



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3427 Name Thomas J. Dolbin Corps RC.

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

1. What is your name? ..... 1. Thomas J. Dolbin
2. What is your full Address? ..... 2. Bell Island  
Conception Bay
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 22 Years 3 Months
5. What is your Trade or Calling? ..... 5. miner
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? ..... } II. yes

I, Thomas J. Dolbin 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 J. Dolbin SIGNATURE OF RECRUIT.  
Harold Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  
I, Thomas J. Dolbin do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 17 day of January 1915

Signature of Attesting Officer George E. Barry Major

### †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 1st regiment

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 Thomas John Dobbin  
 Apparent age 22 years 30 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 38 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin David Dobbin  
Bell Island | Relationship Father  
C.B. Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									Signature of Officers certifying correctness of entries  _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. **3427** Name **Thomas J. Dohlin** Corps **R.C.**

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

- 1. What is your name? ..... 1. **Thomas J. Dohlin**
- 2. What is your full Address? ..... 2. **Beth Island  
Conception Bay**
- 3. Are you a British Subject? ..... 3. **Yes**
- 4. What is your age? ..... 4. **22** Years **03** Months
- 5. What is your Trade or Calling? ..... 5. **miner**
- 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? ..... } II. **yes**

I, **Thomas J. Dohlin** 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 J. Dohlin** SIGNATURE OF RECRUIT.  
**Harold Knight** Signature of Witness.

**Thomas J. Dohlin** do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at **St. John's** on this **17** day of **January** 191**1**

Signature of Attesting Officer **George L. Bartley Major**

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the

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

Date.....191.....  
Place..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Thomas John Dobbin  
 Apparent age 22 years 30 months. Height 5 feet 3 inches  
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 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin David Dobbin  
Bell Island | Relationship Father  
CB Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards United Kingdom engagement reckons from <u>17-1-17</u>									
Joined at <u>St John's</u> on <u>January 17<sup>th</sup> 17</u>									
<u>Despatch to Louis Apr. 18 17</u>									
<u>To Overseas Service</u>									
<u>Discharged Medically Dept. 18.4.17</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 18-4-17 [date of discharge] \_\_\_\_\_ years 02 days  
 " " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Thomas Dobbin  
aged 22 years 3 months conducted at C L B  
Date: Jan 17<sup>th</sup> /17 Recruiting Officer:

NO OF  
TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no - 40.
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 6/8 B.P.
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 no
- 34 4-5"
- 35 34-38 1/2
- 36 127 lbs
- 37 \$ 50 per month
- 38 father Mr David Dobbin Bell Island
- 39 none

3427

~~3427~~

John J. J.

Signature of Medical Examiner:.....

W. R. R. R.

C.R. 3427

Extract from list of men discharged from the Royal Newfoundland Regiment on various dates.

3427 Pte. Thos. J. Dobbin discharged April 18th 1917

Medically unfit

C.R. 3427

Extract from Roll of Officers  
N. C. O'S and men DISCHARGED from  
the ROYAL newfoundland Regiment

Regtl.#	rank	name	date	reason.
3427	Pte	Dobbin Thos.J	18/4/17	MED. UNFIT.

C.R. 3427

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Rget., St. John's, April 5th, 1917.

3427 Pte. Thos. Dohbin.

Discharged from April 5th, 1917.



3427

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Jan.17th, 1917.

3427 Thos. Dobbin.

Attested this day, posted to E.Coy, and assigned  
number as shown.

3427

C.R.

Extract from Daily Orders Part II Unit The Royal WFLd.  
Regt. Apl. 18th, 1917.

3427 Pte. Thomas J. Dobbin.

Discharged and struck off the Strength from Apl. 18th,  
Med. Unfit.

C.R. 3427

SEPTEMBER 13th 1919.

B. J. Dobbin, Esq.,  
Bourgeois Hotel,  
441 Main Street,  
Moncton, N.B.

Dear Sir:

I am directed to acknowledge receipt of your letter of the 8th inst., in which you forward your present address, and enquire about your Pension.

I beg to inform you that your papers have just been received by the Pensions Office, and as soon as the account is adjusted they will communicate with you at the address you have given.

