



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5536 Name Thomas Dillon Corps R. C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Thomas Dillon
2. What is your full Address? } 2. Little Bay P.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10.) Name
) Corps Yes
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, Thomas 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.

Thomas Dillon SIGNATURE OF RECRUIT!
Pte R. Power Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas 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 duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 31 day of May 1915

Signature of Attesting Officer C. S. Dickson Recruit Thomas Dillon

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the
 If enlisted by special authority, such will be attached to the original attestation.

Date 191
 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)



THE ROYAL NEWFOUNDLAND REGIMENT

am

No. 5536 Name Thomas Dillon Corps R.C.

QUESTIONS TO BE PUT TO THE RECRUIT BEFORE ENLISTMENT

1. What is your name? 1. Thomas Dillon
2. What is your full Address? 2. Little Bay B.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 25 Years Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? .. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes.

I, Thomas 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 engagement made.

Thomas Dillon SIGNATURE OF RECRUIT
Pte R. Power SIGNATURE OF WITNESS

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas 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.

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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.

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Signature of Attesting Officer Ed Dicko Reint

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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

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Date 191

Place

} Approving Officer.

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C.R. 5536

September 3, 1918.

To:- Officer Commanding Depot,
City.

#5536 Private
Thos. Dillon.

I enclose letter from P. Burke J.P. Little Bay with reference to this man's pay. Will you please arrange to forward him any balance due, and advise me position.

Has he made an allotment.

Major.
District Officer Commanding.
Newfoundland.

ENCLOSURE.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address **Militia Department**

Line Number	Rcd	By	Sent	by	Check

Dated **October 2, 1918**

To **John Dillon, Little Bay, N.D.B.**

beg to inform you condition of No.5536 Pte. Dillon is still improving.

J. R. Bennett,

Minister of Militia.



C.R. 5536

M.F.A.3

C. R.

DEPARTMENT OF MILITIA

W

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

June 22nd., 1918.

From:- D. M. S.
To:- Casualty Department.

The following telegram has been received from
Dr. A. E. Lidstone, Tilt Cove:

5536

pte

"Thomas Dillon soldier on leave Little Bay
"strongly suspicious symptoms Smallpox
"very ill can't speak can get no definite
"testimony can you state if recently
"successfully vaccinated" 1-6-18

CLUNY MACPHERSON,

Major, D. M. S.

Per A. G. B.

C.R. 5536

Extract from Daily Orders, Part 11, UNIT The Royal Newfoundland Regt.,
dated Nov. 28th. 1918.

STRENGTH DECREASES.

5536 Pte. Thos. Dillen

Having been found medically unfit is discharged from 14/11/18.

25



C.R. 5536

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Novr. 14th 1918 191

From Assistant Adjutant
Depot.

To District Officer Commanding
Newfoundland.

Referring attached, beg to report
that we have no trace whatsoever
of any bill for Medical Services
rendered to Private T. Dillon.

A. Robertson Capt.
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

SR/WFC

1 ENCLBSURE 1



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND.

November 14, 1918.

To:- Officer Commanding Depot,
 City.

Have you any trace of a bill from John Thomas for conveying Dr. Lidstone from Little Bay to Tilt Cove for the purpose of attending Private Thos. Dillon who was ill at that place. The bill is for the amount of \$25.00.

A? MONTGOMERIE

Major.
 District Officer Commanding.
 Newfoundland.

Per. R. M. D.

No trace!
A. Edwards
11/15/18

C.R. 5536

Preliminary Report

Extract from List to O.C. Depot from The Director of Medical Services
dated October 19th 1918.

At a Medical Board held on Friday, October 18th., the following was
a finding:-

5536 Pte. T. Dillon.

Recommended Discharge - Permanently Unfit.

C.R. 5536

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's Oct. 5th, 1918.

5536 Pte. T. Dillon.

Discharged from General Hospital 4-10-187

C.R. 5536

Extract from Daily Orders Part 11 Unit The Royal Mfld.Regt.

St. John's, Sept.19/18.

5536 Pte. T. Dillon.

Discharged from Barracks Hospital and admitted to General Hosp .
18-9-18.

C.R. 5336

Extract from Daily Orders part 11 depot St. John's dat of Sep. 16/1918

5536 Pte. D. Dillin

Admitted to Barracks Hospital 16-9-18.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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(NOT TRANSMITTED)Signature of Sender _____ Address **Militia Department**

Line Number	Rcd	By	Sent	by	Check

Dated **Sept. 28th, 1918**To **John Dillon,****Little Bay, N.D.B.****Beg to inform you that condition of No. 5536 Pte.****T. Dillon is still improving.****J. R. Bennett,****Minister of Militia**

C.R. 536
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's, Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Sept. 24th, 1918.

To Mr. John Dillon,

Little Bay, N.D.B.

Bag to inform you that your son #5536 Pte. Dillon, is improving.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address **Militia Dept**

Line Number	Rcd	By	Sent	by	Check

Dated **Sept, 26, 1918**

To **John Dillon, Little Bay, N.D.B.**

beg to inform you No. 5436 Pte. T. Dillon is still improving

J.R. Bennett,
Minister of Militia

C.R. 5536

Postal
Amalgamated American Telegraph Company

LIMITED.
ESTABLISHED 1866.

EIGHT TRANS-ATLANTIC CABLES
AUTOMATIC DUPLEX SYSTEM.

CLASS OF SERVICE DESIRED	
Fast Day Message	
Day Letter	
Night Letter	
Patrons should mark an X opposite the class of service desired; OTHERWISE THE TELEGRAM WILL BE TRANSMITTED AS A FAST DAY MESSAGE.	

Important Messages should be repeated—

Attention is called to the Importance of legible writing.

CHECK	TELEPHONE 378 FOR MESSENGER.	TIME	
		Received	Sent

SEND the following telegram subject to the terms }
on back hereof which are hereby agreed to.

Date September 25th 1918

To Mr. John Dillon, Little Bay, N. D. B.

**Beg to inform you that #5536 Pte. Dillon is still
improving**

J. R. Bennett

Minister of Militia



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____ Sent by _____ Rec'd by _____ Check _____ No. _____

Place from Little Bay 23rd

To Hon J R Bennett

Min Militia

Mrs

23

SEP 23 1918

Please wire immediately
 5536 Re Dillon's
 condition today.

Mrs John Dillon
 progressing favourably
 able to sit up.

CR 5536
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Post of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated

Sept 23rd, 1918.

To

Mrs. John Dillon,
Little Bay, N.D.B.

Bag to inform you that your son #5536 Pte. Dillon, is progressing favourably, able to sit up, will soon be convalescent.

J.R. Bennett,
Minister of Militia.

C.R. 5536
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Sept. 21st, 1918.

To Mr. John Dillon,

Little Bay, N.D.B.

Regret to inform your that your son #5536 Pts, Dillon, T. is very dangerously ill, "Cerebral Hemorrhage".

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

CR 5536
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's, Dept. of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Sept. 19th, 1918.
To Mrs. John Dillon.
Little Bay, N.D.B.

beg to inform you that your son, #5536 Pte, Dillon, is slightly improved to-day.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 5536

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD



Line No. 65 Sent by P Rec'd by _____ Class 10 No. _____

Place from Littlebay 19

To Hon. J. R. Bennett



Please advise immediately how 5536 Pte Dillon is today

Mrs John Dillon

CR 5536
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Sept. 10th, 1918.

To Mr. John Dillon,
Little Bay, N.D.B.

Regret to inform you that your son # 5656 Pte. Dillon, is dangerously ill.

J.B. Bennett,
Minister of Militia.

C.R. 5536

Extract from Preliminary Report from The Director of Medical
Services to O.C. Depot, dated October 10th 1918.

To report next Board:

5536 Pte. T. Dillon.



C.R. 5536

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

5536

Sept. 18th, 1918

~~5536~~ Pte. Thomas Dillon

John Dillon Father

Little Bay N.S.B.

From Officer Commanding,
Depot

To Casualty Officer,
Militia Department

5536 Pte. T. Dillon

Above noted man is now in Barracks
Hospital suffering from fits. His condi-
tion is stated as "Dangerously Ill". He
is being admitted to the General Hospital
this morning.

Handwritten signature

Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

~~5536 Pte. Thomas Dillon~~
~~John Dillon~~
CCD*AC

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(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

September 18, 1918.

To

Mr. John Dillon

Little Bay N.D.B

Regret to inform you that No5536 to T Dillon was admitted General Hospital to-day suffering from fits dangerously ill

J.R. Bennett

Minister of Militia

C.R. 5536

Sept. 5, 18.

