



# FIRST NEWFOUNDLAND REGIMENT

4173

## ATTESTATION OF

No. 4173 Name Stanley Dove Corps Math

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Stanley Dove</u> .....             |
| 2. What is your full Address? .....  | 2. <u>Chauce Hwy</u> .....               |
| 3. Are you a British Subject? .....  | 3. <u>N. B. B.</u> .....                 |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>1</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Subman</u> .....                   |
| 6. Are you Married? .....  | 6. <u>no.</u> .....                      |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no.</u> .....                      |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u> .....                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u> .....                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?....                                       | 10. { Name .....                         |
|  | { 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. <u>yes</u> .....                     |

I, Stanley 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.

9. 30.11.17 Stanley Dove SIGNATURE OF RECRUIT.  
Hambrosey Signature of Witness.

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

I, Stanley 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 30th day of November 1917  
Signature of Attesting Officer Stanley K.

### †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..... } 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 Stanley Dove  
 Apparent age 31 years 1 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 34 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Dove  
Chance Hbr No 13 | Relationship Father

### 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>30-11-17</u>									
Joined at <u>St. John's</u> on <u>November 30</u> <u>1917</u>									
<u>Discharged July 17 1919</u>									
<u>Embarked St. John's N.S. bound to Halifax N.S. 29 '18. Embarked for S.C. 2-7-18. Disembarked St. John's 5-7-18. Arrived Boston 9-7-18</u>									
<u>Admitted 2/6 lanes H.A. M.C. 2-11-18. Admitted 3 lanes H.A. Hosp. Boulogne France 6-18</u>									
<u>Rejoined unit 5-1-1919. Transferred from 2nd to 1st 22-4-19. Arrived Newcastle 23-4-19</u>									
<u>To Newfoundland for demobilization 22-5-19. Arrived Nfld. 1-6-19.</u>									
<u>Demobilized at St. John's 12-7-19.</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-7-1919 (date of discharge) 1 years 225 days  
 " " Pensions " [ " " ] " " " "



CR 4173

Extra ct from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st  
Bn. 5-11-18

The u/m has been evacuated and is struck off the strength  
of the Unit.

4173 Pte. S. Dove.

A Coy.

C.R. 4173

Extract from Daily Orders Part 21 Unit The Royal W.M.  
St. John's, July 16th, 1919.

The discharge of the unretired on demobilisation has been  
CONFIRMED by officer i/c Records from 12-7-19.

4173 Pte. Stanley Dove.

C.R. 4173

Extract from Daily Orders No. 11 Unit The Royal Field  
Artillery, June 15th, 1919.

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

4173 Pte. S. Dove.

C.R. 4173

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

Date June 18th 1919.

4173, Pte. S. Dove.

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

C.P. 4173

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.

#4173 Pte. S, Dove.



C.R. 4173

Extract from War Office List. No. H. A. 33023.

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Dis. to Terlincthun Dtls. Camp. Boulogne Ex 10th  
Con. Dep. 11th December 1918.

#4173 Pte. S. Dove,

Influenza.

C.R. 4173

Extract from War Office Hist No. H.A. 31424.

ADM. 3 CAN. GEN. H. BOULOGNE 6 NOV. 1918.

#4173 Pte. S. Dove.

Influnza Slight

C.R. 4173

Extract from Telegram despatched to Synoptical, London,  
dated June 8th, 1918.

Pay to as follows:

#4173 Pte. Dove,

£5.

C.R. 4173

Extract of Nominal Roll to B. E. F. ~~embarked~~ embarked  
Folkestone 2-7-18

#4173 Pte. S. Dove.

C.R. 4175

Extract from Original Ball Draft "H" Company Attached  
S.S. Fiorisol, Jan. 25th, 1918.

4175 Dove S. Pte.

C.R.

4173

Extract from Daily Orders Part 11 Unit The Royal Hfld.  
Regt., Dec. 1st, 1917.

4173 Pte. S. Dove.

Attested for General Service with the 1st Hfld. Regt.,  
and assigned numbers as shown with effect from Nov. 30th, 17.

Lowe, S

4173

Hay Sept.

July 12, 1919

#4173 Pte. Stanley Dove,

Chanceport, B.D.B.

Dear Sir:-

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

Yours truly

Captain,  
Paymaster & O.i/c Records



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Stanley*..... 2. Surname..... *Dove*.....

3. Rank..... *Plt*..... 4. Regt. No..... *4173*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Chaucer St. N.S.B.*.....

6. Date of enlistment in the Regiment..... *Nov. 15/17*.....

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

8. Relationship of such dependents.....

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

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

11. Were you on active service only in 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.....

*From Nov. 15/17 to June 14/19*.....

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

*No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*No*

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

*No*

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

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?

*No*

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

*June 14/19  
Blue Porany*

*New Zealand*

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 July 1918 to April 1919*

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

*No*

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

Signature of Applicant:

Place of Residence:

Declared before me at:

This

14th

day of

June 1919...

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

*Stantley Down*  
*Chaceport, N.S.B.*  
*St. John's, Nfld.*  
*John M. Gerthy*  
*J.P.*

POST DISCHARGE PAY.			War Service Classify.	Net amount due
Date paid	to	Paid		
	Soldier.	Dependent.		
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4173. Rank..... Pte..... Name... Dove, S.  
 Intended place of residence..... Chance Hr. Twillingate

2. Occupation ..... Fisherman.....  
 Classification of soldier..... E...... Medical Category..... A1......

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

H. Mews Lt.

Date .... 14. 6. 19......

for .....  
 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

S. Dove

Date .... 14. 6. 19......

Signature of soldier

J. H. Snow Capt.  
 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

S. Dove

Date' ..... 14. 6. 19......

Signature of soldier

W. J. Eaton R.Q.M.S.  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service..... 30. 11. 19...... No. of days on Military  
 Discharged from service..... 28. 6. 19...... Plus 14 days Service... 477......

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

R. H. Salt Capt.

Date ..... 28. 6. 19......

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 .....

Officer i/c Records  
 The Royal Newfoundland Regiment

July 12, 1919

#4173 Pte. Stanley Dove,

Chambers St.,

Twillingate.

Dear Sir:-

Please find enclosed Discharge Certificate #2969.

Yours truly

Captain,  
Paymaster & U.I/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4173 Rank Pvt Name Dore S  
 Intended place of residence Blanchet St Tullaghan
2. Occupation Fisherman  
 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 ..... J. M. Lewis  
 Date JUN 14 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S ..... S. Dore  
 Signature of soldier  
J. M. Lewis  
 Signature of witness  
JUN 14 1919

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

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

Place and Date ST. JOHN'S ..... S. Dore  
 Signature of soldier  
James O'Sullivan  
 Signature of witness  
JUN 14 1919

### STATEMENT OF SERVICE

7. Enlisted for service 30-11-17 ..... No of days on Military  
 Discharged from service 28-6-19 plus 14 days ..... Service 590

### 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 ..... R. H. Lait Major  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment  
 Date JUN 28 1919

### CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld ..... M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment  
 Date July 12/1919

2962079/2969

# The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 4173

Name W. A. Stanley Rank \_\_\_\_\_

Address Chance Court N. 11

Present Medical Category A1

Recommended for: (a) Immediate discharge \_\_\_\_\_

(b) ~~Standard Medical Board~~ \_\_\_\_\_

Members of Board {

R. H. Lat  
O.C. Discharge Depot.

Paterson  
Senior Medical Officer

See Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4173 Rank Plt Name Dove S  
 Date of Enlistment 30-11-17 Address Blancfort District St John's  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 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. M. J. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation. SDow

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 14-6-19

O i/c. Re-clothing [Signature]



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. .... to his home at Thomas H. Jewellburg and Release Certificate No. 2764 issued.

Date 14-6-19

*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 12-7-19

Date 14-6-19

*H. M. ...*  
Depot Paymaster.

Discharged approved for 28-6-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

**2 Form B**

Date 14-6-19

*J.A. Snow Capt*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 28 1919

*R.H. ... Capt*  
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. D. Done*

Signature of Man.

*J. D. Sawley*

Signature of the Vocational Officer or his Representative.

Reg. No. *4173*

Place

*ST. JOHN'S*

Date

*11-6-19*

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

# MEDICAL HISTORY

Surname Down OF Christian Name Stanley

Table I.—GENERAL TABLE.

Birthplace:—Parish Chace H. N.D.S. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	20th	Nov		191
	at	St. John's	at	
Declared Age	21	years		days
Trade or Occupation	Fisherman			
Height	5	feet		inches
Weight		118		lbs.
Chest Measurement	Girth when fully expanded...			inches
	Range of Expansion...			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	60/60	R.E.—V=	
	L.E.—V=	60/60	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)	<i>Lammie Paterson</i>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	30th day of Nov	on	day of 191
		Corps.		Corps.
		Regtl. No.		Regtl. No.
Joined on Enlistment				
Transferred to		1st Nfld Regt. 4173		
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* 7. Former Trade or Occupation } *Truman*
2. Regtl. No. *4173* 3. Rank *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Novel* (Surname) *S* (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on *1. 10. 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? }

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

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

*No complaint 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?

*Rehabilitation*

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

*W. J. Proctor*  
 Medical Officer in charge of case.

Station *Hezeley Down*  
 Date *29-4-19*

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



## 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 Stanley*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4173.*

Intended address *Chambers Post h D Bay*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Swab*

Color of eyes *Grey*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *John*

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 *Millington 12-10-1894*

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) *Stanley Doore*

*PL*  
(Rank)

Station **ST. JOHN'S,**

Date *12-6-19*

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

Station

Date



**Casualty Form—Active Service.**

Regiment or Corps Royal Newfoundland  
 Rank Private Surname Dove Christian Name Stanley  
 Religion Methodist Age on Enlistment 21 years 11 months  
 Enlisted (a) 30-11-17 Terms of Service (a) Duration Service reckons from (a) 30-11-17  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended 5 Re-engaged ..... Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation Fisherman Signature of Officer W. H. [Signature]

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				
		AI 28-6-18	Embarked Disembarked ...	2 JUL 1918 5 JUL 1918	
			Joined Battalion	Field	9.7.18. 243 d. 13/7/18
					2/11/18 EA 8648
					5/11/18 F.A. 34421
3.1.19.	2. Posthaus 3. 6. 1918 WO "D" I.B.D.	Influenza (S) Adm: 10.6.18. -d.	Boulogne Egmont	7.12.18	MA. 32991
		Arrived	Renew	14/2/18	Kael.
		Joined Batt.		5	JAN 1919
		Arrived in UK			23/1/19.

*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.

NEXT OF KIN — John Dove. Chance St. N.D. Bay Infl.



C.R. 4173

S. D. Lane

T. + R. O.

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 } *Fisherman*
2. Regtl. No. *4170* 3. Rank. *Private* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dove* *S*  
 (Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on *1.10.14* 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? }

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

15. What is his present condition?

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

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature?

*No.*

17. If not, was an operation advised and declined?

*No.*

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

*No.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*No.*

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*  
*Signed W. E. Proctor*  
*W. E. Proctor*  
*Capt. Proctor*

Station *Hayley Down*

Medical Officer in charge of case.

Date *1/19*

\* 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

047573

No. 9282/867

NEWFOUNDLAND CONTINGENT

N.F.P./70.

From  
Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To  
Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

Subject: 10th June 1918

*June 19<sup>th</sup> 1918*

Subject: 4173 Pte. S. ~~Dove~~ <sup>DOVE</sup>

With reference to the following telegram (5182) from the Hon. Minister of Militia, received

Pay to 4173 Dove £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

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

Receipt hereunder.

*[Signature]*  
COMMANDING OFFICER



1st Newfoundland Regiment

received the sum of Five  
Pounds on account of  
cable remittance from Newfoundland.

4173 Dove

No 4173 Rank Private  
*Lt. Col. [Signature]*

TO, - The Chief Paymaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir;-  
Please charge the amounts set opposite my name to my account and  
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments  
for the period of one year.  
Commencing on 1st July 1918.

Regtl. No.	Rank,	Name	Amount	Signature.
4173	Pte	Dove S	\$2.50	

I have the honour to be, Sir,  
~~for the Committee,~~  
Your obedient servant.

Date 28.6.18

Stanley Dove

FORM K

No 4604



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Stanley Dove, Regl. No. 4173

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

Allotment begins Feb 1st 1918

Table with 5 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Row 1: 3686, Mother, Mr John Pheasant Dove, Lebanon Post Green Bay, 50. Total Allotment, \$ 50.

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.) Stanley Dove Officer Commanding 4 Company

(S) Stanley Dove (Rank) Pl

John 22 1918

C.R. 4173

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

DATE. *March 14*  
 PLACE. *955 Lonsdown ave*  
*Trent Canada*  
 NO. *4173* NAME. *Ct. Sp. Dore*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheets One  
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4173</u> <u>2001 P.</u>	Age on	<u>21</u> years <u>1</u> months	<u>Boatman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>30-1-17</u>	Religion	
Joined	Date	Period of	} with Colours <u>22.5</u> years.	<u>Meth</u>	
Joined	Date		} with Reserve <u>36.5</u> years.	Place of Birth	

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
				<u>Demobilized St. John's, 12/79</u>					

To be carried over



# The Royal Newfoundland Regiment

4173

## DEMOBILIZATION OF

Reg. No. 4173 Rank Plt. Name Dove A  
 Date of Enlistment 3-11-17 Address Blancy Hs. District Gate  
 Occupation Artist Classification for Discharge By Medical Category Hi  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 14-6-19 for O. C. Discharge Depot. *Mrs H*

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

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 *AM Bonister*

Date 14-6-19 O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 111 to his home at 6 Avenue H, San Diego and Release Certificate No. 2764 issued.

Date 14-6-19

*J.A. Snow*  
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 14-6-19.

Date 14-6-19

*J.A. Snow*  
Depot Paymaster.

Discharge approved for 28-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P[36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date 14-6-19

*J.A. Snow*  
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 28 1919

*R.H. Sait*  
O. C. Discharge Depot.

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

Date June 20/19

*Amelia H. [unclear]*  
for [unclear]

Reg. No. *4173* Rank *SG* Name *Dove, Stan*

Attested ..... Address *Hants H.*

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

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

Returned on S.S. *Corica* Cause *Descharge*

*14.6.19*

*PAS* ..... OFFICER

*28.6.19*

DISCHARGE APPROVED ON DEMOBILISATION