With reference to your enquiry as to whether or not you will be given a chance of learning a trade, I may say that this is a matter for the consideration of the Civil Re-establishment Committee. I am, therefore, forwarding your letter to them, asking that it be given early consideration and that they reply to you direct.

Yours faithfully,

C.A.B.

Captain,  
Military Secretary.

SEPTEMBER 15th 1919.

The Vocational Officer,  
Civil Re-establishment Committee.

Sir:

I have the honour by direction to forward you the enclosed letter from B.J. Dobbin, 441 Main Street, Moncton, N.B., the latter part of which comes under your jurisdiction. I am to request that same be given consideration and that you will reply direct to Mr. Dobbin.

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

Captain,  
Military Secretary.

SEPTEMBER 8th 1919.

Moncton, N.B.

Minister of Militia.

Dear Sir:

I am in Canada now and I have some Pension Money to get yet, and I would be very much obliged if you would forward to this. I wrote you before but I though I sent you the wrong address. My 441 Main Street,  
Bourgeois Hotel,  
Moncton, N.B.

Dear Sir:

I would like to know are they any chance of getting to learn some kind of a trade as I did not think about looking before I left. I am working now and I am afraid I cannot stick it. I dont feel as strong for labor work as I did before I enlisted. I am medically unfit. Discharged.

I remain,

Yours truly,

(Sgd) B.J. DOBBIN.

Dobbin T.

3427

Pay Dept

No. 3427

Name Dobbin J.

PAY LEDGER No. 651

Date 21/2/21 by.....

paid up to me 31/3/17

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
April 7	By Pay 7 days @ 1 <sup>10</sup> / <sub>100</sub>			7 70	7 70
18	" " " @ 1 <sup>85</sup> / <sub>100</sub>			20 35	28 05
April 17	To pay		28 05		
	Did not receive Overseas				
	W S Grately				
	- His -				
			28 05	28 05	0

Sig. A J Evans



# Proceedings on Discharge.

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

No. 3427 Army Rank Private

Name Thomas J. Dobbin  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps First Newfoundland

Battalion, Battery, Company, Depot, &c.  
(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.)

Date of discharge April 18<sup>th</sup> 1917

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Description at the time of discharge.		Descriptive marks.
Age	<u>21</u> years <input checked="" type="checkbox"/> months	
Height	<u>5</u> feet <u>3</u> inches	
Chest measure-ment	girth when fully expanded _____ ins.	
	range of expansion _____ ins.	
Complexion	<u>fair</u>	
Eyes	<u>grey</u>	
Hair	<u>brown</u>	
Trade	_____	
Intended place of residence (To be given as fully as practicable)	{ _____ _____	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of being physically unfit for war service

(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.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to\*



5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

{ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

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

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including ~~allowances~~), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's, Wood

Thos. J. Dolhin (Signature of Soldier.)

(Date) April 18<sup>th</sup> 1917

J. M. Dowley, Lt. (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_  
(Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " " "

Total ... .. " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_

Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

---

*No reservations*

*Thos. J. Doherty*

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

# MEDICAL HISTORY

OF

Surname Dobbin Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>17<sup>th</sup></u> day of <u>Jan</u> 191 <u>7</u> at <u>St. Johns.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>22</u> years <u>3</u> <u>months</u> <u>_____</u> days		years _____ days _____	
Trade or Occupation	<u>miner.</u>			
Height	<u>5</u> feet <u>3</u> inches		feet _____ inches _____	
Weight	<u>127</u> lbs.		lbs. _____	
Chest Measurement	Grith when fully expanded ... <u>38 1/2</u> inches		_____ inches _____	
	Range of Expansion .. <u>4 1/2</u> inches		_____ inches _____	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/18</u> L.E.—V= <u>6/18</u>		R.E.—V= <u>_____</u> L.E.—V= <u>_____</u>	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>W. Barden</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns.</u> on <u>17</u> day of <u>Jan</u> 191 <u>7</u>		at _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps. <u>31st</u>	Regtl. No. <u>74 D. Regt. 3427</u>	Corps. _____	Regtl. No. _____
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)				
(Rank)				





## 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 *Dobbin Thomas.*

Regiment from which discharged *1st. Newfoundland*

Regimental number *3427*

Intended address *Belle Islands. C.B.*

Height on discharge *5* Feet *3*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Figure on discharge *medium*

Christian name of Father *David*

Christian name of Mother *Katherine*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *Pelly Islands. 20 April. 1895*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Thomas Dobbin*

Station *St John's* Date *April 2nd 1917* (Rank) *Pte*

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.

*F.W. Barden Lewis*  
Medical Officer i/c Hospital.  
Unit, or Command Depot.

Station *St John's* Date *Apr. 2/17*

3427 PRIVATE T. DOBBIN.

There is no other means of detection of this disorder when quiescent than the man's own statement at the time of enlistment. Every man is definitely asked "Have you ever had Rheumatism?" At enlistment he denied having had Rheumatism.



# 1st Newfoundland Regiment

HEADQUARTERS

St John's, Newfoundland,

5 - 4 - 17 191

Deputy Paymaster.

This is to certify that  
# 3427 Pte J Dobbin has been  
paid up to & including March  
31<sup>st</sup> /17

*J. J. [Signature]*

Adjutant  
Depot, First Newfoundland Regiment  
St. John's, Nfld.







# 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

Date

*P. Johnson*  
*April 2/17*

1. Unit *1st. Newfoundland*

5. Age last birthday. *22*

2. Regimental No. *3427*

6. Enlisted on *17 Jan. 1917*

3. Rank. *Pte*

at *P. Johnson*

4. Name. *Dobbin House*

7. Former trade or occupation *Miner*

### 8. Disability

*Rheumatism*

9. History *Had rheumatism before enlistment but had recovered. Since enlistment has had it severe at times which gets better & come on again in days or two. Said nothing true about having Rheumatism before enlistment.*

10. What is his present condition?

*His pain in both legs, both arms  
and across back.*

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

11. Was sanatorium advised and refused?  
operation ✓

12. Do you recommend discharge as permanently unfit?

*yes.*

Signature *J. W. Borden*

Rank or Qualification *Lieut*

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 *Cannot* be considered as aggravated by:—  
due to
- (a) Service during this war.
  - (b) Climate.
  - (c) Ordinary Military Service

Remarks if any:— *Seen in ranks for 3 months & during that time on duty - about 3 weeks. Rheumatic pains in various parts*

14. 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:— *nil*

15. Is the disability permanent?

*no*

16. Has the disability been aggravated by

- (a) Intemperance. *no*
- (b) Misconduct. *no*

17. The refusal of operation sanatorium is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

18. We recommend discharge from retention in the Army.

Remarks if any:—

Signatures.

*H. L. Fraser* ..... President  
*J. P. Sinden, 2nd Lt* .....  
*Geo. Syden* .....  
*pro Major. Paterson* .....

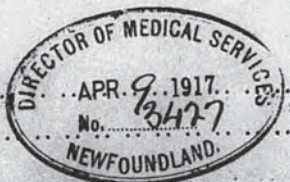
Place *S.phis* .....

Date *Apr. 4 1917* .....

APPROVED

Station .....

Date .....



*Clay Macpherson*  
 Administrative Medical Officer. *Major*



4/ 1ST. NEWFOUNDLAND REGIMENT 2

ALLOTMENTS

I, Thomas Dohlin, Regl. No. 3427

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

Allotment begins March 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3649	Mother	Mrs David Bell Isld (Catherine) Dohlin	CB	60
			Total Allotment, \$	60

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

(Sig.) Chas R. Aye Dept.  
Officer Commanding  
8 Company  
John's  
July 21st  
1917

(Sig.) Thos Dohlin  
(Rank) pte



4/ 1st. NEWFOUNDLAND REGIMENT 2  
ALLOTMENTS

I, Thomas Dablin, Regl. No. 3427

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

Allotment begins March 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3649	mother	Mrs David Bell (Catherine) Dablin	Isld CB	60
			Total Allotment, \$	60

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

(Sig.) Chas R. Aye Bpt.  
Officer Commanding  
\_\_\_\_\_, Company

(Sig.) Thos Dablin  
(Rank) Private

St John's  
Feb 21st 1917