Sir:-

45536 Private. Thomas Dillon.

I have the honour to acknowledge receipt of your communication of 28th instant, and am advised that this man is able to travel and has been ordered to report to barracks at the first opportunity, when all all money due to him will be paid.

He can then send some to his parents if he so wishes.

I have the honour to be,

Sir,

Your obedient servant,

Major.

District Officer Commanding.

Newfoundland.

P. Burke Esq. J.P.,

Little Bay.

C.R. 5536

Sept. 5, 18.

Sir:-

#5536 Pte. Thos. Dillon.

I have the honour to acknowledge receipt of your communication of 28th instant, and am advised that this man is able to travel and has been ordered to report at barracks at the first opportunity, when all money due to him will be paid, when he can send some to parents if he so wishes. I would suggest that you give him the necessary instructions.

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

Major.

District Officer Commanding.

Newfoundland.

B. Burke Esq., J.P.,

Little Bay.



C.R. 5536

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Sept. 5th, 1918 191

From Officer Commanding,
Depot

To D.O.C., Newfoundland,
Militia Department

SIR:

5536 Pte. Thos. Dillon

Above noted man was reported sick while on home leave on July 29th, 1918, by Magistrate Wells of Little Bay. Report from Dr. Lidstone to Major Paterson now states he is fit to travel, so he has been ordered to report to Barracks first opportunity.

He has a credit balance of \$102.30 due him, up to and including Aug. 31st and has no allotment current. Immediately on his return to Barracks he will be paid this amount and be instructed to make an allotment.

I have the honour to be,

Sir,

Your obedient servant

W. W. W. W.
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

September 3, 1918.

To:- Officer Commanding Depot,
City.

#5586 Private
Thos. Dillon.

I enclose letter from P. Burke J.P. Little Bay with reference to this man's pay. Will you please arrange to forward him any balance due, and advise me position.

Has he made an allotment.

McIntosh

Major.

District Officer Commanding.

Newfoundland.

ENCLOSURE.

L. L. Bay
Honbl. J. P. Duff
Minister of Militia
Honbl. Sir
I am on
behalf of the Honourable
John Duff who was
killed in the
First World War
and whose home on
Front Street, Toronto,
was taken seriously
ill, and afflicted
with a slight stroke of
paralysis, he is getting
on fine three part time

work and by all means
will be in the line
of three months.
I beg to say he
has received two
weeks leave, expenditure
and needs to be
of his mother's
and must obligations
incurred & having his
sister's care on
behalf of her mother
I respectfully request you
for attention to
his case
I am, Sir,
Yours Respectfully
J. P. Duff
Regimental No. 5336

C.R. 5536

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

#5536 Pte. T. Dillon

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

C.R. 5536

September 3, 1918.

Sir:-

I have the honour to acknowledge receipt of your communication of 23rd ult., in connection with #5536 Private Dillon, and enclosing bill from John Toms for \$25.00 for motor boat hire.

Before settling this account I shall be glad to have a statement of the time occupied by the motor boat.

I am having cheque sent to Mr. Burke for his account.

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

Major.
District Officer Commanding.
Newfoundland.

Thos. E. Wells S.M.,
Little Bay.

Dillon, Tho.

5536

May 20th.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>5536</u>	Army Rank <u>Private</u>
Name <u>Thomas Dillon</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</u>	
Battalion, Battery, Company, Depôt, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 25th 1918</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. Description at the time of discharge.	
Age <u>25</u> years _____ months Height <u>5</u> feet <u>7 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>blue</u> Hair <u>brown</u> Trade <u>Fisherman</u> Intended place of residence <u>Little Bay N.S.</u> <small>(To be given as fully as practicable)</small>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— <u>W.P.</u>	
4. Character awarded in accordance with King's Regulations:—	
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small; margin-right: 5px;">To be filled in on the soldier quitting the Colours.</div> <div style="border: 1px solid black; flex-grow: 1;"> <p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> </div> </div>	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

The Royal Newfoundland Regiment

DEMobilIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 5536 Rank Private Name Thos Dillon

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance

to the amount of \$ 60.00 ¹⁰⁰

Date 11/11/19

Thos Dillon
Signature of Soldier

Witness
Signature of Witness

Kindly sign & return
at your convenience

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Amount 1/6 Paid by 46 Coll

Please from Little Bay 15

To Lieut E Watson



Sorry have to report no 5536
The Dillon has been confined
to his bed ever since his
arrival here on leave
absence with heavy fever
of which he has recovered
Doctor Lidstone attended
but his right side is all
paralyzed with loss of speech

Magistrate Wells

To be Noted

Part II Orders
Card Index
Regimental Roll



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 5th Oct 1918

Regimental No. 5536

Name Dillon Thomas

Address

Disease or Disability Cerebral Hemorrhage
with right Hemiplegia

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition

Recommendation Standing medical board

Category

Members
of
Board

R. H. Lait Capt.

O. C. Depot

W. Keirney
L. Paterson

D. D. M. S.

M. O. Depot

Minister of Melitia

To
John Loms

1918

June 21. To Saking Dr To Lillico
\$25.-00

Certified as having been
incurred by P. Burdopp
on account of Pte. Thos. Gillan
who was seriously ill while
having on leave of absence.

Thos. Webb
Sperding Magistrate

Lillooey
August 23/18.



Trans. Exp.
6279



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

September 3, 1918.

Sir:-

I have the honour to acknowledge receipt of your communication of 23rd ult., in connection with #5536 Private Dillon, and enclosing bill from John Toms for \$25.00 for motor boat hire.

Before settling this account I shall be glad to have a statement of the time occupied by the motor boat.

I am having cheque sent to Mr. Burke for his account.

I have the honour to be,

Sir,
Your obedient servant,

McMontgomery

Major.
District Officer Commanding.
Newfoundland.

Thos. E. Wells S.M.,
Little Bay.



Magistrate's Office.

Little Bay N.F.

Nov 25th/18.

191

Sir;

Referring to the matter of motorboat hire in connection with 5536 Private Dillen, I regret to say your communication of Sept 3rd last was mislaid and I only discovered this a few days ago.

The motor boat was on this work two days and it was a matter of "life and death" and no other motor boat was available and under existing circumstances I consider his charge reasonable.

Mr P. Burke informs me he recently called at your office and your Secy informed him there was no bill there for this motorboat hire.

I am herewith returning your letter which will explain matters. Thanking you for your attention to the matter,

I have the honor to be

Sir

Your obedient servant

Major A Montgomerie

District Officer Commanding

Newfoundland.

Theo. Wells
District Magistrate

Dec. 11th 18

Mr. John Toms,
Little Bay.

Dear Sir:

I enclose herewith cheque for \$25.00
being amount due you for motor boat hire for taking
Doctor to Tilt Cove to attend Pte. Dillion.

Yours truly,

Capt.
Paymaster

PENSION No. 840

disability

CEREBRAL HEMORRAGE.
RIGHT WRIST HEMAPLEGIA.

REG'T No. 5536

RANK **Private**

H.Q. No.

SOLDIER'S NAME **Dillon Thos.**
DATE PENSION COMMENCES **1-7-19**
PENSIONER'S NAME **Dillon Thos.**
WIFE'S NAME
CHILDREN'S NAMES

BLOCK No.

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$600.00	3	\$50.00	1-8-19	\$51.67	\$51.67	
300.00	6	25.00	1-2-20	150.00	150.00	
\$150.00	12	\$12.50	1-2-21	\$150.00	\$150.00	
Increased to \$18.75 from Jan 1/22					\$150.40	

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DED.	ABSTRACT	CHEQUE		TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE	
					SERIES	No. MONTHLY PAYMENT				
	JAN 1 JUN			<i>Aug</i>		9709	50.00	50.00s	51.67-	1.67Cr
50.00	JUL	1 JUL				223	1.67	51.67s	51.67-	.00Cr
	NOV	1 NOV				7384	99.17	99.17s	150.00-	50.83Cr
99.17	DEC	1 DEC				78.86	25.00	124.17s	150.00-	25.83Cr
124.17	JAN	1 JAN				95.65	25.83	150.00s	150.00-	.00Cr
	APR	1 APR				152.70	37.08	37.08s	150.00-	112.92Cr
37.08	MAY	1 MAY				158.40	12.50	49.58s	150.00-	100.42Cr
49.58	JUN	1 JUN				176.24	12.50	62.08s	150.00-	87.92Cr
62.08	JUL	1 JUL					12.50	74.58s	150.00-	75.42Cr
74.58	AUG	1 AUG					12.50	87.08s	150.00-	62.92Cr
87.08	SEP	1 SEP					12.50	99.58s	150.00-	50.42Cr
99.58	OCT	1 OCT					12.50	112.08s	150.00-	37.92Cr
112.08	NOV	1 NOV					12.50	124.58s	150.00-	25.42Cr
124.58	DEC	1 DEC					12.50	137.08s	150.00-	12.92Cr
137.08	JAN	1 JAN					12.50	149.58s	150.00-	.42
149.58	FEB	1 FEB					42	150.00s	150.00-	.00

April 3rd., 1930.

Mrs Mary Ann Dillion,
LITTLE BAY. N.D.E.

Dear Madam:-

I beg to acknowledge receipt of Application Form, Marriage, Birth and Death Certificates, in respect of your claim for pension, but before I can be in a position to have same before the Board for consideration, it is necessary that I have a Medical Certificate respecting your physical condition, and I would be glad if you would procure same from your doctor and let me have it at an early date, please.

Yours very truly,

Secretary.

BT:

This is to certify that John Dillon
died May 10th, 1906. Interment was at
Little Bay May 12th, 1906. Rev. John Lynch
was the Officiating Minister.

Little Bay, N. D. B.
March 21st / 30

Rev. J. P. Hogan (Pastor)
R. O. Church.

Certificate of Marriage



This is to Certify

That John Dillon
and Mary Corbin
were lawfully

⊗ Married ⊗

on the 25th day of January 1888

According to the Rite of the
Roman Catholic Church

and in conformity with the laws of the Prov. of
Que., Rev. Stephen O'Flynn
officiating in the presence of Abraham Russell
and Margaret Corbin Witnesses, as appears
from the Marriage Register of this Church.

Dated Little Bay, N. O. B. Nov. 21st / 30

J. P. Hogan Rector.

Certificate of Baptism



This is to Certify

That Thomas
child of John Dillon
and Mary Corbin
born on the 24th day of Oct. 1892

Was Baptized

on the 13th day of December 1892

According to the Rite of the
Roman Catholic Church

by the Rev. Stephen O'Hlynn
the Sponsors being Joseph Hunt
and Bridget Fitzgerald
as appears from the Baptismal Register of
this Church.

Dated Little Bay, N. O. B. Nov. 21st /30
Joseph P. Hogan

840

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

Application for pension of the parent, grand-parent or foster-parent of a deceased or Insane member of the Forces.

1. What is the full name, age, and address of the applicant?

Mary Anne Dillon 57 yrs.
(FULL NAME) (AGE)
Little Bay, Notre Dame Bay.
(ADDRESS)

2. What was or is the number, rating, or rank full name, ship or unit of the member of the forces in respect of whom application for pension is made?

? Private.
(NUMBER) (RATING OR RANK)
Thomas Dillon
(FULL NAME)

I deceased, where and when did he die, and at what age

Regiment
(SHIP OR UNIT)
He died at Little Bay.

If insane, where and by whom is he being cared for? Give address.

on the 27 day of Dec 19 29
Age 37 years.
Cared for by Mother.

3. What relation is applicant to the member of the forces?

Address Little Bay, N.D.B.
Mother.

(Attach marriage certificate of applicant and birth certificate of member of the forces)

4. How long has applicant been dependent on the member of the forces?

I have been dependent on the member of the forces for _____ years.

(a) How much did deceased contribute per month to applicant's support previous to enlistment?

\$ all he earned per _____

(b) Was separation allowance paid to applicant, and if so, how much?

\$ yes per ?

(c) Was assigned pay paid to applicant, and if so how much?

\$ _____ per _____

(d) Was patriotic Fund allowance paid to applicant and if so how much?

\$ _____ per _____

5. Has applicant any occupation or calling? If so what? If applicant is not working or employed, why not?

No -
(Occupation)
not strong.
no employment.

6. Has applicant's husband or wife any occupation of calling? If so, what? If not, why not?

Deceased
(Occupation)

7. Has applicant any income from the following, and if so, how much?

(a) Earnings or salary

none.

(b) Annuities, interest, stocks, bonds, mortgages, property of any kind, rent or any investments.

none

(c) Bequests, estates, trust moneys.

none

9. If applicant is the father why can he not support himself? (Attach Medical Certificate)

May 10, 1906.

10. If applicant is a widow give date of husband's death. (Annex husband's death certificate)

" 10 1906

11. Was the applicant the beneficiary of any estate left by husband or wife of applicant or by the member of the forces, or by any deceased children of applicant? If so how much?

no

12. The following are the true particulars of applicant's adult children now living. (Be careful to give fully all the information asked for below.) (See question 13 for children under age limit.)

Names	Sex	Age	Occupation	Married or Single Date of Marriage	State whether contributing towards maintenance of parent, and if so how much? If not, why?
Margaret	F	39	?	M	no
Mathew	M	35	laborer	M	" <i>Contributes to support</i>
John	"	33	laborer	S	<i>Does not contribute to support</i>
James	"	31	?	S	<i>whereabouts unknown</i>
Patrick	"	27	laborer woodman	S	Yes, not regularly employed - unable to estimate amount received - lives with applicant where not working in lumber woods

12. The following are true particulars of applicant's children, boys under sixteen and girls under seventeen years of age, now living. (Be careful to give fully all the information asked for below.)

Names	Sex	Age	Date of Birth	Occupation if any, and amount of earnings or income	By whom maintained and place of residence.
-------	-----	-----	---------------	---	--

None

13. Were the children mentioned in question 12 maintained by the member of the forces, and if so, for how long and to what extent?

I, Mary Dillan the above named applicant, being duly sworn, depose and say that the answers which I have given to the above questions, contain the truth, the whole truth, and nothing but the truth.

Signed and sworn before me at Little Bay this Twenty first day of March A.D. 1930

Mary + Dillan

AND I HAVE SIGNED

Not Public

(A Commissioner, Notary Public or Justice of the Peace)

NOTE:- The Marriage, Birth and Death Certificated and other Documents referred to in this Form will be returned to the Applicant after perusal.

840

February 27th., 1930.

Mrs Mary Dillon,
Little Bay, N.D.B.

Dear Madam:-

Kindly have the enclosed Application Form completed in every detail, and properly signed, and return to me, when I shall take up your case with the Board at the next meeting.

Yours very truly,

Secretary.

CCO/BT:

Decisions Cheque returned
and cancelled
Board of Pension Commissioners
St. John's

Dear Sirs -

I return herewith
Cheque sent to Thomas
Dillon he died Dec 28. 1929.
If it were possible I would
like you to continue this
payment to me. I am
his mother & in need of it.
Only for his military service I
feel he would be still living
& supporting me.

Yours Truly
(Mrs) Mary Dillon

Leute Bay.

N. D. B. Feb 5. 1930.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Thomas Dillon
 Rank Private Regtl. No. _____ Rate of pension \$18.⁷⁵/₁₀₀ per month

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
<u>unmarried</u>			(If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
<u>None</u>		

IV. Pensioner's Signature Thomas Dillon
 (The signature must be inserted in the presence of the person who signs the Certificate below.)

Pensioner's Address Little Bay, N. D. Bay

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this Fifteenth

day of February 19 29
 and that I believe the Declarant to be the person named herein.

Signature [Signature]

Qualification Justice of Peace

Address Little Bay N. D. Bay

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

PENSION No. 840

REGT. NO. 5536 RANK _____ PTE _____ NAME THOS. DILLON

Corps served with ROYAL NFDL. REGIMENT

Date of Medical Board JUNE 27, 1929 Disability 25%

Pension for self \$18.75 per month, for 12 months.

Allowance for wife _____ per month, for _____ months.

ALLOWANCE FOR CHILDREN:

1st. Child _____ per month, for _____ months.

2nd. Child _____ per month, for _____ months.

_____ children, _____ per month, for _____ months.

(C\$)

TOTAL MONTHLY PENSION \$18.75 per month, for 12 months.

TOTAL authorized amount \$225.00 from 8-8-29 to 7-6-30.

Pension granted to: THOS. DILLON
LITTLE BAY N.D.B.

Approved by:



J. M. Modell
(Chairman)
J. Hall
(Commissioner)
R. Murphy
(Commissioner)
[Signature]
(Secretary)

Date of Marriage _____ Name of Wife _____

NAME OF CHILD. SEX. DATE OF BIRTH. DATE ALICE EXP.

Manu
30/7/29

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.**THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND**

TO MEDICAL EXAMINER :

ST. JOHN'S, Newfoundland,

Medical Report required; review date :—

Date MAY 1929.AS SOON AS POSSIBLE, PLEASE:The Secretary, Board of Pension
Commissioners for Newfoundland.Per B.T.

Regimental No.	5536	Rank	PTE:
Name	THOMAS DILLON.	Address:-	Little Bay, N.D.B.
Unit	ROYAL Nfld REGT:		
DESCRIPTION OF PENSIONER :			
Apparent Age		Height	5'7" Color of Eyes BLUE.
Complexion	FAIR.	Colour of Hair	BROWN. Weight
Marks of Identification:			

June 3, 1928:

 States that he has had the fits each month, never falls, but knows when the fit is coming and then lays down. Facial paresis, right-sided. Grip of hand slightly lessened on right side. In fair condition physically but not responsible on account of the uncertainty of an attack coming on.

 DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

CEREBRAL HEMORRAGE
WRIST RIGHT HEMIPLEGIA.

Disability for which pension has been awarded :—

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? *Yes.*

(2) Give a definite detailed description of the present condition. *and in my opinion should be there now.*

He is in a state of mental unbalance which practically amounts to imbecility. In fact he was in the insane asylum for a time this year. He has to be constantly watched and cared for by his mother who is a widow. This means that one of his brothers has to remain at home practically all the time and so is prevented from earning anything like what he is capable of. The statement in the last report that he does not fall down is incorrect. I know that he has fallen several times and on two occasions has severely injured himself. He would not have sufficient intelligence to tell the doctor the facts. He is not bodily but mentally sick. His people are in very poor circumstances and in my opinion this is a specific case calling for full disability.

Special Questions :—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are :—
(If there are no complaints, it will be so stated.)

Signature
of Witness

Adrian Thomas

Pensioner's Signature

Thomas x Dillon
wait

(cannot write)

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.

Cerebral Hemorrhage. Wrist right hemiplegia.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted or aggravated, while on Active Service.)

none.

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination?

Increased considerably.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

no.

5 Will disabilities materially increase or diminish? Will probably increase.

6 Are the disabilities permanent? Yes.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service? no

not required.

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT :—This is to certify that I thoroughly understand the nature of the treatment (To be completed when treatment advised has been refused.)

advised and refused to accept the same for the following reasons :

The foregoing report submitted by:

Pensioner's signature

Signature

Medical Examiner.

Place

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answer.)

9 (a) Has pensioner married since last medical re-examination? no.

(b) If so, is he receiving the additional allowance for a wife? not married

10 (a) Has a child been born to pensioner since last medical re-examination? no.

(b) If so, is he receiving the additional allowance for a child? no.

11 If pensioner was married, has his wife died since last medical re-examination? no.

(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? no.

(State date of death and names of children who have died.)

Place

Little Bay Islands

Date

June 27th 1929

Head of District Office, (or Medical Practitioner)

Approved 28 90 for 12 Months as treated as medical disability by the Medical Examiner. [Signature]

[Signature]

July 6, 1929.

Mr. Thos. Dillon,
Little Bay,
N.D.B.

Dear Sir:

I beg to acknowledge receipt of your letter of the 3rd. inst., regarding your pension. The award which you were receiving expired on the 7th. of June. The cheque for \$4.38 which you received is payment from the 1st. of June to the date on which your pension expired.

As soon as your papers are received from the Doctor your account will be adjusted.

Yours very truly,


Secretary.

/M.S.

P. No. 840

Little Bay, N.B.

Pension expired July 3, 1929.

7/6/29

Board of Pension Commissioners.

St. Johns.



Dear Sirs -

My pension check #17776

Arrived to day it is not correct & I had endorsed it before I noticed it. I have been receiving eighteen dollars seventy five cents. Today's check is only for four dollars thirty eight, will you please let me have the balance immediately as I am totally disabled & this is my only income

Dr A. E. Hedstone Lieut
Bay Field. re-examined me
a week ago. he has all
my papers. if you want
any information about
my present condition
please communicate
with him.

Yours very Truly

Thomas Dillon

msy.

I won't cash the Cheque
until I hear from you.

A large, stylized handwritten signature, possibly reading 'Thomas Dillon', written in dark ink. The signature is slanted and features a prominent loop at the top.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 840

Regt. NO1 5536 Rank: PTE Name: THOS. DILLON

Corps served with... ROYAL NEWFOUNDLAND REGIMENT.

Date of Medical Board JUNE 8, 1928 Disability 25%

Pension for self \$18.75 per month, for 12 months.

Allowance for wife 3.25 per month, for 12 months.

ALLOWANCE FOR CHILDREN:

1st. Child _____ per month, for _____ months.

2nd. Child _____ per month, for _____ months.

_____ children, _____ per month, for _____ months.

(@)

TOTAL MONTHLY PENSION \$18.75 per month, for 12 months.

TOTAL authorized amount \$225.00 from 8/6/28 to 7/6/29

.....

Pension granted to:

THOS. DILLON

LITTLE BAY, N.D.B.

Approved by:

W. J. Brown CHAIRMAN.

Shab COMMISSIONER.

Clayton COMMISSIONER.

[Signature] SECRETARY.



Date of Marriage _____ Name of Wife _____

Name of Child _____ Sex _____ Date of Birth _____ Date Allice exp. _____

Handwritten signature and date: 22/6/28

Handwritten mark

Handwritten initials

Report of Medical Board

Station St. John's, Nfld. Date JUNE 8, 1928
 No. and Rank PTE 5536 Age Height 5'7"
 Name THOMAS DILLON Complexion Fair.
 Unit Royal Newfoundland Eyes Blue Hair Brown
 Address LITTLE BAY, N.D.B. (The Board will please note how the soldier's appearance corresponds with above description).
 Former Trade
 Enlisted at On
 Disease or Disability Original CEREBRAL HEMORRAGE.
WRIST RIGHT HEMAPLEGIA.

Subsequent

Present Condition (Compare with previous Board)

*States that he has the fits each month. Never falls but knows when the fit is coming and then lays down.
 Facial paresis persists - right sided.
 Grip of hand slightly lessened on right side.
 In fair condition physically, but not reliable on account of the uncertainty of an attack coming on.*

THE ENTIRE DISABILITY : To what extent is his capacity lessened at present for earning a livelihood in the general labour market ?

PENSIONABLE DISABILITY : To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service ? *25%*

Recommendation of Medical Board

Wasserman

Members of Board

[Signature]

[Signature]

840

June 29, 1928.

Mr. Thos. Dillon,
LITTLE BAY, N.D.B.

Dear Sir:

I have to advise you that as a result of your recent Medical Examination you have been awarded a pension of \$18.75 per month for twelve months from June 8th. 1928 to June 7th. 1929.

I enclose herewith forms which kindly complete and if you are married would you kindly forward us your Marriage Certificate together with the Birth Certificates of any children.

Balance of pension due you to end of June will be forwarded at the end of the month.

Yours very truly,

Secretary.

CCO/MS.

Enc. 1.

Public Health Department

LABORATORY REPORT

St. John's, Nfld.,

June 9th 19 28

Specimen of

Blood

Marked

Thomas Dillon

Received

192

, from

Board of Pensions

Examined for

Wasserman reaction

Result of Examination

Negative

P. A. Beecham

Medical Health Officer

Public Health Department

LABORATORY REPORT

St. John's, Nfld.,

June 9th 19 28

Specimen of Blood

Marked Thomas Dillon

Received 192, from Board of Pensions

Examined for Wassermann reaction

Result of Examination

Negative

P. A. Beecham
Medical Health Officer

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

82MS XA TO

LITTLEBAY JUNE 6 1928

BOARD PENSION COMMISSIONERS

STJOHNS

840



THOMAS DILLON DUE STJOHNS TOMORROWS EXPRESS PLEASE ARRANGE MEET HIM.

MRS DILLON

350P

840

Pr 840
Dulm. Thos.

Pr @ \$20 ⁰⁰ from 1-1-20 to 1-2-20	25	83		
" " 12 ⁵⁰ " 2-2-20 to 31-12-20	137	08	162	91
10% Dividends	16	29	16	29

840

Pension No. _____

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Thomas Dillon

Rank _____ Regtl. No. _____ Rate of pension _____

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
W. J. Dickson	<u>October 1892</u>	Little Bay <u>N. Dame Bay</u>	<u>Single</u>
			(If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
	October 1892	<u>No Children but a widowed mother</u>

IV. Pensioner's Signature Thomas Dillon
(The signature must be inserted in the presence of person who signs the Certificate below.)

Pensioner's Address Little Bay N. Dame Bay

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this 3rd day of July 1928 and that I believe the Declarant to be the person named herein.



Signature Thos. E. Hellewell
 Qualification Commissioner
 Address Little Bay

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

840

Pension No. _____

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Thomas Dillon

Rank _____ Regtl. No. _____ Rate of pension _____

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
W. J. Dickson	<u>October 1892</u>	Little Bay <u>N. Dame Bay</u>	<u>Single</u>
			(If unmarried this should be stated.)

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
	October 1892	<u>No Children but a widowed mother</u>

IV. Pensioner's Signature Thomas Dillon
(The signature must be inserted in the presence of person who signs the Certificate below.)

Pensioner's Address Little Bay, N. Dame Bay

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in

my presence this 3rd day of July 1928 and that I believe the Declarant to be the person named herein.



Signature Thos. E. Hellewell
 Qualification Commissioner
 Address Little Bay

(This Certificate must be signed by a Justice of the Peace, a Notary Public or a Commissioner of Affidavits.)

IMPORTANT—This form should be completed and returned at once or payment of pension may be delayed.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. ~~1777~~ 840

Regt. No. 5536 Rank Pte. Name Thomas Dillon

Corps served with ROYAL N.W.FOUNDLAND REGIMENT

Date of Medical Board March 4th., 1920.

Pensionable Disability 75% for 12 months

Pension Granted: 12.50
~~\$ 25.00~~ per month for 12 months

Total Authorized amount \$ 300.00

or Gratuity Granted:

\$ _____ Payable in _____ equal monthly instalments

Granted to:

Name Thomas Dillon

Address Little Bay

N.D.B.

Date case disposed of MAR 23 1920

Approved by:

Members of Board

[Signature] Chairman

[Signature]

*Noted
Main
[Signature]
[Signature]*

Remarks:

Rec 75% - 6 months

HAMIL MILL
BOND

FORM FOR HISTORY AND MEDICAL RE-EXAMINATIONS OF PENSIONERS

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND.

TO MEDICAL EXAMINER:
 Medical Report required; review date:—
AS SOON AS POSSIBLE.

ST. JOHN'S, Newfoundland.

Date... **JANUARY 13TH, 1920**The Secretary, Board of Pension
Commissioners for Newfoundland.

Per.....

Regimental No. **5536.**Rank **PRIVATE**Name **THOMAS DILLON.**Unit **ROYAL NEWFOUNDLAND.**ADDRESS:- **LITTLE BAY. N. D. B.**

DESCRIPTION OF PENSIONER:

Apparent Age

Height

5' 7 1/2"Colour of Eyes **BLUE**Complexion **FAIR**

Colour of Hair

BROWN

Weight

Marks of Identification:

OCTOBER 18TH, 1918.,

His general condition fair, can extend right arm about 45 degrees. Loss of power arm and hand, can walk fairly well. Right facial paralysis left.

MAY 2ND, 1919.,

General condition fair to good. Has good movement at right arm and can move it above shoulder. Has fairly good grip, with hand but not good in approximating thumb and fingers. Cannot hold pen. Can walk without apparent difficulty. Facial paralysis not at all marked when face is in repose, but notice-able when he smiles, drawing up of right side. No apparent paralysis of tongue. Speech somewhat hesitating. Answers mostly with one word.

OCTOBER 1ST, 1919.,

The condition described on the opposite paragraph describes the present condition, except that the grip is very good. Since the report however, I find he is subject to attacks corresponding to epileptic fits. He was working in the forge doing light work when he suddenly collapsed. This has happened on several occasions. He is not capable of continued work. Otherwise he is a strong and willing man.

DISABILITY FOR WHICH PENSION
HAS BEEN AWARDED.**CEREBRAL HEMORRAGE. WITH
WRIST RIGHT HEMIPLEGIA**

Disability for which pension has been awarded:—

3
MEDICAL REPORT.

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1? Yes.

(2) Give a definite detailed description of the present condition.

Present condition shows some slight improvement since last examination Oct. 1st 1916. His best fit was in January. Previous to that he has had at least one attack every month and sometimes oftener. Apart from this condition he is physically fit. The grip of both hands is good and speech is a little better though he still answers questions principally with one word.

On account of these attacks it is difficult for him to get employment as people are disinclined to employ him. ~~By suggestion~~ for this reason it is difficult to rate him. Any suggestions would be welcomed.

Disability.

Cerebral Haemorrhage. The right wrist hemiplegia is not now evident.

A. J. Stone M.D.
Little Bay, N. D. B.

Special Questions:—

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:—
(If there are no complaints, it will be so stated.)

Signature

of Witness

A. J. Stone

Pensioner's signature

Thomas X. Dillon

3 (a) PENSIONABLE DISABILITY—(Here state the nature of the disability which has been contracted, or aggravated, while on Active Service.)

Cerebral Haemorrhage + Right West Hemiplegia.

(b) NON-PENSIONABLE DISABILITY—(Here state the nature of the disability which has not been contracted, or aggravated, while on Active Service.)

4 (a) To what extent, if any, have the disabilities diminished or increased since last examination? Slightly

diminished. Grip of both hands improved.

(b) If increased or undiminished, is increase or failure to diminish due to intemperance, improper conduct or neglect to exercise reasonable care required by the nature of the disabling condition?

no

5 Will disabilities materially increase or diminish? Should diminish somewhat.

6 Are the disabilities permanent? Think so.

7 (a) Is pensioner wearing an artificial appliance for disability due to or aggravated by service?

(b) Should he continue to do so?

(c) If so, is any alteration in the form of the present appliance recommended?

(d) If any appliance is necessary?

8 (a) Would treatment reduce the pensioner's disability, or increase his comfort?

(b) Nature of treatment advised.

(c) Is pensioner willing to accept treatment advised?

(d) If not, is his refusal reasonable?

REFUSAL OF TREATMENT:—This is to certify that I thoroughly understand the nature of the treatment advised and refuse to accept the same for the following reasons:

(To be completed when treatment advised has been refused.)

Pensioner's signature

The foregoing report submitted by

Signature

Medical Examiner.

Place

Date

Members (of a Board)

The answers to the following questions are to be filled in by the representative of the District Office of the Board of Pension Commissioners.

(In cases in which medical re-examination is being made by a medical practitioner in accordance with the second to last paragraph of page 1 hereof the medical practitioner will fill in such answers).

9 (a) Has pensioner married since last medical re-examination? no

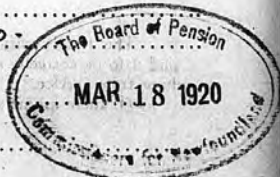
9 (b) If so, is he receiving the additional allowance for a wife? no

10 (a) Has a child been born to pensioner since last medical re-examination? no

10 (b) If, so, is he receiving the additional allowance for a child? no

11 If pensioner was married, has his wife died since last medical re-examination? no
(State date of death.)

12 Have any of pensioner's children died since last medical re-examination? no
(State date of death and names of children who have died.)



Place Little Bay, N. D. B.

Date March 4th 1920

[Signature]

Head of District Office, (or Medical Practitioner.)

I suggest 50%

Cluny Macpherson Lt Col

HAMMERMILL
BOND

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Pension No. 840

Regt. No. 2536 Rank Pte Name Thomas Dillon

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 1.99

Pensionable Disability 50% for 26 months total change

Pension Granted:

\$25.00 per month for 26 months

Total Authorized amount \$300.00

or Gratuity Granted:

~~Payable in~~ equal monthly instalments

Granted to:

Name Thomas Dillon

Address Little Bay

W. B. Jones

Date case disposed of _____

Approved by:

W. B. Jones

Members of Board

W. B. Jones Chairman

W. B. Jones

W. B. Jones

Remarks:

PHO

TO THE MEDICAL BOARD OR MEDICAL EXAMINER

1000-20-5-19

N.M.D. Form 98.

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and
No.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, NFLD.

St. John's, Newfoundland.

August 14th., 1919.

To:— A. E. Lidstone, Esq., M. D.,
Little Bay, N. D. B.

From:—The Board of Pension Commissioners for Newfoundland,
St. John's, Newfoundland.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

5536, Pte. Thomas Dillon

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

Little Bay, N.D.B.

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is ~~One dollar (\$1.00)~~ **(93.00)** for each Doctor for each examination.

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

Cluny Macpherson

DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age..... 25 Height..... 5'7 $\frac{1}{2}$ " Colour of Eyes..... BLUE
Complexion FAIR COLOUR OF HAIR: BROWN Marks of Identification
.....
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on..... MAY 2ND., 1919 and other necessary information, follows:—

Condition of Pensioner:—

GENERAL CONDITION FAIR TO GOOD. HAS GOOD MOVEMENT OF RIGHT ARM AND CAN MOVE IT ABOVE SHOULDER. HAS FAIRLY GOOD GRIP WITH HAND BUT NOT GOOD IN APPROXIMATING THUMB AND FINGERS CANNOT HOLD PEN. CAN WALK WITHOUT APPARENT DIFFICULTY. FACIAL PARALYSIS NOT AT ALL MARKED WHEN FACE IS IN REPOSE BUT NOTICEABLE WHEN HE SMILES DRAWING UP OF RIGHT SIDE. NO APPARENT PARALYSIS OF TONGUE. SPEECH SOMEWHAT HESITATING. ANSWERS MOSTLY WITH ONE WORD.

DISABILITY: CEREBRAL HEMORRHAGE. RISK RIGHT HEMAPLEGIA.

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR
DISABILITY IS ESTIMATED

MEDICAL REPORT

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2?
- (2) Give a DEFINITE DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

The condition described on the opposite page accurately describes the present condition except that the grip is very good.

Since the report however, I find he is subject to attacks corresponding to epileptic fits. He was working in the forge ^{doing light work} when he suddenly collapsed. This has happened on several occasions. He is not capable of continued work, otherwise he is a strong & willing man.

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

I never had any fits.....

- (4) Will it materially increase or diminish? *Slightly*.....

- (5) Is the disability permanent? *Yes*.....

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated in percentages)

..... 50% +

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability due to or incurred during service?

(State in percentage.)

..... 50% + (not over 100%)

- (8) Would treatment reduce the pensioner's disability or increase his comfort?

..... Rest & gradual physical exercise.....

- (9) If so, is pensioner willing to accept such treatment, and when? *Yes, any time*

If not, why?

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place *Little Boy, N.D.B.*

President

Date *Oct 12*

Adrian Members

Pensioner's Signature *J. W. X. Dillon*
Signature of Witness *A. J. Stone*

CONTINUATION

Approved for 50%
Cluny Macpherson M.D.



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? *no*
- 8 (b) If so, is he receiving the additional allowance? *no*
- 9 (a) Has a child been born to pensioner since last medical re-examination? *no*
- 9 (b) If so, is he receiving the additional allowance? *no*
- 10 If pensioner was married, has his wife died since last medical re-examination?
no
- 11 Have any of pensioner's children died since last medical re-examination?
no

Place *Little Boy, D. B.*

Date *Oct 12 1919*

A. J. Stone
Medical Examiner.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 840

Regtl. No. 2531 Rank Pte Name Thomas Dillon

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 2-5-19.

Pensionable Disability 100% for 3 months

Pension granted:

\$50⁰⁰ per month for 3 months

or Gratuity granted:

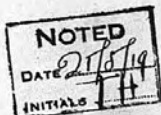
0 payable in 0 equal monthly insts.

Granted to:

Name Thomas Dillon

Address Little Bay

NOTED



lll

Date case disposed of MAY 11 1919 MAY 19 1919

Approved by:

Members of Board

W. H. G. Hall Chairman
J. H. G. Hall
W. H. G. Hall

Remarks:

would advise getting his name
into town for his new Boot.
OK J. H. G. Hall

The Board of Pension Commissioners for Newfoundland

In replying please mention Date and

No.

All communications should be addressed to the
DIRECTOR OF MEDICAL SERVICES,
DEPARTMENT OF MILITIA, NFLD.

St. John's, Nfld.,

April 22nd., 1919

To:— A. E. Lidstone, Esq., M. D.,
Little Bay, N. D. B.

From:—The Board of Pension Commissioners for Nfld., St. John's, Nfld.

Sir:—

The Board of Pension Commissioners requiring a report on the Pensioner named in the margin, kindly notify him to appear before you AS SOON AS POSSIBLE.

Name

5536 Pte. Thomas Dilloo

You will find a form on which to record your examinations on pages 2 and 3.

Pensioner will be notified to appear before you on whatever date you will find convenient.

Address

Little Bay, N. D. Bay

If another Registered Medical Practitioner is in your neighbourhood, or likely to be there during the week, it is preferable that you should both examine the Pensioner at the same time, and both sign report.

The form when fully completed, signed and dated, is to be returned by the president of the Board of Medical Examiners to the undersigned.

If the pensioner neglects to present himself for examination within a reasonable period, you will please telegraph the fact to the undersigned.

If it is necessary for the pensioner to travel, in order to present himself for examination, bills for Transport should be certified by you and forwarded to the undersigned.

The fee laid down by the Board of Pension Commissioners for such examination is One dollar (\$1.00) for each Doctor for each examination.

I have the honour to be,

Sir,

Your obedient servant,



DIRECTOR OF MEDICAL SERVICES.

TO THE MEDICAL BOARD, OR MEDICAL EXAMINER.

The Board of Pension Commissioners for Newfoundland requires a report on the present condition of the pensioner named on page one of this form.

The object of the report is to enable the Board to decide the question of continuance of pension.

The identity of the pensioner should be established, to prevent personation; for that purpose the description of the pensioner follows:

(If incomplete or imperfect, amplification or correction is required)

DESCRIPTION OF PENSIONER:—

Apparent age. **25** on Height. **5'7½"** Colour of Eyes. **BLUE**
Complexion. **FAIR** Colour of Hair. **BROWN** Marks of Identification
.....

A description of the disabling condition of the pensioner, as given by the Board of Medical Officers held on **OCT. 18th 1918** and other necessary information, follows:—

Condition of Pensioner:— **HIS GENERAL CONDITION IS FAIR. CAN EXTEND RIGHT ARM ABOUT 45 DEGREES. LOSS OF POWER ARM AND HAND. CAN WALK FAIRLY WELL. RIGHT FACIAL PARALYSIS**

DISABILITY: CEREBRAL HEMORRHAGE. (WRIST) RIGHT HEMAPLEGIA

BLL

Signature (or mark) of the pensioner, for identification only, to be procured at the time of examination, and placed on page 4.

N.B.—The description of the pensioner should record all marks or peculiarities by which he may be identified.

The description of the condition of the pensioner, history, &c., as given above contains the essential information available to assist the Medical Board in making its report.

The whole purpose of the Medical Report on page 3 is to give an accurate description of the condition of the pensioner.

PENSIONERS MUST NOT BE INFORMED OF THE EXTENT AT WHICH THEIR DISABILITY IS ESTIMATED.

MEDICAL REPORT.

(An answer to each of these questions is desired; they are not to be altered. If further space is required for the answers, please use page 4.)

- (1) Are you satisfied that the man presenting himself for examination is the pensioner named on page 1, and described on page 2? *Yes.....*
- (2) Give a DEFINITE, DETAILED DESCRIPTION of the PRESENT STATE of the DISABLING CONDITION, stating time and cause of any appreciable change in the extent of the DISABILITY. If there is a new disabling condition not described on page 2, it is essential that a complete history of its origin be given, and if attributed to service, the reasons for this opinion should be definitely stated.

(Each disabling condition should be separately and conjointly estimated.)

General condition fair to good. Has good movement of right arm and can raise it above shoulder. Has fairly good grip with hand but not good in approximating thumb + fingers. Cannot hold pen. Can walk without apparent difficulty. Facial paralysis not at all marked when face is in repose but noticeable when he smiles - drawing up of right side. No apparent paralysis of tongue. Speech somewhat hesitating. Answers mostly with one word.

- (3) To what extent, if any, has disability diminished or increased since last examination? If increased, is increase due to intemperance or improper conduct?

Disability diminished perceptibly.....

- (4) Will it materially increase or diminish? *Diminish.....*

- (5) Is the disability permanent? *Do not think so.....*

- (6) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labour market?

(Extent should be stated as TOTAL, 4-5, 3-5, 2-5, 1-5, or NOTHING.)

Total at present.....

- (7) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

Was not in active service overseas.....

- (8) Would treatment reduce the prisoner's disability or increase his comfort?

Main factor in treatment will be time.....

- (9) If so, is pensioner willing to accept such treatment, and when?.....

If not, why?.....

(Recommendations regarding nature, etc., of treatment may be made on page 4.)

Place *Little Bay, N. D. B.*

.....President

Date *May 2nd 1919.*

.....

Medical Examiner

J. J. Johnston, M.D. Members

Pensioner's Signature *Cannot hold pen to write yet*

Signature of Witness *A. J. Stone*

CONTINUATION.

If this man improves for the next few months as he has since last examination, think he will be fit for light work anyway, but would not care to risk it at present except odd jobs around the house.

A. J. Stone

Approved for Total for three months
Chas Macpherson
Myer



The answers to the following questions are to be filled in by the medical examiner.

- 8 (a) Has the pensioner married since last medical re-examination? *No*
- 8 (b) If so, is he receiving the additional allowance? *No*
- 9 (a) Has a child been born to pensioner since last medical re-examination? *No*
- 9 (b) If so, is he receiving the additional allowance? *No*
- 10 If pensioner was married, has his wife died since last medical re-examination?
.....
- 11 Have any of pensioner's children died since last medical re-examination?
.....

Place *Little Bay, N.D.B.*

Date *May 9th 1919*

A. J. Stone M.D.
Medical Examiner.

THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 840

Regt. No. 536 Rank Plt Name Thos Dillon

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Dec. 18th 1918

Pensionable disability 100% for 6 months

Pension granted:

\$140^{00/100} per month for 6 months

or Gratuity granted:

\$ _____ payable in _____ equal monthly instalments

Granted to:

*OK
CRA*

Name Thos. Dillon

Address _____

Date case disposed of NOV 20 1918



Approved by:

Members of Board

[Signature] Chairman
[Signature]
[Signature]
[Signature]

Remarks:



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

5536

ST. JOHN'S, NEWFOUNDLAND.

November 16th., 1918.

The Board of Pension Commissioners for Nfld.,
City.

5536, Pte. T. Dillon

Gentlemen:-

I have again laid the marginally noted man's case before the Standing Medical Board who record that they "do not know of any Epileptic attacks. Disability is due to Service".

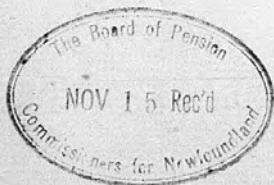
Yours faithfully,

Clay Macpherson

Major, D. M. S.

CM/AMB.

ENCLOSURE.





Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
 (b) A single copy only is required.
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
 (d) Be as brief as possible compatible with lucidity.
 (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. Johns*
 Date *Oct. 27. 18*

1. Unit *1st. Newfoundland*
 2. Regimental No. *5536*
 3. Rank. *Private* at *St. Johns*
 4. Name. *William Thomas*
 5. Age last birthday. *25 years*
 6. Enlisted on *31st May 1918*
 7. Former trade or occupation *Fisherman*

8. Disability

*Cerebral Hemorrhage
 with right Hemiplegia*

9. History *Enlisted 31st May 1918 went on Home Leave Jan 16th
 Reported Headquarters Sept 16th showing signs of Fats
 Admitted Barracks Hospital Sept 16th when he developed
 other attacks increasing in violence. Admitted General
 Hospital Sept 18th discharged 4-10-18th*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Can walk
His general condition fair
right arm about 40% loss of
power in arm & hand. Can walk
fairly well - Right facial paralysis
left

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as permanently unfit?

Yes

Signature

L. P. Wilson

Rank or Qualification

Major, F.A.M.S.

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x may be considered as ~~aggravated by:—~~
due to
(a) ~~Service during this war.~~ (b) Climate (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
Yes

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— 100% Int months

16. Is the disability permanent? No

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
 { General Hospital,
 Naval and Military Con-
 valescent Hospital,
 Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army permanently unfit

Remarks if any:—

Signatures. [Signature] President
[Signature]
[Signature]

Place [Signature]
 Date Oct 18/18

APPROVED
 Station
 Date


[Signature]
 D. N. S. NEWFOUNDLAND
 Administrative Medical Officer.

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

MEDICAL HISTORY

OF

Surname Dillon

Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish

Little Bay, Nfld. County Nfld.

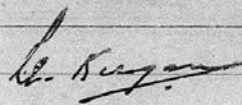
	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on <u>31st</u>	day of <u>May</u> 191 <u>8</u>	on	day of
	at <u>St. Johns</u>		at	
Declared Age	<u>25</u> years	days	years	days
Trade or Occupation	<u>Fisherman.</u>			
Height	<u>5</u> feet <u>7$\frac{1}{2}$</u> inches		feet	inches
Weight	<u>143</u> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded	<u>36$\frac{1}{2}$</u> inches		inches
	Range of Expansion	<u>4$\frac{1}{2}$</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V= <u>66</u>	L. E.—V= <u>66</u>	R. E.—V=	L. E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. Parsons</u>			
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u>		at	
	on <u>28</u> day of <u>May</u> 191 <u>8</u>		on	day of
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal Nfld Regt</u>	<u>5536</u>		
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

st in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars ment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Patient unconscious on admission, improved gradually, some paresis of right arm and leg. Recommend his discharge.



[P.T.O.]

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

Headquarters May 31 18

1. Name

Thomas Dillon

Age (a) Declared

20

(b) Apparent

2. Do you know of anything wrong with you?

No.

What severe illnesses have you had?

*None**5536*

3. Height

5 ft 7 1/2

Weight

143

4. Eyesight (a) Left

4/6

(b) Right

6/6

5. Physical Defects (Examine after strenuous exercise)

n

6. Examination of Lungs

n

Measurement

(a) Expiration

32

(b) Inspiration

36 1/2

7. Examination of Heart

n

8. Examination of Urine

✓

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

n

10. Have you been successfully vaccinated, and when?

No.

11. Name and address of next of kin

Father John Little Bay NFB

REMARKS--

*W. Borden**Arthur H. Connell**A 11*

Medical Examiners.



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 *Dillon, Thomas*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *5536*
 Intended address *Little Bay. N.S.W.*
 Height on discharge *5* Feet *4 1/2* in
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *John*
 Christian name of Mother *Mary*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Little Bay* *Canada*
 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) *Thomas Dillon* X *Witness Sgt. J. J. J.*

Station *St. John*

Date *5th Oct 1915*

(Rank)

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.

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

Station *St. John*

Date *5th Oct 1915*



Department of Militia, Newfoundland.

Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*
Date *Oct. 8/18*

1. Unit *1st. Newfoundland*
2. Regimental No. *5534*
3. Rank. *Pte*
4. Name. *Dillon Thomas*
5. Age last birthday. *25 yrs.*
6. Enlisted on *31st May 1918*
7. Former trade or occupation *Fisherman*

8. Disability

*Cerebral Haemorrhage
Wrist right. Hemiplegia*

9. History *Enlisted 31st May 1918 went on home leave June 16th
Reported Headaches Sept. 14th showing signs of fits
Admitted Barracks Hosp. Sept. 16th when he developed other
attacks increasing in violence. Admitted General Hosp. Sept. 18th
Discharged 4.10.18.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

His general Condition fair Can extend right arm about 45% loss of power arm & hand can walk fairly well. Right's facial Paralysis left.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? *yu*

Signature

L. Patterson.....

Rank or Qualification

Major & S.M.D.

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. *yes*

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).
Remarks if any:— *100% six months*

16. Is the disability permanent? *no*

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *Permanently unfit*

Remarks if any:—

Signatures.

M.S. Fraser President
J. Macdonald
J. Peterson *capt.*

Place *St. John's*

Date *Oct 18/18*

APPROVED

Station

Date



Cluny Macpherson

Administrative Medical Officer.
D. M. S. NEWFOUNDLAND.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

April 22nd., 1919

From:- D. M. S.
To:- B. P. C.

5536, Pte. Thomas Dillon
Little Bay, N. D. Bay

The marginally noted man should report to
Dr. A. E. Lidstone, Little Baym for re-
examination, on whatever date the doctor
notifies him to appear.

840

Cluny Macpherson

Major, D. M. S.

April 25/19

Thomas Dillon, Esq.,
Little Bay,
N. D. B.

Dear Sir:-

Kindly report to Dr. A. E. Lidstone, Little Bay
for re-examination, on whatever date he notifies
you to appear.

Yours faithfully,

Asst. Secy.,
Board of Pension Commissioners
for Newfoundland.

LBD.

Nov. 7th 1918

To D. M. S.

From B. E. C.

5536 Pte. F. Dillon

I have been directed by the Board to state that they wish the Medical Board to further consider this case, and to know whether there is any history of Epilepsy and if the disability recommended is due to service, considering that the man only did sixteen days service.

pio secretary,

CCO/LBB.

Papers returned

Pelleys Island

10.9.19.

