



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4027 Name Elias Dinney Corps Artillery

4027

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

1. What is your name? ..... 1. Elias Dinney
2. What is your full Address? ..... 2. Bell Island
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 4 Months
5. What is your Trade or Calling? ..... 5. Soldier
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, Elias Dinney 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.

429-10-17 Elias Dinney SIGNATURE OF RECRUIT.  
R. Edwards Signature of Witness.

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

I, Elias Dinney 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 29 on this October day of October 1915.

Signature of Attesting Officer W. Bulley

### †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 Artillery.

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

Date ..... 1915 } Approving Officer.  
Place .....

† 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

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

Name Clas Dinney  
 Apparent age 21 years 4 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jessie W Dinney  
Belle Island | Relationship Father  
L.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 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>29-10-17</u>									<i>Lance Capt. 16-1-19</i> <i>Major 15-2-19</i>
Joined at <u>St. John's</u> on <u>October 29</u> <sup>18</sup> / <sub>17</sub>									
<u>Discharged June 30/19</u>									
<u>Embarked St. John's</u>		<u>St. John's</u>		<u>11-12-17</u>					<i>Embarked for</i>
<u>St. J.</u>	<u>25-5-18</u>	<u>Disembarked</u>		<u>27-5-18</u>					
<u>Joined Bathn.</u>	<u>31-5-18</u>	<u>Transferred from</u>		<u>Royal 22-4-19</u>					<i>Arrived</i>
<u>Winchester</u>	<u>23-4-19</u>	<u>to Newfoundland for demobilization</u>		<u>22-5-19</u>					
<u>Arrived Newfoundland</u>		<u>18-6-19</u>							
<u>Demobilization St. John's</u>									
<u>30-6-19</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 30-6-19 (date of discharge) 1 years 245 days  
 " " Pensions " [ " " ] " " "



CR 4027

Extract from Daily Orders Part II Unit Royal Newfoundland  
Regiment in France, dated 28-2-19.

4027, L/Cpl. E. Dinney.

Appointed A/Cpl. 15-2-19.

C.R. 4027

Extract from Daily Orders Part 11 Unit The Royal Hfld. Regt.  
St. John's, July 4th, 1919.

The discharge of the undersigned on demobilization has been  
APPROVED by O.C. Discharge Depot, with effect from 28-6-19.  
Confirmed

4027 Cpl. Elias Dinney.

C.R. 4027

Extract from Daily Orders Part 11 Unit The Royal H14,  
Regt. St. John's, June 15th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 15--6-19.

4027 Cpl. E. Dinney.

C.R. 4027

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

Date June 18th 1919.

4027, Cpl. E. Dinney

Reported at Headquarters 1/6/19. ex "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 4027

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

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

#4027 A/Cpl. E. Dinney.



C.R. 4027

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 31/1/19.

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Appointed L/Cpl.

#4027 Pte. E. Dinney.

16/1/19.

C.R.

4027

Extract ed Nominal Roll Draft. (All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone.

4027 Pte. E. Dinney.

25-5-18.

C.R. 4027

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,-130 Other Rank from Ind. In.,  
Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment, D.S.F.  
Embarked Folkestone. 25/5/18.

4027 Pte. E. Dinney.

A.P.O., 103 ( one for each sol-  
dier ) sent to 3rd. Echelon,  
D.S.F.

C.R. 4027

**Nominal**  
**Extract from Census Roll, embarked St. John's for Overseas Dec. 11/1917.**

#4027 PTE. E. DINNEY

C.R. 4027

Extract from Daily Orders Part 11 Unit The Royal Hfld.  
Regt., St. John's, Oct. 29th, 1917.

4027 Pte. E. Dinney.

Attested for General Service with the Hfld. Regt., with  
effect from Oct. 29th, 1917.

Dinney, E.

7204 C.R.

P.R.O.







To.

