



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5430 Name James Day Corps C of C

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. James Day
- 2. What is your full Address? 2. Old Shop
13
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 20 Years 0 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, James Day 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.

James Day SIGNATURE OF RECRUIT.

W. R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Day 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 24 day of May 1918

Signature of Attesting Officer C. Dicks 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.....191.....
Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5430

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

Name James Day
 Apparent age 20 years 0 months Height 5 feet 3 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 Abner Day
Old Shops, | Relationship Father.
I.B. 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 <u>British</u> engagement reckons from <u>24-5-18</u>									
Joined at <u>St. Helier</u> on <u>May 24-1918</u>									
<u>Discharged July 21 1919</u>									
<u>Embarked St. Helier to Halifax N.S. 22-7-18</u>									
<u>Embarked for S.B.C. 23-11-18</u> <u>Disembarked Annapolis 25-11-18</u>									
<u>Joined Battle 5-1-1919</u> <u>Transferred from Regiment 22-2-19</u> <u>Arrived Winchester 23-7-19</u>									
<u>Held for demobilization 22-5-19</u> <u>Arrived held 1-6-1919</u>									
<u>Demobilization St. Helier 27-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 2-7-1919 [date of discharge] 1 years 30 days
 " " Pensions " " " " " " " "

C.R. 5430

Extract from Daily Orders Part 11 Unit The Royal EFLA.

Hq. St. John's, July 4th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot, with effect from 2-7-19.

5430 Pte. Jas. Day.

C.R.

5430

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 28/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5430 Pte. J. Day.

C.R. 5430

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th 1919

5430 Pte. James Day

Reported at Headquarters 1-6/19.
which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 5430

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. Depot, St. John's, June 9th. 1919

The discharge of decombilization of the undernoted has been
APPROVED by O.C. Discharge Depot with effect from the Fol-
lowing dates 18-6-19.

5430 Pte. Jas. Day.

C.R. 5430

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.

#5430 Pte. J. Day.

C.R.

57430

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

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

#5430 Pte. James Day.

C.R. 5430

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt, St. John's, dated May 27, 1918.

#5430 Pte. J. Day.

Attested for General Service with the Royal Nfld. Regt.
from 24.5.18

Day, J.
~~A. Russell~~

5430

P. + R. G

No. 5430

Name Day J

Sqn., Batty., or Company } D.

Corps R. Newfoundland

Date of enlistment } 24/5/18

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet)

No. and date of last drunk)

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.)

Character Good

Army Form B. 122.

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
Field	8/1/14	MC		Defendant of British work, short	By Sellors	Pay for same	8/1/14	Major Bernard	1/4
Company	29/3/19	PC		Def of kil	Chas Watson	pay for same	1-7-19	Major Bernard	1/4

Medical Report on an Invalid.

Station Hazely Down Camp
 Date 30 4 19

- 1. Unit Royal Newfld
- 2. Regimental No. 0430
- 3. Rank Pa.
- 4. Name Day J.
- 5. Age last birthday 21
- 6. Enlisted { on 24. 5. 19
 at St John

- 7. Former Trade or Occupation } Fisherman.
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. *nil*
- 10. Place of origin of disability. *nil*
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

See complain pro desoldi

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

m

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?

m

16. Was an operation performed? If so, what?

m

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

m

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

m

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

m

20. Do you recommend—

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

Repatriation

m

Major J. D. D.

Officer in medical charge of case.

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

Station *N. D. Camp*

Officer in charge of Hospital.

Date *230. 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.

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

Day, James

5430

Day Sept.

July 2, 1919

#5430 Pte. James Day,

Old Shop, 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 & Officer i/c Records.

449

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. 1918.

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.

1. Christian name.. *James* 2. Surname.. *Day*

3. Rank... *Pte.* 4. Regt. No. *5182A*

5. Address in full to which future payments of gratuity are to be forwarded. *P.O. James Day Old Shop Trinity Bay*

6. Date of enlistment in the Regiment. *24/5/18*

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

Mr. Abner Day

8. Relationship of such dependents.. *Father*

9. Address in full of such dependents.. *Mr. Abner Day*

Old Shop Trinity Bay

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *No. served Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1.2 months*

1.2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

No. only one enlistment

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?

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?

Not applicable

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

yes

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.

No. did not serve in the actual theatre of war

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.

July 2, 1919

#5450 Pte. James Day,

Old shop, T.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 2510."

Yours truly

Captain,
Quartermaster & Officer i/c records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5430 Rank Pte Name Jay James
 Intended place of residence Old Shop
 2. Occupation Artist
 Classification of soldier E Medical Category AT
 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 4 1919
J. M. Ross
 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 4 1919
J. Day
 Signature of soldier
W. J. Bator
 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
4-6-19
J. Day
 Signature of soldier
W. J. Bator
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No of days on Military
 Discharged from service 18-6-19 Pte 148 ap Service 405

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
JUN 18 1919
R. H. Sait Capt
 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
July 2, 1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

22 B 2079/2510

The Royal Newfoundland Regiment

Class for Demobilization:—

4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4-5-79*

Regimental No. ... *5430* ...

Name *to my James* *Pl.*

Address *Old Shop*

Present Medical Category *Ai*

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

Members of Board {

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

..... *W. Paterson*
Senior Medical Officer

..... *W. Curdson*
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3430 Rank Plt Name Day James
 Date of Enlistment 24-5-18 Address Old Mill District St. John's
 Occupation Houseman Classification for Discharge T-1 Medical Category FT
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. 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

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1399 to his home at Old Shop and Release Certificate No. 2265 issued.

Date 4-6-19 *J.H. Snowcraft*
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 7-11-19

Date 4-6-19 *J.H. Snowcraft*
Depot Paymaster.

Discharge approved for 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st.	" 2	2 Form B
R 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 4-6-19 *J.H. Snowcraft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919

R.H. Sait
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

Signature of Man.

Reg. No.

J. A. Snow Capt.
Signature of the Vocational Officer or his Representative.

Place

St Johns.

Date

4 - 6 - 19

191*9*

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

MEDICAL HISTORY

OF

Surname

Day

Christian Name

James

Table I.—GENERAL TABLE.

Birthplace:—Parish

Old Shop 2B

County

Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>24</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age...	<i>20</i> years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>3</i> inches	feet	inches	
Weight	<i>125</i> lbs.	lbs.		
Chest Measurement	Girth when fully expanded	<i>37</i> inches	inches	
	Range of Expansion	<i>3</i> inches	inches	
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <i>6/6</i>	R.E.—V=		
	L.E.—V= <i>6/6</i>	L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to cause rejection	(b)	(b)		
Approved by (Signature)	<i>Lambert Paterson</i>			
(Rank)				
Enlisted	at <i>St Johns</i>	at		
	on <i>24</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<i>The Royal Nfld Regt</i>			
Transferred to				
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				

Medical Report on an Invalid.

Station Hazley Down.
 Date 30-4-19

- | | | | |
|----------------------|----------------------|--|--------------------|
| 1. Unit | <u>Royal Newfld.</u> | 7. Former Trade
or Occupation | <u>Yis herman.</u> |
| 2. Regimental No. | <u>5430</u> | 7A. If with previous service in Army, state— | |
| 3. Rank | <u>Pte</u> | (a) Former Unit; | |
| 4. Name | <u>Day J</u> | (b) Regimental No.; | |
| 5. Age last birthday | <u>21</u> | (c) Date of Discharge; | |
| 6. Enlisted | <u>24-5-18</u> | (d) Cause of Discharge. | |
| { on | <u>St John's</u> | | |
| { at | | | |

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil

13. What is his present condition?

to explain of his disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

no

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?

no

16. Was an operation performed? If so, what?

no

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

no

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

no

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

repatriation

Chas. J. ...
Chas. J. ...

Officer in medical charge of case.

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

Station *Wagley Down*

Officer in charge of Hospital.

Date *30-4-19*

*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.

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



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 *James Day*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5430*

Intended address *Old Shop Trinity Bay*

Height on discharge *5* Feet *4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Normal*

Christian name of Father *Abner*

Christian name of Mother *Phabag*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Old Shop Feb. 14, 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) *James Day* (Rank) *Pte*

Station *St John's Nf* Date *24-6-19*

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.

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

Station _____ Date _____

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland
Signature of O. C. Company *Erskine Lieut.*

Number of Sheet *one*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5430</i>	Age on	<i>20</i> years <i>0</i> months	<i>Sussexmen</i>		
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion		
Joined	Date	Period of	with Colours <i>1</i> ³⁰ years.	Place of Birth		
Joined	Date					

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St John's</i>	<i>2/79</i>				

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

5430

DEMOBILIZATION OF

Reg. No. 3430 Rank Plt Name Day James
 Date of Enlistment 21.11.18 Address Udd's Hill District St. John's
 Occupation W. S. L. M. S. Classification for Discharge 1 Medical Category AF
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 4.5.19 for Mrs. Grant O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

J. 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 Millers

Date 4-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1399..... to his home at Old Shop..... and Release Certificate No. 2265..... issued.

Date 4-6-19.....
J.H. 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 4-6-19.....
H. H. West
 Depot Paymaster.

Discharge approved for..... 18-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	2
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 4-6-19.....
J.H. Snow Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 18 1919.....
R.H. Sait Capt.
 O. C. Discharge Depot.

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

Date June 12/19.....
J. M. ...
Joseph ...

Reg. No. *Nr 30* Rank *AK* Name *Say. J.*
Attested Address *Old Shop.*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19.*
Returned on S.S. *Cornean* Cause *Discharge*

3-6-19
18-6-19