



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1723 Name James Dore Corps _____

Questions to be put to the Recruit before Enlistment.

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

I, James Dore 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Dore 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 _____

on this 23 day of July 1915

Signature of the Attesting Officer.

† 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 _____ 1915

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, the 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 James Jones

Apparent age 21 years months. Height 5 feet 8 inches.

Chest measurement { Girth when fully expanded 37 inches.
 { Range of expansion 3 inches.

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John Joseph Jones Little Bay
Marytown Place Bay 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	Promotions, 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 _____									
Joined at _____ on _____									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1723 Name James Jones Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>James Jones</u> |
| 2. What is your full Address? | 2. <u>Little Bay, Newfoundland</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>20</u> Years <u>9</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>fisherman</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, James Jones 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.

James Jones SIGNATURE OF RECRUIT.

E. J. Jones SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Jones 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
on this 23rd day of July 1915
Signature of the Attesting Officer. E. J. Jones

† 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, the 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.

1723.

Name James Down

Apparent age 21 years _____ months. Height 5 feet 8 inches.

Chest measurement { Girth when fully expanded 37 inches.
Range of expansion 3 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin John Joseph Down Little Bay
Mayston Little Bay 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)	(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	Promotions, 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 <u>23-7-15</u>							Embarked B.C.F. 25 ⁶ / ₁₆
Joined at <u>St John's</u> on <u>23-7-15</u>							
Embarked <u>St John's train to Quebec</u> 27 ¹⁰ / ₁₅					Adm. to <u>29</u> 20 ¹⁰ / ₁₅ 5		Diphtheria 5 ⁹ / ₁₆ Admitted <u>Windsor</u> 2 ³ / ₁₇
Admitted <u>Sty. Hosp. Douglas</u> 7-9-16					Admitted <u>Windsor</u> 2 ³ / ₁₇		
Discharged <u>hospital</u> 2-3-17					Admitted <u>Windsor</u> 22-5-17		
Discharged <u>Newfoundland</u> 15-4-17							
Discharged <u>Medically Unfit</u> 2-5-1917							
Total Service/forfeited as above							
Total Service towards Engagement to <u>2-5-17</u> (date of discharge)					1 years <u>284</u> days		
" " " Pension " " " " " " " "							

REGIMENTAL NUMBER 1723

COMPANY C

THE
1st NEWFOUNDLAND REGIMENT.

I here by enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my
discharge.

Subject to the Army Act, the King's Regulations,
and to such ordinances as may apply or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act,
5 George V., Chapter IV.

Signed ^{his} James X. Doves ^{Plummer Esq.}
Mark

Witness Jameson Tolson
lt

Dated at Aspx

19 June 1916

C.R. 1723

Extract from Nominal Roll of Mfld. Regt. Draft No. 7.
from 2nd Bn., Depot, to 1st Bn., B.E.F. Embarked
Southampton, ~~25-6-16~~ 25-6-16.

1723 Pte. J. Dover.

C.R. 1723

Extract from Casualties received from Pay & Record
Office, London, Oct. 5th, 1918.

3rd London G. H. 3-10-16.

1723 Pte. Dover, J.

1/Nfld. R. D.A.H.

C.R. 1723

Extract from roll of Officers N. C.O's
And men DISCHARGED from the Royal
Newfoundland Regiment.

Regtl. #	Rank	Name	Date	Reason
1723	PTE.	DOVER JAS.	2/5/17	MED. UNFIT.

C.R. 1723

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

1723 Pte. James Dover, discharged May 2nd 1917, Medically
unfit

C.R. 1723

NEWFOUNDLAND CONTINGENT

Extract of Casualty list received from P. & R. O. Oct. 10th. 1916.

1723, Pte J. Dober. ✓

2/1 Newfoundland R. Diphtheria to Engl. HS ST. Denis ex 14 Sty. Hos.
3rd October 1916.

C.R. 1723

Extract from list of sick and wounded N.C.O's and men of the
Expeditionary Force- France dated Oct.10th 1916. List No.
H.A.3017.

1723 Pte. ^{Dover}~~Dobson~~ J.

Diphtheria.....To Eng. Per, HS. St. Denis ex 14 Sty²H. 3rd Oct.

COPY OF TELEGRAM.

Dated
6th October, 1916.

Mr. John Joseph Dober,
Little Bay,
Marystown.

Regret to inform you that the Record Office,
London, officially reports No. 1723 Private James
Dober at Wandsworth disordered action heart.

Upon receipt of further information I shall immedi-
ately wire you and trust that the next report will
be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 1723

Extract from Casualties received from P.&R. Office London,
5th, Oct. 1916.

Wandsworth. DAH.

1723 Dover.

C.R. 1723

Copy of cablegram to Governor St. John's Nfld from P.&.R.O. 5, Oct, 16.

1723, Pte Dober, ✓

Wandsworth D.A.H.

C.R. 1723

Extract of Casualty List received from P.&R.O. Oct. 5th. 1916.

1723, Pte J. Dover. ✓

Admitted 3rd London General Hospital Wandsworth 3/10/16 D.A.H.

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 1723



AUSTRALIAN IMPERIAL FORCE.

LIST No.H.A.2334.

4255	Pte.Sewell,A.E.	21-Australians.	G.S.W.Hands.	Trans.to 1.Con.Camp,Boulogne,ex.14.Sty.Hos:7.Sep'16.
2980	" Wilson,J.A.	12- do.	Susp.Dysentery.	Adm.14.Sty.Hos:Boulogne,7th.Sept'16.
3050	" Cozens,C.	25- do.	Susp.Scarlet Fever.	do.
283	L/C.Cowell,P.	27- do.	Mumps.	do.
3098	Pte.Goddard,W.	56-A.I.Force.5-Dvn.	Tonsillitis	Dis.to Camp,Carcassone Camp,Marseilles,ex.16.A.Sty.Hos:7th.Sept'16.
4525	" Keilor,J.	30-Batt."A".Co.8-Bde.5-Dvn.A.I.F.	V.D.S.	Dis.to Duty Etaples,ex.16A.Sty.Hos:7th.Sept'16.
2250	" Murray,J.	49-Australians.	G.S.W.Arm.Rt	Dis.to Base Dtls,Boulogne,ex.8.Sty.Hos:8th.Sept'16.
2861	Cpl.Wicks,E.	52- do.	do. Shoulder.Lt.	To Eng.per Hos:Ship"Jan Breydel"ex.8.Sty.Hos:8.Sep'16
2477	Pte.Long,G.J.	52- do.	do. Knee.Lt.	do.
1478	Sgt.Langtry,H.	46- do.	Delusional Insanity	Trans.to Havre,ex.8.Sty.Hos:8th.Sept'16.
941	" Brooks,A.A.	No.1-Aus.Min:Coy.	G.S.W.Arm.Rt.(Acc)	Trans.to 1.Con.Dep.Boulogne,ex.8.Sty.Hos:8.Sept'16.
3941	Pte.Waddington,E.	H.21-Australians.	Influenza.	do.
5204	" Smith,W.F.	2- do.	P.U.O.	do.
2674	" Hargreaves,J.	A.7- do.	N.Y.D.Mental	Adm.8.Sty.Hos:Wimereux,8th.Sept'16.
396	" Alison,P.G.	17- do.	do.	do.
4360	" Arnold,P.L.	25- do.	G.S.W.Arm.Rt.(Acc)	do.

NEW ZEALAND CONTINGENT.

LIST No.H.A.2334.

16/1205	Cpl.Augene,A.	3-Maori Contingent.	Susp.Enteric	Adm.25.Sty.Hos:Rouen,7th.Sept'16.
24/1120	Pte.Miles,H.	1-N.Z.Rifle Bde.	do. Dysentery.& Impetigo.	do.
5/722	" Pringle,R.A.	1-N.Z. A.S.C.	Enteric Group	Trans.to United Kingdom,to other Hosps:ex.25.Sty.Hos:7th.Sept'16.
16/1094	" Makapitu,N.	4-Maori N.Z.F.I.	Warts.	Dis.to Duty Etaples,ex.16A.Sty.Hos:7th.Sept'16.

CAVALRY RECORD OFFICE. - CANTERBURY.

LIST No.H.A.2334.

17077	Pte.Brown,W.H.	21-Lancers.	Susp.Dysentery.	Adm.25.Sty.Hos:Rouen,7th.Sept'16.
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CAVALRY RECORD OFFICE. - YORK.

LIST No.H.A.2334.

1855	Pte.Quigley,C.	S.Irish Horse.	N.Y.D.Fever.	Adm.14.Sty.Hos:Boulogne,7th.Sept'16.
19602	" Weaver,R.G.	18-Hussars.	Amoebic Dysentery.	Trans.to Con:Camp,ex.25.Sty.Hos:7th.Sept'16.

NEWFOUNDLAND CONTINGENT.

LIST No.H.A.2334.

1723	Pte.Dover,J.	1/2-Newfoundland.	Diphtheria	Adm.14.Sty.Hos:Boulogne,7th.Sept'16.
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COLONIAL RECORD OFFICE - CROWN COLONIES FORCES.

LIST No.H.A.2334.

2276	Pte.Hawthorne,J.	13-Coy.B.n.I.	Pneumonia	DIED in 16A.Sty.Hos:Marseilles,7th.Sept'16.
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C.R. 1723

Extract from Nominal Roll, entrained St. John's for Overseas 27/10/15

#1723 Pte. J. Dover.

C.R. 1723

James Dober was attested for General service
with the NEWFOUNDLAND REGIMENT on July 23rd. 195
Regimental No 1723 was allotted to Pte. Jas. Dober

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

C.R. 1723

James Dober was attested for General service
with the NEWFOUNDLAND REGIMENT on July 23rd. 195
Regimental No 1723 was allotted to Pte. Jas. Dober

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

J. Dover

1723

P. H. C.



1ST NEWFOUNDLAND REGIMENT
 ALLOTMENTS

I, James Dwyer, Regl. No. _____ hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and _____ 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 _____

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1537	Brother	John Dwyer	Little Bay, ¹⁷²³	50
		To be Deposited	Moncton	
		in Bank of Montreal		
		in of Brother or		
		Self or other		
			Total Allotment, \$	

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.) _____

Officer Commanding
 Company

(Sig.)

(Rank)

James Dwyer
 Private
 Witness
W. H. [Signature]
 [Signature]

Proceedings on Discharge.

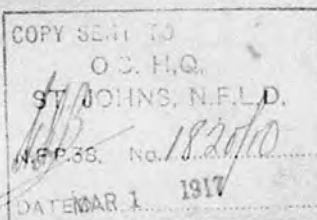
(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>1723</u>	Army Rank <u>Private</u>
Name <u>Doves James</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	

1.

Description at the time of discharge.

Age <u>22</u> years _____ months	Descriptive marks. <u>None</u>
Height <u>5</u> feet <u>9</u> inches	
Chest measure- (girth when fully expanded _____ ins. range of expansion _____ ins.)	
Complexion <u>Pale</u>	
Eyes <u>Brown</u>	
Hair <u>Brown</u>	
Trade <u>Deep Sea Fisherman</u>	
Intended place of residence <u>Little Bay</u>	
(To be given as fully as practicable) <u>St. Marys town Newfoundland</u>	



(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 Diphtheria (Paralysis)

(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.)

To be filled in on the soldier quitting the Colours.

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. 2088 has been issued to*

No. *1723* Name *Dover James* Sqn., Batty., or Company } *G. A Corps 2/1 Tpls. Regt* Date of enlistment } *July 23/15* G.C. Badges }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } *Adrian* Service or Proficiency Pay } Character }

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
<i>Dover</i>	<i>4/5/16</i>	<i>P/6</i>		<i>while on active service being drunk</i>	<i>Self channel</i>	<i>reprimand of the day</i>	<i>9/4/16</i>	<i>Lt Col Glynn</i>



Army Form B. 122

Original

Medical Report on an Invalid.

3rd London General Hospital,
WANDSWORTH, S.W.

Station _____

Date _____

25/2/17



1 Unit *2nd Newfoundland*
2 Regimental No. *1723*
3 Rank *Pte*
4 Name *Dover, G.*

5. Age last birthday *22*
6. Enlisted { on *24th July 1915.*
 { at *St John's Nfld*
7. Former Trade { *Fisherman (deep sea)*
 or Occupation {

3. Disability.

Diphtheria (Paralysis)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *Sept 1 1916*
10. Place of origin of disability. *Ypres*

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*Had 48000 units of Antitoxin in all, from 1st to 4th Sept to 4th Oct.
Nasal voice & respiration of 7/9/16
Knee jerks absent - 6, 10, 16.
Heart not enlarged: ~~1st~~ *1st* sound short, pulse not quite regular, rapid compressible
Hands & feet affected, massage ordered.
Improving, but cannot walk or stand even with aid - 25 - 1 - 17
Improved, able to get about on sticks. 19. 2. 17.*

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
MAR 1 1917

12. (a) Give your opinion as to the causation of the disability.
(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

H. L. B.
Contracted whilst on active service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

although considerably improved, his condition is ~~poor~~ - he is just able to get about - sensation has returned to arms & legs, & the ankle drop has disappeared.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

16. Was an operation performed? If so, what?

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharge as permanently unfit

T. B. MacQuack C.S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except†

3rd London General Hospital,
WANDSWORTH, S.W.

Station

Date

24. 2. 17.

H. E. Bruce Dr.
Lt. Col. R.A.M.C.T.

Comdg. Officer in charge of Hospital,

* 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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Exposure to infection.

21. Has the disability been aggravated by

(a) Intemperance?

No

(b) Misconduct?

No

(c) Any of the conditions mentioned in Question 20, and if so which?

✓

22. Is the disability permanent?

No

23. If not permanent, what is its probable minimum duration?

To be stated in months.

Six months

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Total at present

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

No

25. If an operation was advised and declined, was the refusal unreasonable?

✓

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

yes

Signatures:—

3rd London General Hospital,
Station WANDSWORTH, S.W.

W. B. Gutter Maj. RAMER President.

Station

Date

27. 9. 17

R. M. Howard Esq.

Members.

3rd London Approved Hospital,
Station WANDSWORTH, S.W.

W. B. Gutter Maj. RAMER
Administrative Medical Officer.

Date

27. 9. 17

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 Station _____
 or
 Embark- { Date _____
 ation { Port _____

Name of { Conveyance _____
 Vessel _____
 Officer in } _____
 medical charge }

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or } _____
 Station } _____
 Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and } _____
 Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	Date	From			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depot. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
INVALID.

SR 11c

Station Avr
 Corps 21 Newfoundland
 Regimental No. 723
 Rank Plt
 Name Bowers J.
 Disability Subacute Paralysis
 Date 27/2/17

Hospital or Station transferred to for final disposal

Date of final disposal

How finally disposed of

The original Report is invariably to accompany the discharge documents of Invalids.

(4726.) W. 8630/2774. 5000. 9/18. C. P. Ltd.

Forms B. 179. 34.

**Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 392 (xvi.) King's Regulations.**

(To be completed and dispatched on the day on which the discharge is approved.)

FEB 28 1917

To the Officer i/c Records _____

58 Victoria St.

S. W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ²¹ ~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname _____

Sover

Christian names _____

John

(in full)

Regt. No. and Rank _____

1723

Pte.

Regt. or Corps _____

2/1 Newfoundland

(If T.F. this should be stated)

His address on discharge will be _____

Little Bay

Marystown, Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that* _____

no

allowance is _____

being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space *must not* be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital,
WANDSWORTH, S.W.

Date _____

27/2/17

W. W. Gutter May Palmer

President of Board
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

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

MEDICAL HISTORY

OF

Surname *Dover*

Christian Name *James*

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County *Nfld*



	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	23 day of July 1916	St Johns Nfld	day of 191	
Declared Age	21 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	8 inches	feet	inches
Weight		140 lbs.		lbs.
Chest Measurement	Girth when fully expanded... 57 inches			inches
	Range of expansion... 3 inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		1		
When Vaccinated	1916			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<i>Samuel Paterson</i>			
(Rank)	Captain			
	Medical Officer.		Medical Officer.	
Enlisted	at St Johns		at	
	on 23 day of July 1916		on	day of 191
Joined on Enlistment	Corps. 1st Nfld Reg	Regtl. No. 1723.	Corps.	Regtl. No.
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P. 38. No. 1820/10
DATED MAR. 1 1917

Table II.—Only for admission to hospital or to the sick list in case of Warrant officers treated in quarters.

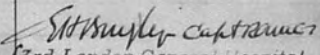
Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	3	10	16				Diphtheria (paralysis)		Board held - see overleaf Disability - Diphtheria (paralysis). Just able to get about. Condition poorly. Cause - Exposure to infection on active service Total - inability at present to earn a livelihood.	 Sgt Buckley - Capt 7200057 3rd London General Hospital, WANDSWORTH, S.W.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
18.10.15	1 st Inoculation
19.11.15	Vacc - R. P. Brahmam L. B. Amb.
24.5.16	2 nd Inoculation In m. Entyre Capt-Ramc
19.6.16	Fit for Foreign Service H. G. W.
27.2.17	<p>Board held Found - permanently unfit Board - approved.</p> <p style="text-align: right;">S. H. W. S. - Capt Ramc</p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
56 Johns Hill					

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full Dover - Jim
 Regiment from which discharged 2/1 Newfoundland
 Regimental Number 1723
 Where born (Parish, Town and County), and when Beau Bois, Newfoundland - 4/10/1894
 Intended address Little Bay, Mary's Town, Newfoundland
 Height on discharge 5 Feet 9 Inches
 Colour of Hair on discharge Brown Colour of Eyes Brown
 Descriptive marks none Complexion Pale
 Figure on discharge Medium
 Christian name of Father John
 Christian name of Mother Mary
 Wife's Maiden name in full —
 Date and Place of Marriage —
 Christian names of Children —
 Nature and locality of civil employment desired Uncertain owing to disability



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)

Station Wandsworth Jasper Baker (Rank) Plt
 Date 24 2 17

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.

T B MacQuarrie Medical Officer i/c
 3rd London General Hospital

Station WANDSWORTH, S.W.

Date 24 2 17

B Period of Service and in what Corps ...	Regiment			All Service Abroad with Stations		
	Years	Days	Years	Days	Years	Days
				India		
				S. Africa		
Disallowed			
Service towards Pension			
Date inclusive to which pay has been issued	Sum due on account of advance of pension }					
Sums due on account of public debts ...	}					

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges
 Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
 Date _____ Records.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 1723

Rank

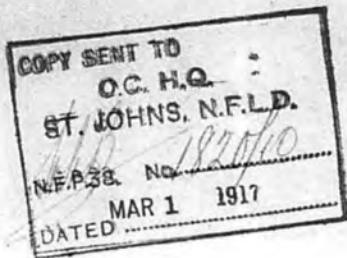
Plt



Name (surname first) Dover Jim

Regiment 2/1 Newfoundland

1. State what special qualifications you have for employment in civil life. Deep sea fisherman



2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Capt Gosland
Berland
Newf.l.d. 6 months
(7 years experience)

3. What is the nature and locality of the employment you desire?

Unsettled

4. What is the name of your Approved Society? _____

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date 22/3/17

Signature James Dover

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No..... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

NEW FOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1723 Pts. Dover J. (Dates inclusive)
 Company. From 25/12/16 to 23/3/17

(Substituting A.F.O.—1825) N.F.P/36.
 Embarked per S. S. GRAMPIAN
 From Liverpool Date 23/3/17.
 Draft No. 32. CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	A. s d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	£	s	d
	8	Forfeited Pay								1	Pay								
	9	Allotments	50	91	45	50				2	Field Allowances	1.00	91	91	00				
	10									3	Other Allowances	10	91	9	10				
	11/12	Total Stoppages								4/5	Total @ 4.85 2/3								
					45	50		7 0								100	10	20	11 4 1/2
	13	Fines								6a									
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
21/3/17	20	1st Payment																	
21/3/17	21	2nd " Advance Hospital						1 10 6											
	22	3rd " P & R. O.						25 10 0											
	23	Final "																	17 6 0
	24	Balance Debit Last Period																	
	28	" Due by Paymaster								27	Balance Duc to Paymaster								
								2 0 10											
								38 8 4											38 8 4

Pay & Record Office



London S.W. (1) March 22nd 1917.

NEW FOUNDLAND CONTINGENT

F. W. Marshall, Lieut.

Warranted by "G.O." Company.

This account is in accordance with information received at the Pay & Record Office to 27/3/17 and is therefore subject to amendment if, and as may be found necessary.

CHECKED

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1723 Pts. Dover J. (Dates inclusive)
 Company. From 23/12/16 23/3/17

(Substituting A.F.O. 1625) N.F.P/36.

Embarked per S. S. GRAMPIN

From Liverpool Date 23/3/17

Draft No. 32 CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	A. s d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	A. s d
	8	Forfeited Pay								1	Pay						
	6	Allotments	50	91	45	50				2	Field Allowances	1.00	91	91	00		
	10									3	Other Allowances	10	91	9	10		
	11/12	Total Stoppages								4/5	Total @ 4.86 2/3						
					45	50		7 0						100	10	20	11 4 1/2
	13	Fines								6a							
	14	Clothing and Necessaries															
	15	Arms & Ammunition															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages									Cr. Balance 22/12/16					17	10 11 1/2
	19	Casual Payments									Cr. Ration Allowance 21/3/17-23/3/					17	6 0
21/3/17	20	1st Payment Advance Hospital			1	10	6										
21/3/17	21	2nd " P & R. O.			25	10	0										
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Period															
	28	" Due by Paymaster			2	0	10			27	Balance Due to Paymaster						
					38	8	4							38	8	4	

Pay & Received

London S.W.



CHECKED
[Signature]



NEWFOUNDLAND CONTINGENT

Sgd. F. W. Marshall, Lieut.

FOR PAYMASTER'S OFFICE " " Company.

Admitted

2-10-16

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Field Regiment.

*The Officer Commanding Field Contingent Army

The Officer in Charge of Records 58 Victoria St. S.W.

The Regimental Paymaster 58 Victoria St. S.W.

With reference to No. 1723 P/O Dover J. A. of the above Regiment, who appeared before a Medical Board and was approved by

the D.B.M.S. Command, on the 27-2-14 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded to 58 Victoria St. S.W.

on [date] 21-3-14

H. Jagan
Capt. R.A.M.C.(H) Officer Commanding
Registrar, R.A.M.C.I. Hospital.

Place Wandsworth 3rd London General Hospital,

Date 21-3-14 WANDSWORTH, S. W.

* In case of Territorial Force "Officer Commanding the Administrative Centre."

Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No 1723 Rank Pte

Name J. Jones

Pay	F. Allow	Working	Total
1-	10		110
Less Allotment			50 ✓
Net Rate			60

Date	DEBITS	£ s d			CREDITS	£ s d		
		£	s	d		£	s	d
1917	Balance				Balance	27	10	6
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>	10	16	4 1/2 ✓
	A.B. 64				28/10/16 to 21/2/17 = 145 days			
	Acquittance Rolls				60 = 87.00	17	17	6 1/2 ✓
	Hospital Advances	1	14	0 ✓	1/1 to 1/1 = days			
	<u>STOPPAGES:</u>				18 ✓			
	hospital dys =				1/1 to 1/1 = days			
	forfeited pay 4 days 110				2 ration allows			
	Miscellaneous				1/1 to 1/1 = 3 days			
	Cables				210 = \$ 610			
	<u>P. & R.O. PAYMENTS:</u>							
	Sundry Bills							
	Cash	2	12	1				
	2000 Bank 21/3/17	25	10	0				
	OR 2741							

[Handwritten signature]

(9 38 41) W 1 751-6539/1 75,000(6) 10/15 H W V(M 531)
16.92-191 75,0.0 1/16

Forms/W. 3201

Army Form

(In part of 3201)



ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD

1st Regt. (Regiment).

No. 1723, Rank Pte, Name Dover, J. A.

is discharged from Hospital with orders to proceed to his home

(Address 58 Victoria St.)

S.W.

and there await further instructions as to his discharge from the Service.

H. Jagan

Officer Commanding,

Capt. R.A.M.C.T.

Place

Registrar, R.A.M.C.T.

Hospital.

3rd London General Hospital,

Date

21/3/17

WANDSWORTH, S.W.

1723 Pte. Dover J. A.
23/12/16 23/3/17

GRAMPIAN

Liverpool
32.

23/3/17.

A.

50 91 45 50

1.00 91 91 00
10 91 9 10

45 50 9 7 0

10010 20 11 4½

Cr. Balance 22/12/16

17 10 11½

21/3/17
21/3/17

Advance Hospital
P & R. O.

1 10 6
25 10 0

Cr. Ration Allowance 21/3/17-23/3/

17 6 0

2 0 10

38 8 4

38 6 4

Pay & Record Office,

London S.W. (1)

March 22nd

7.

CHECKED
[Signature]

L. Dover, J. A.

1723

Sept

This space to be left blank for the Chelsea Number.



K6

Proceedings on Discharge.



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

No. <u>1723</u>		Army Rank <u>Private</u>	
Name <u>Dove James</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps <u>1st Newfoundland Regiment</u>			
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge <u>May 2nd 1917</u>			
Place of discharge <u>St. John's, Nfld.</u>			
1. Description at the time of discharge.			
Age	<u>22</u> years	<u>7</u> months	Descriptive marks. <u>None</u>
Height	<u>5</u> feet	<u>9</u> inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	<u>Pale</u>		
Eyes	<u>Brown</u>		
Hair	<u>Brown</u>		
Trade	<u>Deep Sea Fisherman</u>		
Intended place of residence <small>(To be given as fully as practicable)</small>	<u>Lake Bay</u>		
	<u>Marystown Newfoundland</u>		
<small>(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.)</small>			
2. The above-named man is discharged in consequence of <u>Diphtheria (Paralysis)</u> .			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character :—			
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. 2088 has been issued to			

To be filled in on the soldier quitting the Colours.

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 clothing allowance), 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 Rd. James Lake (Signature of Soldier.)

(Date) May 3rd 17 [Signature] (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.

James Lohr

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

MEDICAL HISTORY

OF

Surname *Dove*

Christian Name *James*



Table I.—GENERAL TABLE

Birthplace:—Parish

County *Newfoundland*

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	on <i>23</i> day of <i>July</i> 191 <i>0</i>	at <i>St John's</i>	on	day of
Declared age	<i>21</i> years	days	years	days
Trade or occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>8</i> inches	feet	inches
Weight		<i>140</i> lbs.		lbs.
Chest Measurement {	Girth when fully expanded	<i>37</i> inches		inches
	Range of expansion ...	<i>3</i> inches		inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number		<i>1</i>		
When vaccinated				
Vision	R.E.—V. =	<i>6/6</i>	R.E.—V. =	
	L.E.—V. =	<i>6/6</i>	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>Sgt Lennox ...</i>			
(Rank)	<i>Capt</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>St John's</i>	at		
	on <i>23</i> day of <i>July</i> 191 <i>0</i>	on	day of	191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>172d</i>	<i>172d</i>		
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<p><i>29th Gen General Hospital Waudsworth Rd.</i></p>	3	10	16				<i>Diphtheria (Paralysis)</i>		<p><i>Board held - see overleaf</i> <i>Stability - Diphtheria (Paralysis) just able to go about. Condition slowly.</i> <i>Cause - Exposure to infection on active service.</i> <i>Total - Stability at present. to earn a livelihood.</i></p>	<p><i>Agd. Col. Dingley C. P. S. M. C. H. Waudsworth Rd.</i></p>

NEWFOUNDLAND.

CLAIM FOR PENSION

PENSION No. _____

EUROPEAN WAR.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full I hereby solemnly declare that my name is James
Dover and that I was
Fill in rank and force a (rank) Private (1st. Nfld. Reg.)
in or
(R. N. R.)
and that I am entitled to a Pension from the Colony of Newfoundland
Fill in place giving full postal address I am residing at (Street and number) _____
Town of Little Bay Marystown
and request my next pension cheque be sent to this address.
James Dover SIGNATURE or mark of Pensioner.
Witness C. C. P. Ke

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this _____ day of _____ 19____, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

Signature.

Rank or position.

Postal Address.

Add any Remarks _____

\$ _____

July 7th.1917.

Mr. James Dover.,

Little Bay,

Martstown.

Dear Sir:-

The Medical Board which examined you the second time has reported as to your condition, and on the bases of there report it has been decided that no further payments can be made you a/c of Pension.

It has however been decided to pay you a Gratuity of \$75.00 payable in three equal monthly instalments.

I therefore enclose cheque for \$25.00 being amount of first payment.

Yours truly,

Secretary.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1723 Pte. Dover I. A.
 Company. - From 23/12/16 To 23/3/17 (Dates inclusive)

(Substituting A.F.O. 1625) - N.F.P/36.
 Embarked per S. S. GRAMPIAN
 From Liverpool Date 23/3/17.
 Draft No. 32. CR.

DR.		Classification (See procedure)						A.				CR.					
Date	Pay Book Col	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d		
	8	Forfeited Pay							1	Pay	1.00	91	91	00			
	6	Allotments	50	91	45	50			2	Field Allowances	10	91	9	10			
	10								3	Other Allowances							
	11/12	Total Stoppages			45	50	9	7	0	4/5	Total @ 4.86 2/3						
													100	10	20		
	13	Fines							6a								
	14	Clothing and Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages															
	19	Casual Payments															
21/3/17	20	1st Payment Advance Hospital			1	10	6										
21/3/17	21	2nd " P & R. O.			25	10	0							17	6	0	
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Period															
	28	" Due by Paymaster			2	0	10		27	Balance Duo to Paymaster							
					38	8	4							38	8	4	

Pay & Record Office,
 London S.W. (1) March 22nd 1917.



NEWFOUNDLAND CONTINGENT.
 CERTIFIED CORRECT.

This account is in accordance with information received at the Pay & Record Office to 27 B 117 and is therefore subject to amendment if, and as may be found necessary.

H. Marshall
 O.C. " " Company.

CHECKED

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1723 Pte. Dover I. A.
Company. From 23/12/16 To 23/3/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.

Embarked per S. S. GRAMPIAN

From Liverpool Date 23/3/17.

DR. Classification (See procedure) A.

Draft No. 32.

CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay	50	91	45	50			1	Pay	1.00	91	91	00	
	9	Allotments							2	Field Allowances	10	91	9	10	
	10								3	Other Allowances					
	11/12	Total Stoppages			45	50	9	7	4/5	Total @ 4.85 2/3			100	10	20
	13	Fines							6a						
	14	Clothing and Necessaries													
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital Stoppages													
	17a	Miscellaneous Stoppages								Cr. Balance 22/12/16					17
	19	Casual Payments								Cr. Ration Allowance 21/3/17-23/3/					
21/3/17	20	1st Payment Advance Hospital			1	10	6								
21/3/17	21	2nd " P & R. O.			25	10	0								17
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period			2	0	10		27	Balance Due to Paymaster					
	28	" Due by Paymaster													
					38	8	4								38

Pay & Record Office

London S.

NEWFOUNDLAND CONTINGENT. CERTIFIED CORRECT.

F. H. Marshall & Co.
PAYMASTER & OFFICER IN CHARGE
Company.

CHECKED
[Signature]

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1723 Pte. Dover J. A.
 Company. From 23/12/16 To 23/3/17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.

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	9	Allotments	50	91	45	50			2	Field Allowances	10	91	9	10				
	10								3	Other Allowances								
	11/12	Total Stoppages			45	50	9	7	0	4/5	Total @ 4.85 2/3							
													100	10	20	11	4 1/2	
	13	Fines							6a									
	14	Clothing and Necessaries																
	15	Arms & Accoutrements																
	16	Barrack Damages																
	17	Hospital Stoppages																
	17a	Miscellaneous Stoppages																
	19	Casual Payments																
21/3/17	20	1st Payment Advance Hospital					1	10	8									
21/3/17	21	2nd " P & R. O.					25	10	0									
	22	3rd "																
	23	Final "																
	24	Balance Debit Last Period																
	28	" Due by Paymaster					2	0	10	27	Balance Due to Paymaster							
							38	8	4							38	8	4

Pay & Record Office

London S.W. (1) March 22nd 1917.



NEWFOUNDLAND CONTINGENT.

CERTIFIED CORRECT.

This account is in accordance with information received at the Pay & Record Office to 27/3/17 and is therefore subject to amendment if, and as may be found necessary.

H. Marshall

Company.

CHECKED.

[Signature]

Medical Report on an Invalid.

Army Form B, 179

28, VICTORIA ST.
LONDON, S.W.

MAR 1 1917

Station

3rd London General Hospital
Wandsworth S.W.

Date

25. 2. 17

1. Unit

1st Newfoundland

2. Regimental No.

1723

3. Rank

Sgt

4. Name

Dover J.

5. Age last birthday

22

6. Enlisted

{ on 24 July 1915

{ at 8th Depot

7. Former Trade

or Occupation

{ Fisherman (Deep Sea)

8. Disability.

Diphtheria (Paralysis)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

September 1st 1916

10. Place of origin of disability.

Ypres.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Had 48000 units of Antitoxin in all from September to 21st October. Nasal voice & regurgitation of fluid, 27.9.16. Knee jerks absent 6.10.16. Heart intertarded, L. sound short, pulse not quite regular; easily compressible. Hands of feet affected, massage ordered. Improving but cannot walk or stand even with aid. 25.11.17. Improved able to get about on sticks 19.2.17.

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Contracted whilst on Active Service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Although considerably improved, his condition is poorly - he is just able to get about. Sensation has returned to arms & legs & the ankle drop has disappeared.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty? ✓
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where? ✓

(c) Opinion?

16. Was an operation performed? If so, what? ✓

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? ✓

19. Do you recommend

- (a) Discharge as permanently unfit,
- or
- (b) ~~Change to England?~~

Discharge as permanently unfit.

J. B. Macdonald, C.S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

London General Hospital
Station *Maudsworth Sq.*

H. C. Bruce

Date *26. 2. 17*

Officer in charge of Hospital
London General Hospital

* 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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1163, Pay Warrant, 1913).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active Service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

Exposure to Infection

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

} No

22. Is the disability permanent?

No

23. If not permanent, what is its probable minimum duration?

To be stated in months.

Six Months

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

Total, at present

25. If an operation was advised and declined, was the refusal unreasonable?

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes

Signatures

2nd London General Hospital

Station

Wandsworth S.D.

Date

27.2.17

Approved

2nd London General Hospital

Station

Wandsworth S.D.

Date

27.2.17

W. E. Dyke *May R. A. M. C. ?* President.

R. B. Howard C.S. Members.

W. E. Dyke *May R. A. M. C. ?* Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer { Date _____
 or Station _____ } Name of { Conveyance _____
 Embarkation { Date _____
 Port _____ } Vessel _____
 Officer in medical charge _____

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date _____
 Hospital or Station _____ } Officer in medical charge. _____

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted Date	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer. _____

ARMY FORM B. 179.

MEDICAL REPORT ON AN
 INVALID.

Station *1st Infanterie*
 Corps *1st Infanterie*
 Regimental No. *1725*
 Rank *1st Lt*
 Name *James J. Jones*
 Disability *W. M. (Paralysis)*
 Date *27.2.17*

Hospital or Station }
 transferred to for }
 final disposal }
 Date of final }
 disposal }
 How finally }
 disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.
 Form B. 179. (88579) W. 1908 470M S-15 W B & L
 34

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS

Station ST. JOHN'S NFLD. Date APRIL 18th., 1917
No. 1723 Age 22 Height 5ft9"
Rank PRIVATE Complexion PALE
Name DOVER, JAMES Eyes BROWN Hair BROWN
Unit 1st NFLD.
Address LITTLE BAY, MARYSTOWN Former Trade FISHERMAN (DEEP SEA)
Enlisted at ST. JOHN'S NFLD. on JULY 24th., 1915
Disease or disability DIPHTHERIA (PARALYSIS)
Present condition

*Improving. Can walk fairly well
Heart regular. Sounds normal
Not fully recovered from diphtheria
paralysis*

Estimated disability

20%

Recommendation of Medical Board

*3 months further
Discharge A.S.F.*

Class



Members of Board

Approving Medical Officer.

*A.S. Fraser
J. Burden
W. Burden pro Major Paterson
Chas. Macpherson Major*

SECOND BOARD

NEWFOUNDLAND.

REPORT OF MEDICAL BOARD

**ON SOLDIER OR NAVAL RESERVIST RETURNED
FROM OVERSEAS**

Station **ST. JOHN'S NFLD.**

Date **JUNE 12th., 1917.**

No. **1723**

Age **22** Height **5'9"**

Rank **PRIVATE**

Complexion **PALE**

Name **DOVER, JAMES**

Eyes **BROWN** Hair **BROWN**

Unit **1ST NEWFOUNDLAND**

Address **LITTLE BAY, MARYSTOWN**

Former Trade **FISHERMAN (DEEP SEA)**

Enlisted at **ST. JOHN'S NFLD.**

on **JULY 24th., 1915**

Disease or disability **DIPHTHERIA (PARALYSIS)**

Present condition *much improved*

Estimated disability *less than 20%*

Recommendation of Medical Board

Class

Members of Board

Lt Atkinson major
James an dait
John Dunnean

Approving Medical Officer.

Clay Macpherson

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

Original

No. 1723

Rank AA



Name (surname first) Dove James

Regiment Newfoundland

1. State what special qualifications you have for employment in civil life.

Deep Sea Fisherman

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Capt Gosland Bertrand (6 Months)
7 years experience Newfoundland

3. What is the nature and locality of the employment you desire?

Insurrection?

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? It so, in what capacity?

No.

Date 22. 2. 17

Signature Sgt James Dove

NOTE—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Dover James*
Regiment from which discharged *Newfoundland*
Regimental Number *1723*
Where born (Parish, Town and County), and when *Beau Bois Newfoundland 4.10.1894*
Intended address *Little Bay Marguette Newfoundland*
Height on discharge *5* Feet *9* Inches
Colour of Hair on discharge *Brown* **Colour of Eyes** *Brown*
Descriptive marks *None* **Complexion** *Fair*
Figure on discharge *Medium*
Christian name of Father *John*
Christian name of Mother *Mary*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired *The certain owing to disability*



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) *James Dover*

Station *Wandsworth S.W.* **(Rank)** *Rt*
Date *24.2.17*

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 *Wandsworth S.W.* **Date** *24.2.17*
D. MacLaid **Medical Officer i/c**
Station General Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India S. Africa	
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of pension }					
Sums due on account of public debts ...						

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

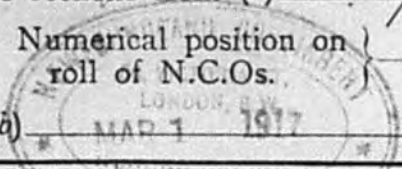
I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ **Officer in Charge**
Date _____ **Records.**

Casualty Form—Active Service.

Certified true copy

Regiment or Corps Newfoundland
 Regimental No. 1723 Rank Pt. Name Dover James
 Enlisted (a) 23.7.15 Terms of Service (a) One year Service reckons from (a) 23.7.15
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended Duration Re-engaged: 19.6.16 Qualification (a)



Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks (taken from Army Form B. 213, Army Form A. 86, or other official documents.)
Date	From whom received				
		Embarked Southampton		25.6.16	
		Disembarked Rouen		26.6.16	
		Joined Battalion		12.7.16	
29.8.16		Adm S. 9.16 Diphtheria transf	17 C.C.S.	6.9.16	Ed 2833
14.10.16		Diphtheria	Boulogne	7.9.16	KA 2834
		Adv. Dover to Eng.	France	3.10.16	W 3093
		Sgt A. Clerk for the Adjutant General's Records 2nd Lt. E. Calverley			

(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) e.g., Signaller, Shoebing Smith, etc., etc., also special qualifications in technical Corps duties.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James Dancer, Regl. No. 1723
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
50 Dollars and 50 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 October 30th 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1557	Brother	John Dancer	Little Bay	50
		To be Deposited	Trust	
		in Bank of Montreal		
		in favour of Brother		
		& family		
Total Allotment, £				

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.) H. H. Rowell (2nd Lieut)
 for Officer Commanding
 Company
H. H. Rowell
Oct 23rd 1915

(Sig.) James Dancer
 (Rank) Private
Witness

N.F. P./54.

No.2763/69

From Pay & Record Office,^X London

To Minister of Militia, St. John's, Nfld.

#1723 Pte. J. Dover

Hospital advances per A.P.O. 1823a. (1018) 7s.0d.

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..... *James* 2. Surname..... *Robert Dower*

3. Rank..... *Private* 4. Regtl. No..... *1723*

5. Address in full to which future payments of gratuity are to be forwarded..... *Little Bay*
Marys town

6. Date of enlistment in the Regiment..... *July 29th 1915*

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

8. Relationship of such dependents..... *not applicable*

9. Address in full of such dependents..... *not applicable*

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 Hfld. If so, give dates and particulars of such service..... *Not applicable*

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

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

Not applicable

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.

Not applicable

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

16. Have you, during the present war, served in the Imperial Forces? *No*

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

not applicable

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

Not applicable

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

not applicable

19. Are you now serving in the Regt.? *No* If not give - (a) Date of discharge *May 2nd 1917*

(b) Reason for discharge *being no longer physically fit for war service on account of paralysis after diptheria*

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.

In France & Belgium from June 27th 1916 to Sept. 20th 1916

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.

Not applicable

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: *James Deery*
 Place of Residence: *Little Bay, Maryland*
 Declared before me at: *2 Ohio*
 This *29th* day of *Sept* 19*20*.....

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

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

STATEMENT OF ACCOUNT

No. 1723

Name Dover J. A.

PAY LEDGER 63/1

Date 7-2-21 by [Signature]

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Mar 23	Balance due by Post £2-0-10			9 93	9 93
31	By Pay & days @ .1%			8 80	18 73
Apr 13	By B3 do			14 30	33 03
30	" 17 do			31 45	64 48
Mar 2	" 2 do			3 70	68 18
	Bonus			12 95	81 13
	Clothing			25 00	106 13
	To Hospital advances 7/-		1 70		104 43
Mar 31	To allotment & days 50		4 00		100 43
Apr 30	" " 30		15 00		85 43
May 2	To Pay		85 43		0
	War Service Gratuity 4 mos @ 70%			280 00	280 00
	Bonus		12 95		267 05
Mar 1	To Pay				197 05
Apr 1	" "	106 00	70 00		127 05
May 1	" "	135 50	70 00		57 05
June 1	" "	176 33	70 00		0
		213 59	57 05		0
			386 13	386 13	0

Signed A. Evans

4076

1723

Little, Bay
Marystown
July 15th 19-

Capt. J. M. Howley,
St. John's
Dear Sir,

I heard some time ago that the
returned Soldiers were to get a
certain sum of money. I have been
informed by some of them that they
have already received it.

I therefore take the liberty to ask
you if you would kindly see
about it for me.

I remain
Your Obedient Servant
James Dove, Esq

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept. of Militia,

St. John's Newfoundland.

Fold Here



June 24th. 1921. 1917.

The accompanying King's Certificate, on his discharge,

(No. 638), is forwarded herewith to

Private James Dover

in respect of his service as No. 1723 Rank Pvte.

Name Jas. Dover Corps Royal Wfld Regt.

Receipt of the same should be acknowledged hereon.

Received

James Dover

Signature

J. Dover

Date

Aug 14th 1921

Address

Litter Bay Marystown

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

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Forms
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Regiment of 1st Newfoundland

Signature of O. C. Company J. A. C. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>J. Bover</u>	Age on	20 years 9 months	<u>Fisherman</u>			
Joined	Date	Place and Date of Enlistment	<u>St John's July 23, 1915</u>	Religion			
Joined	Date	Period of	{ with Colours 1 284 years. with Reserve 1 365 years.	Place of Birth			
Joined	Date				<u>R. C.</u>	<u>Barystown</u>	

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>Medically Unfit 2-5/17</u>					

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To be carried over

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