J. W. Dunne

Bill Island

Conception Bay

Newfoundland

Cable Ten pounds

through Utilities

4029 H. & Dunne

Cable

257

387

The Hon. The Min. of Militia.  
St. John's,  
Newfoundland.

Debit  
----- Pay & Record Office, London.

4027 Pte Dinney

Cable to Nfld 21.4.19  
charged as 12 words  
should have been 11 words  
cr.diff.per Vr 257.

1 0

1 0

C. L.  
16-6-19

13th June

9.

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Miner*
2. Regtl. No. *4027* 3. Rank. *C. Corp.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dinner* *Elias* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *Oct 29/17* at *St. John's* in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge;
- (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by:
- (i.) Service during the present war .....
  - (ii.) Previous active service .....
  - (iii.) Climate in pre-war service .....
  - (iv.) Ordinary military service before the war .....
  - (v.) Serious negligence or misconduct on the man's part. ....
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

} na.  
na.  
na.

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

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

No complaints of no disability.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na.  
na.  
na.  
na.

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

Station Hazeley, D. Camp.

Date 30.4.19.

W.E. Proemier Capt R.A.M.C.  
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



Dinney, E

4027

Ray Sept

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4077 Rank \_\_\_\_\_

Name Lunn

Warned for demobilization on

JUN 16 1917

July 2, 1919

#4027 Cpl. Elias Danney.

Bell Island, C.B.

Dear Sir:-

Referring to your application I  
enclose cheque for seventy dollars (\$70.00),  
being amount of first payment due you on  
account of the "War Service Gratuity."

Yours truly

Captain,  
Paymaster & O.i/c Records.



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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..... *Elias* ..... 2. Surname..... *Dinner*.....

3. Rank..... *Corporal* ..... 4. Regt. No..... *4927*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Bele Islands C.B.*.....

6. Date of enlistment in the Regiment..... *October 29. 1917.*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Not applicable*

8. Relationship of such dependents..... *do*

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No*

11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Overseas*

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

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?.....

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.?..... *No* If not give? - (a) date of discharge..... *June 13/19*

(b) Reason for discharge..... *Temporary* *Re-embodied*

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 May 1918 to Sept. 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:

*E. Denny*

Place of Residence:

*Bell Island, C. B.*

Declared before me at:

*M. Johns, W. H. L.*

This

*14th*

day of

*June 1919*

*John M. Corthy*

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

POST DISCHARGE PAY.

Date paid

with

paid

Boarders' Dependence

War Service  
Gratuity.

Net amount  
due

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

Certified correct.

Paymaster

June 30, 1919

#4027 Cpl. Elias Dinney,

Bell Is; and. C.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2506.

Yours truly

Captain  
Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

Reg. No. 4077 Rank Corpl Name Genney E  
 Date of Enlistment 29.10.17 Address Bell Field District Sphinx  
 Occupation Stecherman Classification for Discharge ..... Medical Category AI  
 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
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14.6.19 .....  
 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.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable .....

(b) Clothing Supplied .....

Date 16-12-19 .....

O i/c. Re-clothing .....

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>37555756</sup> 2815 to his home at ..... and Release Certificate No. .... issued.

Date 16-6-19 .....  
*J.A. Brown Capt.*  
 Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to <sup>30</sup> 16-6-19 .....  
*H. M. A.*

Date .....  
 for Depot Paymaster.

Discharged approved for .....  
 Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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 16-6-19 .....  
*J.A. Brown Capt.*  
 O. C. Discharge Depot.

**APPROVED.**

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

with following additional documents.

Date **JUN 16 1919** .....  
**Eligible for War Service Gratuity**  
*R.H. Sait Capt.*  
 O. C. Discharge Depot.

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

# The Royal Newfoundland Regiment

Class for Demobilization:

*E*  
*16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*14.6.19*

Regimental No

*4027*

Name

*Dimney Elias*

Rank

Address

*Bell Island*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

*R. H. Jait Major*  
O.C. Discharge Depot.

*H. Adams*  
Senior Medical Officer

*Geo. Burdett*  
~~M. O. Depot.~~

# 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.

*E. Denny*

Signature of Man.

Reg. No. 4027

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*16-6-19*

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

# MEDICAL HISTORY

Surname Demey OF Christian Name Elvis

Table I.—GENERAL TABLE.

Birthplace:—Parish Bell Island C. P. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	29 day of Oct. 1917	at	day of 191
Declared Age		21 years 4 days		years days
Trade or Occupation		Seaman		
Height		5 feet 5 inches		feet inches
Weight		132 lbs.		lbs.
Chest Measurement	Girth when fully expanded	35 inches		inches
		Range of Expansion	4 inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Lamin Patterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns	at	
	on	29 day of Oct. 1917	on	day of 191
Joined on Enlistment		Corps.		Corps.
		Regtl. No.		Regtl. No.
Transferred to		1st Nfld. Regt.		
		4027		
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *4027* 3. Rank..... *Cpl*
4. Name *Sinney Elias*  
 (Surname) (Christian Names)
5. Age last birthday. *23*
6. Posted for duty on *Oct 29/17* at *H. Johns*  
 in category (or grade).....
7. Former Trade or Occupation } *miner*
- 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."
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*nil.*  
*nil.*  
*nil.*  
*nil.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | .....               | .....             |
| (ii.) Previous active service.. .. .                               | .....               | .....             |
| (iii.) Climate in pre-war service .. .. .                          | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .             | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | .....               | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *Char*

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

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

*A complaint of no disability*

16. Was an operation performed? If so, when and what was its nature? *Char*
17. If not, was an operation advised and declined? *Char*
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? *Char*
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? *Char*

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*

*Sign of R. A. M. C.*  
*Capt R. A. M. C.*

Station *Lazely D Camp*

Date *30-4-19*

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 *21st Royal Newfoundland*

Rank *Sgt* Surname *Dimmey* Christian Name *Elias*

Religion *Meth* Age on Enlistment *21* years *4* months

Enlisted (a) *29.10.17* Terms of Service (a) *Duration* Service reckons from (a) *29.10.17*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 of Corps Trade and rate

Occupation *Fisherman* *J. O. W. Curran* Signature of Officer



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ... <i>25-5-18</i>			
		Disembarked ... <i>27-5-18</i>			
		Joined Battalion <i>31-5-18</i>			
		<i>Appt'd S/cap 15/1/19</i>		<i>B213</i>	<i>20/1/19</i>
		<i>To be ascp</i>		<i>B213</i>	<i>22/2/19</i>
		<i>Arrived in UK</i>		<i>23/4/19</i>	

*Int*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.  
 W. 2025 31233 2000 9/17 (35611) C. P. & S. Ltd., Form B.103 5/1907. P.T.O.

ORIGINAL.

8728

N.F.P./54

NEWFOUNDLAND CONTINGENT

No. 387

To: The Hon. The Min. of Militia,  
St. John's,  
Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on account of

NOTE:- Charge under Debit Column  
Credit Pay & Record Office, London.

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d			
✓ 4027	Pte Dinney	Cable to Nfld 21.4.19 charged as 12 words should have been 11 words cr.diff.per Vr 257.				1	0	
<div data-bbox="107 1136 346 1303" style="border: 1px solid black; padding: 5px;">           CHECKED.            C. L.            16-6-19         </div>						1	0	

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

13th June

1919.

*R. A. [Signature]*  
Chief Paymaster & O. i/c Records.

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

191

C.C. " " Company.  
Battalion.

8728  
**DUPLICATE.**

N.F.P./54.

NEWFOUNDLAND CONTINGENT

No. 387

To:

The Hon. The Min. of Militia.

" " Company.

St. John's,

MEMORANDUM ON STOPPAGES/CREDITS on account of

NOTE: - Charge under

Column

Debit

Pay & Record Office, London.

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d			
4027	Pte	Dinney					1	0
							1	0

CHECKED.

C.L.  
16-6-19

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

191

*A. A. Munn*  
Chief Paymaster & O. i/c Records.

13th June

9.

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

191

C.C. " " Company.  
Battalion.





ST. JOHN'S, JUN 13 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Cpl. E. Dimmy

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 12<sup>th</sup> /19

4027 - Cpl. E. Dimmy 12 70

ACCOUNT	<u>B. J. M. Lewis</u>
CH. NO.	<u>23458</u>
IND. LEDGER	INITIALS
PRY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 12.70

B. J. M. Lewis  
Billeting Officer.

E. Dimmy

Receipt for Army Book 64

No.....4027.....Name.....*Dunne*.....

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

Name.....*E. Dunne*.....

Date.....*7/27/20*.....

Place.....*Bell Island*.....

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

*X*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121  
39

Number of Sheet ONE

Regiment of

1<sup>st</sup> Newfoundland

Signature of O. C. Company

W. H. [Signature]

Regimental No. and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4027</u>	Age on	<u>21</u> years <u>4</u> months	<u>Sislerman</u>			
Joined _____ Date _____		Place and Date of Enlistment		Religion			
Joined _____ Date _____		} <u>St John</u> <u>29-10-17</u>		<u>no etc</u>			
Joined _____ Date _____						Period of	
Joined _____ Date _____		with Colours <u>245</u> years.					
Joined _____ Date _____		with Reserve <u>365</u> years.					

Place	Date of Offence	Rank	Cases of drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
	✓								<p style="font-size: 1.2em; font-family: cursive;">Demobilized St. John's, 30 <sup>6</sup>/<sub>19</sub></p>
To be carried over									

Army Form B. 121

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4027 Rank Capt Name Timney E  
 Intended place of residence Belle Mead

2. Occupation Insulan  
 Classification of soldier E Medical Category A<sup>2</sup>

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. 16 1919

*J. H. M. A.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUN. 16 1919

*E. Timney*  
 Signature of soldier

*A. M. Clouston*  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUN. 16 1919

*E. Timney*  
 Signature of soldier

*James Newman*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 2-9-10-17 No. of days on Military  
 Discharged from service 16-6-19 Plus 14 days ; Service 610

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 15 1919

*R. H. Lant Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date June 20/1919

*M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*A F B 2079/2506*



## 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 *Elias Dinney*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4027*

Intended address *Bell Island.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Grey*

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

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Sarah*

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

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

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

Place and date of soldier's birth *Bell Island. June 24<sup>th</sup>, 1896*

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) *Elias Dinney*

*OPe*

(Rank)

Station *S + Johns*

Date *13-6-19*

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



Medical Officer in Charge,  
Hospital,  
Unit, or Command Depot.

Station

Date

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4077 Rank Sergeant Name Denney E  
 Date of Enlistment 29.10.17 Address Bell Island District St John's  
 Occupation Fisherman Classification for Discharge 6 Medical Category A.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 14.6.19 J. 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.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

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

Date 16-12-19 O i/c. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 27533756 to his home at ..... and Release Certificate No. 2815 issued.

Date 16-6-19 ..... J.A. Snow Capt  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 30-6-19.

Date 11-6-19 ..... J.A. Snow Capt  
Depot Paymaster.

Discharge approved for 16-6-19  
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		

2 Form B

Date 16-6-19 ..... J.A. Snow Capt  
O.C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 16 1919 ..... R.H. Sait Capt  
O. C. Discharge Depot.

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

Date June 24/19 ..... J.A. Snow Capt  
J.A. Snow Capt

Reg. No. *4027* Rank *Sgt* Name *Bruney, E.*

Attested ..... Address *Bell Island.*

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

Date of Allotment ..... Returned from Overseas *29.1.19.*

Returned on S.S. *Cassara* Cause *Discharge*

*14.6.19.*  
*11.6.19.*

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION