



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *262* Name *Israel Dove* Corps *Inf.*

Questions to be put to the Recruit before Enlistment

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <i>Israel Dove</i> |
| 2. What is your full Address? | 2. <i>No. 9 Grace</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>25</i> Years' |
| 5. What is your Trade or Calling? | 5. <i>Fisherman</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 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. <i>Yes</i> |

I, *Israel Dove* 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.

Israel Dove SIGNATURE OF RECRUIT.
Israel Dove Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Israel Dove* 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 *21* day of *May* 191*5*.

Signature of Attesting Officer *C. B. Dicks Lieht*

† 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*5* } 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)

I Love

CR 5262

1410

C.R. 5262

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated ~~six~~ July 22nd 1919.

The discharge of the undernoted on demobilization has
been APPROVED by U.C. Discharge Depot with effect from
following date

21-7-19.

5262, Pte. Isaac Dove.

C.R. 5262

extract from Daily Orders Part II Royal Newfoundland
Regiment. Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
4-8-19.

5262, Pte. Isaac Dave.

C.R. 5262

Extract from Daily Orders Regt. 1st Bn. The Royal Nfld.

Regt. St. John's, July 3rd, 1919.

5262 Pts. T.Dove.

Reported at Headquarters 1-7-19 on "Onesandra" which
sailed Glasgow June 24th, 1919.

C.R. 5262

Extract of Orders By Major M.S. Sullivan,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES,
19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5262 Pte. J. Dove.

"A" Company.

C.R. 5262

Extract from Criminal Hall Detained St. John's for Overseas,
Sept. 23, 1910. "C"

5262 Pte. Dave Israel.

C.R. 5262

Extract from Daily Orders part 11 Depot, St. John's dated Sept. 18/1918.

#5262 Pte. J. Dove.

C.R. 5262

Extract from Daily Orders part 11 Depot St. John's dated 12/9/18.

#5262 Pte. J. Dove.

The above mentioned soldier proceeded on Special Duty to R. N. Co
Dry Dock, 9-9-18.

C.R. 5262

Extract from Daily Orders Part 11 Depot St. John's September 12th 1918.

#5262 Pte. J. Dove.

THE ABOVE MENTIONED SOLDIER PROCEEDED ON SPECIAL DUTY TO REID NEWFOUNDLAND
COMPANY'S DRY DOCK 9-9-18.

C.R. 5262

Extract from Daily Orders Part 11 from Depot St. John's Aug. 30/18

#5262 Pte. J. Dove.

Discharged from General Hospital 27-8-18.

C.R. 5262

Extr. pt from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 22, 1918.

#5262 Pte. Israel Dove.

Attested for General Service with the Royal Mfld. Regt.
from 21/5/18 to report 26.5.18.

C.R. 5262

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated May 22, 1918.

#5262 Pte. Israel Dove.

Attested for General Service with the Royal Mfld. Regt.
from 21~~5~~5/18 to report 26.5.18.

Lowe, Israel

5262

May Sept



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

March 8, 1919

Mrs. Sarah Dove,
KITCHEN'S HILL, Hr. Gracep
Nfld.

Dear Madam:

With reference to your letter of March 5th, I beg to inform you that your brother Pte. Israel Dove was discharged on Dec. 30th. The last cheque which you would be entitled to receive on his account, would be on or about Jan. 7th, in payment for the month of December.

Yours truly,

A. H. Maddick
Lieut.
For Paymaster.

5262

*S. Sgt. Pike
Your attention please
Sgt. C. B. H.*

*To be paid allotment
from 11/1/19 to date
Disch'd in arrears
Dec 30/18*

August 11, 1919

Mr. Israel Dove,
Harbor Grace

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

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..... *Israel* 2. Surname..... *Done*

3. Rank..... *Pte* 4. Regt. No..... *5262*

5. Address in full to which future payments of gratuity are to be forwarded..... *Starb Grace CB*

6. Date of enlistment in the Regiment..... *Apr 21/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *no*

8. Relationship of such dependents..... */*

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

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

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

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

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

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

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.....