Word
Aug 26th 1919

Dear Sir

& H. 10.19 word

I am writing you a few lines to ask you to be kind enough to give me right understanding about my son money that he left behind on the Widows allotment which should be mine as far as I ^{can} hear things as been handled rather strange concerning ~~to~~ the dear boy which I claim as my son I must know give you understanding about this boy, I must own that that dear boy is not my own born son but the son of Ann Carvan. A young woman sence she is married to a Colbourn which she is the same to day now & before she married this my Colbourn she brought this baby boy to me giving him entirely to me to

said up as my own child -
which I did in every shape and
form and even at my husband
death some years ago I still
clung to the dear boy until he
was of age to ~~go~~ care for himself
and also me to of course he knew
no other brother and often
I have spoken to him of his
own born brother but he would
not hear me and often said to
me the brother that does all
that she could for me that
the one that I will look
to and that you a person can
only have one brother and that
you and of course the brother
that born him have never made
her self known to him ~~so~~ or
spoken to him and have passed
him time and again and have
been in halls and houses where he

was and never spoke to
him so you can see what kind
of a brother she has been to
him but now he is gone
she wants what she can get
of what he left behind him
but he left nothing to her
and am sure if he knew she
was getting anything belonging
to him and could do it she
would never get it this I am
sure of and the ones that he
claims as his people is pure also
Please send me satisfaction
or I will write to higher
authorities

yours truly Mrs Dinah
Normore

	Date	Initials
RECEIVED	14.7.19	WTRP.
RECEIVED IN		
RECEIVED	14.7.19	WTRP.

July 10th

To-

Board of Pension Commissioners
Royal Field Regt. Lt. Johns

848

Dear Sirs,

In reference to the enclosed letter would you kindly send me the re-boarding papers so I can re-examine this man. I may say he is still suffering from a paralysis of the right arm and is unable to perform any regular work.

Yours sincerely,

A. B. H. Stone M.D.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.

Hon. J. A. Clift, K.C., C.E.E.,
(Minister Agriculture and Mines)

Capt. W. H. Parsons, R.A.M.C.

All communications should be addressed to the Secretary
The Board of Pension Commissioners for Nfld.,
Stott Building

St. John's, Newfoundland,

May 23 1919

SIR,--

The Medical Board that examined you has reported as to your condition, and you will be paid the sum of \$20.00 per month for 3 months, and ~~\$~~ per month for ~~months thereafter.~~ ending July 4/19.

Not later than ten days prior to the close of this period you will be advised to submit yourself for re-examination to determine the continuance or otherwise of your allowance.

I enclose payment, in advance, for period ending
May 31/19

Yours truly,

C. C. McKee
Asst Secretary.

Thos. Dillon, Esq.,
Little Bay, N.D.B.

July 16/19

840

From:- The Secy. D. P. C.
To :- The D. M. S.

Thos. Dillon, Little
Bay, N. E. B.

The above mentioned man has written asking that his re-boarding papers be sent to Dr. A. E. Lidstone.

Would you kindly arrange this please.

Secretary.

WHP/LSD.

July 13/18

840

Dr. A. E. Lidstone,
Little Bay.

Dear Sir:-

With reference to Thos. Dillon. I have
asked the D. M. S. to send the necessary papers
on to you.

Yours faithfully,

Secretary.

WHP/LBD.

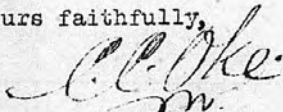
JAN 1 - 1920

Dear Sir:-

I beg to advise you that the enclosed cheque for \$25 $\frac{83}{xx}$ is the balance due you to Feb 1st the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,



Asst. Secy.

No. 1345

Pension No. 840

The Board of Pension Commissioners for Newfoundland

AUTHORITY FOR PENSION PAYMENTS

Two Dollars
(Pensioner's Name) (Relationship to member of forces)

Little Bay N.D.B.
(Pensioner's Address)

(Name of member of forces) (Rank) 5536
(Regt. No.)

Entire Disability 25% Pensionable Disability 25%

AWARD

For Pensioner	\$ 12.50	a month
For Pensioner (Bonus).....	\$ 6.25	a month
For Wife	\$	a month
For..... Children.....	\$	a month
Addition to pension for helplessness.....	\$	a month

Total.....\$ 18.75 a month for 12 months
from 8/6/28 to 7/6/29

Amount of adjustment payment :

From 8/6/28 to 3/6/28 @ \$ 18.75 MW \$ 14.38

Date 2/2/28 Check No. 17672

Computed by M (Secretary)

Checked by Board of Pension Commissioners for Newfoundland.

Remarks:

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

DISABILITY PENSIONERS

I. **I HEREBY DECLARE** that I am the Pensioner named below and entitled to the pension specified.

Name of Pensioner Thomas Dillon
Rank Plt Regtl. No. 5536 Rate of pension 8 18 74

II. **I Further Declare** that the following are true particulars of my wife, that she is alive this day, that I am responsible for her maintenance, and that I am entitled to an allowance in respect of her.

Full maiden name.	Date of birth	Present address.	Date of marriage.
<u>Thomas Dillon</u>		<u>Little Bay</u>	<u>Married</u> <small>(If unmarried this should be stated.)</small>

III. **I Further Declare** that the following are true particulars of my children for whom I am entitled to receive an allowance, that they are living this day and that I am responsible for their care and maintenance.

Name.	Date of birth.	State where each child is living and if not with father the reason.
<u>Thomas Dillon</u>		

IV. Pensioner's Signature Thos Dillon ^{his} x
(The signature must be inserted in the presence of the person who signs the certificate below.)
Pensioner's Address Little Bay Notre Dame Bay

CERTIFICATE

V. THIS IS TO CERTIFY that the foregoing declaration and signature or mark were made by the afore-mentioned person in my presence this fourth day of December 1929 and that I believe the Declarant to be the person named herein.

Signature W. E. Wells J.P.
Qualification Residing Officer
Address Little Bay

Reg. No. 5536 Rank Pte Name Dillon, J.

Attested 31-5-18. Address Little Bay N. L. B.

Allotment..... Allottee

Date of Allotment..... Returned from Overseas.....

Embarked for Overseas..... Cause.....

1-6-18 Recd.

A.L. 16 1/8 - 24 1/8. as

15-7-18. advised by Mag. Wells ill at Little Bay
Dr. Lister attending.

16-9-18. admitted to Barracks Hosp.

18-9-18. Discharged from Barracks Hosp & adm. to
General Hosp.

4-10-18 Discharged from General Hosp.

5-10-18. Dead Report travelling to & recommend.
Standing Medical Board.

18-10-18 Recommended - Dis. Permanently unfit -

DISCHARGED - MEDICALLY UNFIT 25-7-78 ~~Dis. Per~~

[Handwritten signature]

Def 5536

Form No. 1

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 6

Sent by Jo

Rec'd by Jo

Check Jo

No. _____

Place from St. John's

Little Bay

To Mr. J. Gray

St. John's



Like for boys come
see their brother not
much better

Mrs John Dillon

5535

[Handwritten signature]

Quint of ad to file
73-7-19

October 22nd. 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/c Records.
Militia Dept.

5536, Pte. T. Dillon
4646, " E. Brown.

Above noted men have been recommended for discharge as permanently unfit by Medical Board, held on Friday, October 18th. I am sending them herewith for your attention and necessary action, please. Their Accounts on Company Pay Rolls have been squared up to and including October 22nd. 1918. They have no allotments current.

WFC

Sept. 5th, 1918

From Officer Commanding,
Depot

To D.O.C., Newfoundland,
Militia Department

SIR:

5536 Pte. Thos. Dillon

Above noted man was reported sick while on home leave on July 29th, 1918, by Magistrate Wells of Little Bay. Report from Dr. Lidstone to Major Paterson now states he is fit to travel, so he has been ordered to report to Barracks first opportunity.

He has a credit balance of \$102.30 due him, ~~from~~ and including Aug. 31st and has no allotment current. Immediately on his return to Barracks he will be paid this amount and be instructed to make an allotment.

I have the honour to be,

Sir,

Your obedient servant

CGD/AC

Correspondence returned -

*Depot
5536*

St John's, Nfld.,

Nov. 27th, 1918

Officer Commanding,
Headquarters

Sir:-

The undermentioned men have been discharged
on the dates given. Kindly note and post in
Daily Orders Part II.

I have etc.

(sgnd) J. M. HOWLEY

Capt. etc.

3355	Pte. Green, Malcolm	Nov 24 24th	Med. Unfit
5022	" Boone, Wm.	" 25th	Do.
5536	" Dillon, Thos.	" "	Do.
2888	Cpl. Bennett, G.G.	Do.	Do.
4306	Sgt. Arklie, Jas.	Do.	Do.
522	Pte. Pratt, Arthur	Do.	Do.
241	" Bixby, Samsen	Do.	Do.
242	" Kirbym Stanley	Do.	Do.
386	" Wyatt, F.W.	Do.	Do.