Lieut. Lo Massarida</u>	
				<u>Demobilized</u>	<u>St John's</u>	<u>4 1/2</u>			

To be carried over

C.R. 5068  
ARMY FORM B. 179A

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 Regiment*.....
2. Regtl. No. *5068* 3. Rank. *TE*.....
4. Name *Jay*.....  
(Surname) (Christian Names)
5. Age last birthday *24*.....
6. Posted for duty on *May 14/18* at *H. G. H.*.....  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (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 general disease.

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

11. Date of origin of disability.
12. Place of origin of disability.
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*  
*nil*  
*nil*  
*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.)*

*na.*  
*No Complaint 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 invadated at Foreign Stations.

*W.P. Procuier. Capt Home*

Station *1st Camp*

Medical Officer in charge of case.

Date *11/6/19*

\* 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 .. .. .

(a) Attributable to	(b) Aggravated by
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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. 182 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?
- 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)?

Opinion of Military Member in case of disagreement.

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 Chairman.  
 Date 11/6/19 ..... } Members.

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

Station ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... } Officer in charge, Central Hospital.

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.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal  
is/are forwarded herewith to

Ethelbert Day

in respect of his service as No. 5068 Rank Pte.

Name E. Day

Royal Nfld. Regt.  
~~Number~~

Receipt of the same should be acknowledged hereon.

Received

17 Day of March / 22

Signature

Ethelbert Day

Date

Address

200 Sheffield Street

[P.T.O.]

AS068

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5068 Rank Pte Name Jay E. [unclear]  
 Date of Enlistment 16-5-18 Address Old Pitman, District [unclear]  
 Occupation Tradesman Classification for Discharge E Medical Category A.1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	1.	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	3
B 178a	D 400A	B 1915		do 2nd	" 3	
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 4-7-19

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

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*[Signature]*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

✓ Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £60.00

(b) Clothing Supplied \_\_\_\_\_

*[Signature]*

Date 7-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B2198 to his home at Old Pullman and Release Certificate No. 3225 issued.

Date 7-7-19 *J. H. 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 7-7-19 *J. H. Snowball*  
Depot Paymaster.

Discharge approved for 21-7-19  
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	do 6th	" 6
B179c	B 120	M 93		

*2 Form B*

Date 7-7-19 *J. H. 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**

Date JUL 21 1919 *J. R. Lodge Capt*  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot *J. H. Snowball*

Date July 28/19

Reg. No. *1068* Rank *PL* Name *Ray W.*  
Attested ..... Address *Franklin Avenue.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *1111* *1919*  
Returned on S S *Canadian* Cause *breast*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILIZATION**

*7 7 19*  
*21 7 19*