



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5553 Name John Dillon Corps R. C.

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

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. <u>John Dillon</u>                |
| 2. What is your full Address? .....  | 2. <u>Little 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>Fisherman</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 .....<br>Corps <u>R. C.</u> |
| 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, John Dillon 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.

John Dillon SIGNATURE OF RECRUIT.  
R. Power Signature of Witness.

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

John Dillon 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 fully answered 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 31 day of May 1918

Signature of Attesting Officer C. W. Dick's 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**

57553

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

Name John Dillon  
 Apparent age 20 years 0 months. Height 5 feet 5 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 Mary Dillon  
Little Bay Relationship Mother  
N. D. 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>31-5-18</u>									
Joined at <u>W. Cork</u> on <u>Monday 31-1918</u>									
<u>W. Cork</u> <u>July 4/19</u>									
<u>Embarked W. Cork S.S. Estrella to Halifax N.S. 22-7-18</u>									
<u>Embarked for S.S. 13-11-18</u> <u>November leave 28-11-18.</u>									
<u>Joined Bathn 5-1-19</u> <u>transferred from Queen 22-7-19</u> <u>Arrived Washburn 23-7-19</u>									
<u>Left for demobilization 22-5-1919.</u> <u>Arrived Hld 1-6-1919</u>									
<u>Demobilization W. Cork 9-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 9-7-1919 [date of discharge] 1 years 40 days  
 " " Pensions " [ " " ] " " "

No. *5553* Name *Dillon J* Sqn., Batty., or Company } *L.D.* Corps *R. Newfoundland* Date of enlistment } *3/5/18* G.C. Badges } Service or Proficiency Pay } *Good*  
 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. } *W. J. Long* } Character *Good*

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

Army Form B. 122.

C.R.

5553

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

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

5553, Pte. J. Dillon.

C.R. 5553

Extract from Daily Orders Part II Unit The Royal Field.  
Regt. St. John's, June 16th, 1919.

The discharge of the undermentioned on demobilisation has been  
APPROVED by G.O. Discharge Depot with effect from 25-6-19.

5553 Pte. John Dillon.

C.R. 5553

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, June 14th, 1919.

5553 Pte. J. Dillon.

5553

Reported at Headquarters 1-6-19 by "Corseican" which sailed  
Liverpool 22-5-19.

C.R. 5553

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

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

#5553 Pte. J. Dillon.

C.R. 5553

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

#5553 Pte. J. Dillon.



C.R. 5553

Extract from Daily Orders part 11, from Unit The Royal  
Field Regt. St. John's, date 4 July 25, 1918.

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

#5553 Pte. John Dillon.

C.R. 5553

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 1st, 1918

#5553 Pte. J. Dillon

Attested for General Service with the Royal Nfld. Regt.  
from 31.5.18

J Dillon

C.R.

5553

~~1890~~

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 Artillery*.....
2. Regtl. No. *5533*..... 3. Rank..... *plte*.....
4. Name *Pillon John*.....  
(Surname) (Christian Names)
5. Age last birthday..... *22*.....
6. Posted for duty on..... *Apr 2 / 1918*.....  
in category (or grade)..... *of John*.....
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 ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

11. Date of origin of disability. *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.. .. .  | } na                |                   |
| (iii.) Climate in pre-war service .. .. .   |                     |                   |
| (iv.) Ordinary military service before the war .. .. .                                      |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. .                          |                     |                   |
| 14 (?) If not due to any of these causes, to what specific condition do you attribute it? } |                     | na                |

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

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

*He complains of no 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. J. Procunier* Capt R. M. M.  
 Medical Officer in charge of case.

Station .. *Hazley Barr*

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





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Dillon, Regl. No. 5553  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and fifty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>or</sup> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz :

Allotment begins July 1st.

Identity Certificate No.	Whether Wife, Child other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4677	Wife	Mrs Mary Dillon	Little Bay N.S.B.	50
Total Allotment, \$				50

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]  
 Officer Commanding  
D. Company  
[Signature]  
July 8<sup>th</sup> 1918

(Sig.) John Dillon  
 (Rank) [Signature]

L. Dillon, J.

5553

May & Sept.



July 9, 1919

#5533 Pte. John Dillon,

Little Bay, N.D.B.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2839.

Yours truly

Paymaster & U.i/c Records  
Captain

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5563 Rank Pte Name Dillon John  
 Intended place of residence Little Bay  
 2. Occupation Fisherman  
 Classification of soldier A 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 ST. JOHN'S .....  
 Date JUN 11 1919 .....  
 In Wms Lieut  
 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 11 1919 .....  
John Dillon  
 Signature of soldier  
J. M. [unclear]  
 Signature of witness

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

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

Place and Date ST. JOHN'S .....  
JUN 11 1919 .....  
John Dillon  
 Signature of soldier  
[unclear]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 31-5-18 ..... No of days on Military  
 Discharged from service JUN 25 1919 Plus 14 days ..... 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 .....  
JUN 25 1919 .....  
R. H. [unclear] Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place A. Davis Ned .....  
 Date July 9/1919 .....  
[unclear] Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

a 412079/2839

# 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 10.6.19

Regimental No 5553

Name Dillon John Rank \_\_\_\_\_

Address Little Bay N.S.B.

Present Medical Category A1

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

Members of Board {

R. H. [Signature]  
O.C. Discharge Depot.

[Signature]  
Senior Medical Officer

[Signature]  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5353 Rank Pte Name Dillon John  
 Date of Enlistment 31-5-18 Address Little Bay District Willingate  
 Occupation Fisherman Classification for Discharge E1 Medical Category H.I.  
 Recommendation S. M. B. \_\_\_\_\_ 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	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 10-6-19 for O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action John Mark Dillon  
Willingate

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied None

Date 11-6-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1722 to his home at Little Bay and Release Certificate No. 2601 issued.

Date 11-6-19

*J. A. 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 9-7-19

Date 11-6-19

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

Discharge 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 11-6-19

*J. A. Snowcraft*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**JUN 25 1919**

**Eligible for War Service Gratuity**

Date .....

*R. H. [unclear]*  
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*

*William J*

Signature of Man.

Reg. No. *5353*

*J. A. Snowlett*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

191

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

# MEDICAL HISTORY

Surname Dillon OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Little Bay No 12 County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	31	May		
Declared Age	20	years		
Trade or Occupation	Fisherman.			
Height	5	feet		
Weight	132	lbs.		
Chest Measurement	Girth when fully expanded... 35 inches			
	Range of Expansion... 3 inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	6/6 6/6			
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lament Batorum</u>			
(Rank)	<u>Major</u>			
Enlisted	at	<u>Sigonis</u>	at	
	on	28 day of <u>May</u>	on	day of 191
Joined on Enlistment	Corps.	<u>Royal Nfld. Regiment.</u>	Corps	Regtl. No.
		<u>5553.</u>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





July 11, 1919

#5583 Pte. John Dillon,

Little Bay, N.D.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 & U.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 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *John* ..... 2. Surname *Dillon* .....

3. Rank *Pte.* ..... 4. Regtl. No. *5553* .....

5. Address in full to which future payments of gratuity are to be forwarded *Rattle Bay, N D B* .....

6. Date of enlistment in the Regiment *May 28/18* .....

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

8. Relationship of such dependents.....

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

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

11. Were you on active service only in field, if so, give dates and particulars of such service..... *Over seas* .....

12. Give total length of time which you served on active service, whether in field or over seas..... *From May 29/18 to June 11/19* .....

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 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.

*No*

*June 11/19*

(b) Reason for discharge

*Temporary 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.

*France, Belgium + Germany - From Nov. 18 to April 1919*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

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

Signature of Applicant:

*his*  
*John Dillon*

Place of Residence:

*Rattle Bay, N.S.W.*

Declared before me at:

*N. Johnsfield.*

This

*11th*

day of

*June*

19*.19.*

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

*John McCarthy*

POST DISCHARGE PAY.

Date paid

Paid  
Soldier.

Paid

Dependent.

War Service  
Gratuity.

Net amount  
due

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

Certified correct.

Paymaster



## 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

*John Dillon*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5553*

Intended address

*Little Bay N.S.*

Height on discharge

*5 Feet 8*

Color of hair on discharge

*Black*

Complexion

*Dark*

Color of eyes

*Blue*

Descriptive Marks

\_\_\_\_\_

Figure on discharge

*Medium*

Christian name of Father

\_\_\_\_\_

Christian name of Mother

*Mary*

Wife's maiden name in full

\_\_\_\_\_

Date and place of marriage

\_\_\_\_\_

Christian names of children

\_\_\_\_\_

Place and date of soldier's birth

*Little Bay, N.S. 1897*

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)

*John Dillon**Pte*

(Rank)

Station

*ST. JOHN'S.*

Date

*9-6-19*

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



**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 consider 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* } *Fisherman*  
2. Regtl. No. *5553* }  
3. Rank. *Pte* }  
4. Name *Dillon* }  
*(Surname)* } *(Christian Names)*  
5. Age last birthday. *22*  
6. Posted for duty on *May 28/18* at *St. John's*  
in category (or grade).....  
7. Former Trade or Occupation }  
7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.  
(b) Date of Discharge;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) 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."  
*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 (7). If not due to any of these causes, to what specific condition do you attribute it? } .. .. .

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

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

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *no*
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *no*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *no*

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

*W. W. Brown*  
*Capt R. A. M. L.*

Station *Bangley D. Camp.*

Date *29/4/19*

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

**Casualty Form - Active Service.**

Regiment or Corps H. Newfoundland  
 Rank Pte Surname Dillon Christian Name J  
 Religion R. Catholic Age on Enlistment 20 years — months  
 Enlisted (a) 31/5/18 Terms of Service (a) Duration Service reckons from (a) 31/5/18  
 Date of promotion to present rank — Date of appointment to lance rank —  
 Extended { Re-engaged { Qualification (b) —  
— or Corps Trade and Rate —  
 Occupation Fisherman Signature of Officer W. H. [unclear]

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		
		Joined Batt.	5	1 JAN 1919	
		Arrived in UK		23/4/19	

(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, &c. (17591.) Wt. W 1887-P 1124, 1,000,000. 8/18. D & S, Form B/103. (E. 1256.)

Next of Kin: Mother: Dillon Mary; Little Bay; Notre-dame Bay; N. S. L. D.





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Dillon, Regl. No. 5553

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other-Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>John Dillon</u>	<u>Wentworth Bay N.S.</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]  
Officer Commanding  
Company  
191

(Sig.) John Dillon  
(Rank) [Signature]

ST. JOHN'S, June 21<sup>st</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To M<sup>rs</sup>. Samson

South Side

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 22<sup>nd</sup> /19

5553 W. J. Dillon 22 70

ACCOUNT	<u>B. &amp; M.</u>
AM NO	<u>34728</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct

for \$ 22

J. A. Small  
Billeting Officer.

M<sup>rs</sup>. Samson

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

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheet

11

Signature of O. C. Company

C. S. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	Bellon John	Age on	20 years months	Fisherman	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	St John's	R.C.	
Joined		Date	21-5-18		
Joined		Date	Period of ) with Colours 1 <sup>1/2</sup> years. with Reserve 3 <sup>1/2</sup> years.	Place of Birth	Little Bay N.S.

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
Hazelton Camp	15-10-18	Platoon		Duty on Guard	Sgt Martin	2 days	15/10/18	Capt M. I. Long	M.I.L.
				Demobilized	John's	9	79		

To be carried over.

Receipt for Army Book 64

No. .... *5553* Name ..... *Dillon* .....

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

Date ..... *July 23/20* .....

Place ..... *Willeby* .....

Name ..... *John Dillon* .....

*Wm*

*Dillon*

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

44443  
Demobilization Form 3

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3333 Rank Capt. Name William J. Gray  
 Date of Enlistment 31-5-18 Address Little Bay District St. John's  
 Occupation Fisherman Classification for Discharge 1/1 Medical Category H.I.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	/	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	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 10-6-19 for O. C. Discharge Depot. H. M. W. H.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

John Mark  
William J. Gray  
 Particulars passed to Vocational Officer for information and action. sent to file

Date \_\_\_\_\_

#### 2. Clothing:

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 9.00
- (b) Clothing Supplied None

Date 11-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B. 1722 to his home at Little Bay and Release Certificate No. 2601 issued.

Date

11-6-19

*J.A. Sawciff*  
Demobilization Officer

**4. Pay and Allowances.**

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

Date

11-1-19

*J.A. Sawciff*  
Depot Paymaster.

Discharge approved for

15-6-19

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

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 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		

Date

11-6-19

*J.A. Sawciff*  
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**  
*R. St. Paul Capt.*

Date

June 25 1919

O. C. Discharge Depot.

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

Date

June 20/19

*Amelia [unclear]*  
Honour Records

Reg. No. *5553* Rank *Pvt* Name *Dillon John*

Attested ..... Address *Little Bay*

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

Date of Allotment ..... Returned from Overseas *29-5-19*

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

*10-6-19*

PASSED TO DEMOBILIZATION OFFICER

*25-6-19*

DISCHARGE APPROVED ON DEMOBILISATION.