.....
.....

15. Have you been issued with a War Service Badge?.....

16. Have you, during the present war, served in the Imperial Forces.....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?.....

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

.....
.....

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....

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

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.....

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: *J. J. Doe*

Place of Residence: *Harbor Lane.*

Declared before me at: *St. John's*

This *19* day of *July* 19*19*....

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

POST DISCHARGE PAY.			War Service	Net amount
Date paid	Paid Soldier.	Paid Dependents.	Gratuity.	due
.....
.....
Certified correct.				Paymaster

August 4th 1919.

"5262, Israel Dove, Pte.

Hr Grace.

Dear Sir:

Enclosed please find Discharge Certificate
3503.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2262 Rank Pte Name Lore J Isaac
 Intended place of residence W Grace

2. Occupation Fisherman
 Classification of soldier E Medical Category A

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 JUL 19 1919

M. H.
 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 JUL 19 1919

Lore J Isaac
 Signature of soldier

M. H.
 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 JUL 19 1919

Israel J Isaac
 Signature of soldier

James O. Brennan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 441

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 JUL 21 1919

H. R. Cooke Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 4/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

A. H. B. 2079/3503

11
20
31
4
76

The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *July 18/19*

Regimental No. *5262*

Name *Dove. J.*

Address *Hr Grace*

Present Medical Category *A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

D. R. Cooper Capt.
O. C. Discharge Depot.

J. A. Brown
Senior Medical Officer

T. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 5262 Rank Plt Name Isaac I. Grace
 Date of Enlistment 31-5-18 Address St. George District St. George
 Occupation Fisherman Classification for Discharge 1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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.
B 179c	B 120	M 93		

Date 18-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

i. Civil Re-Establishment.

I am.....in a position to resume civilian occupation Isaac I. Grace

Isaac I. Grace
Fisherman

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Date 19-7-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 250.2 to his home at 1450 Spruce and Release Certificate No. 3735 issued.

Date 19-7-19 [Signature]
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 1-8-14

Date 19-7-19 [Signature]
Depot Paymaster

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date 19-7-19 [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 21 1919

L. R. COOPER, CAPT.

Date O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

J. Dove

Signature of Man.

M. Blouin

Reg. No. 3562

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 19-7-19

191

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

MEDICAL HISTORY

OF

Surname Love

Christian Name Israel

Table I.—GENERAL TABLE.

Birthplace:—Parish St. George County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	on	<u>21</u> day of <u>May</u>	on	day of 191
	at	<u>St. Johns</u>	at	
Declared Age		<u>36</u> years	days	years days
Trade or Occupation		<u>Fisherman</u>		
Height		<u>5</u> feet <u>5</u> inches	feet	<u>5</u> inches
Weight		<u>137</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>36</u> inches		inches
		Range of Expansion	<u>4</u> inches	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<u>6/10</u>	R. E.—V=	
	L. E.—V=	<u>6/10</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. Johns</u>	at	
	on	<u>21</u> day of <u>May</u>	on	day of 191
		Corps.		Regtl. No.
Joined on Enlistment		<u>Phelps S262</u>		
		<u>Nfld. Regt.</u>		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

ist 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

Pt. refuses to submit to Hospital Treatment.

Arthur. H. Cornell.



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 *Doore, Israel*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5262*

Intended address *H. Hare*

Height on discharge *5 feet 5*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *broken*

Christian name of Father *—*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *H. Hare 17-12-1893*

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)

Israel X Doore *the*
mail (Rank)

ST. JOHN'S.

Station

Wm. McEdward *17-7-19*
Date

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



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

Date

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvii or xviii), 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 } *Fisherman*
2. Regtl. No. *262* 3. Rank. *platoon* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Bove* *Israel* (a) Former Regts. or Corps; (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *26*
6. Posted for duty on at 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? }

No Complaint of no Disability

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.)

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 ?

Repatriation

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.

W. J. Proemier, Capt. R.A.M.C.

Station *Harley, B.M.*
 Date *9/4/19*

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

FORM K

N^o 4654



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Israel Dove, Regl. No. 5262

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 ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz :

Allotment begins 8-6-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4220</u>	<u>Sister</u>	<u>Miss Sarah Dove</u>	<u>Harbour Grace</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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

Sig.) H. G. James Lt.
 Officer Commanding
D Company
St. Johns
8-6-1918.

Sig.) Israel Dove
 (Rank) Private.

FORM K

N^o 4654



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Israel Dove, Regl. No. 5262

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 ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins 8-6-18.

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<u>4220</u>	<u>Sister</u>	<u>Miss Sarah Dove</u>	<u>Harbour Grace</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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

Sig.) H. G. James & Hlt.
 Officer Commanding
D Company
St. John's
8-6-1918.

(S) Israel Dove
 (Rank) Private.

Harbor Grace

4270

March 5/1919

Dear Sir

as I received no
pay for the month of february
part of my Brothers pay
\$262. Pte Israel Done.

I am notifying you to that effect

hoping to get a satisfactory
reply from your department.

Sir yours remain

Miss Sarah Done
Kitchen Hill
Harbor Grace

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet *1st*

Regiment of *Royal Newfoundland*

Signature of O. C. Company *R. B. Drake*

Regimental Number and Name	
No.	<i>5262</i>
<i>Loze Israel</i>	
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>25</i> years months	<i>Fisherman</i>
Place and Date of Enlistment	<i>St. John's 21/5/18</i>	Religion <i>C of E</i>
Period of	with Colours <i>1 1/2</i> years.	Place of Birth <i>St. George</i>
	with Reserve <i>3 1/2</i> years.	

Good Conduct Badges, Service pay or proficiency pay

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
<i>St. John's</i>	<i>19.7.18</i>	<i>Pte</i>		<i>Absent without Leave when warned for draft from 19.7.18 to 23.7.18</i>	<i>S. Randell O. Sergt.</i>	<i>4 Days Detention</i>	<i>26.7.18</i>	<i>Capt. R. H. Tail.</i>	<i>Ad.</i>
				<i>Demobilized St. John's</i>		<i>4/19</i>			

To be carried over

The Royal Newfoundland Regiment

A5262

DEMOBILIZATION OF

Reg. No. 5262 Rank Pvt Name George J. Love
 Date of Enlistment 21.5.18 Address St. George's District St. George's
 Occupation Fisherman Classification for Discharge 1 Medical Category A1
 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 18.7.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. George Love

Int Fisherman

Particulars passed to Vocational Officer for information and action.

Date 19-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied [Signature]

Date 19-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.230.2 to his home at Mr Grace and Release Certificate No. 3735 issued.

Date 19-7-19 Demobilization Officer *Ambrose*

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 4-8-19

Date 19-7-19 Depot Paymaster *Ambrose*

Discharge approved for 21-7-19

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

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		

2 Form B

Date 19-7-19 Demobilization Officer *Ambrose*

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11 19

Reg. No. *5267*. Rank *The* Name *bone. h.*

Attested Address *H. Grace.*

Allotment Allottee ..

Date of Allotment Returned from Overseas *July 4 1919*

Returned on S.S. *Cassandra*. Cause *breach of*

1919
1919

~~ASSIGNED TO DEMOBILIZATION OFFICER~~
~~DISCHARGE APPROVED ON DEMOBILISATION~~

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. 5262 3. Rank... Pte
 4. Name Bove Denial
 (Surname) (Christian Name)
 5. Age last birthday... 26
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. Former Trade or Occupation } Fisherman
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (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 is 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? }

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.)

The Complainant 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 ?

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. S. Procmier

Capt Raw

Medical Officer in charge of case.

Station *Nazby, Devon*

Date *9/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause