



# FIRST NEWFOUNDLAND REGIMENT

4153

## ATTESTATION OF

No. 4153 Name Wm A Dowling Corps C. of E.

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

- 1. What is your name? ..... 1. Wm A Dowling
- 2. What is your full Address? ..... } 2. Post and Baggage Dept.
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 18 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Boatman
- 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, Wm A Dowling 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.

433-11-17

William A Dowling SIGNATURE OF RECRUIT.  
R. Robert Signature of Witness.

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

I, Wm A Dowling 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..... day of..... 191

Signature of Attesting Officer W. Robert

### †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 Nov 30 1915 .....  
Place St. John's ..... } Approving Officer.

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

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





C.R. 4153

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 24th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/o Records from memo 19-7-19

4153 Pte. Wm. Dowling.

C.R. 4153

Extract from Daily Orders Part 11 Unit The Royal Welch  
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 5-7-19.

4153 Pte. Wm. Dewling.

C.R 4153

Extract from Medical Board held on Monday June 30th, 1913.

4153 Pte. W.Dewling

Recommended discharge from the ARMY.

CR. 415-3

Extract from Daily Orders Part II Depot, St. Johns,

Date June 18th 1919.

4153, Pte. G. Dewling.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R.

4153

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

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

#4153 Pte. G. Dowling.



C.R.

4153

Extract from War Office List No.H.M. 25180.

4153 Pte. Dowling, A.

<sup>2</sup>/Nfld. R. Att. Dgt.GHQ, 1 Eche.Influenza. Dis, to duty ex 24  
Gen. H. Etaples 19 Juns, 1918.

C.R. 4153

Extract from Casualties received from P. & R. O. 16th June 1918.

<sup>4153</sup>  
#4153 Pte. Dowling A.

Admitted 24th General Hospital Etaples 11th June 1918.

Influenza Mild.

C.R. 4153

Extract of Nominal Roll Draft (All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone 8

4153 Pts. A.A.Dowling.

25-5-18.

C.R. 4153

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46, -120 Other Ranks from 2nd. Bn.,  
Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment, B.E.F.  
Embarked Folkestone, 25/5/18.

4153 Pte. W.A. Dowling.

A.F.S.B. 103 ( one for each soldier ) sent to 3rd. Echelon,  
B.E.F.

C.R. 4153

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

4153 PTE. L. DOWLING.

4153  
C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., Nov. 23rd, 1917.

4153 Pte. W.A. Dewling.

Attested for General Service with the Nfld. Regt., with  
effect from Nov. 22nd, 1917.

W. Dowling

C.R. 4153

P. 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*. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *41023* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Dawling* (Surname) *A.* (Christian Names)
5. Age last birthday *18*
6. Posted for duty on *20. 11. 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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

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



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.)*

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

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

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

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

20. Do you recommend—
- (a) Discharge as permanently unfit ?
  - (b) Change to United Kingdom ?

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

*Repatriation*

Station *Hazley Camp*

*Capt Carme*  
 Medical Officer in charge of case.

Date *29. 11. 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





Howling, W.

453

Gay Sept.

July 22, 1919

#4153 Pte. William Dowling,  
Port au Masque.

Dear Sir:-

Please find enclosed Discharge Certificate #3165.

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4153 Rank Pte Name Dawling, Wm  
 Intended place of residence Port aux Basques

2. Occupation Fisherman  
 Classification of soldier B Medical Category F1

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S .....  
 Date JUL 3 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, ST. JOHN'S .....  
 Date JUL 3 1919 .....  
 Signature of soldier  
 Signature of witness

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

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

Place, ST. JOHN'S .....  
 Date JUL 3 1919 .....  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 22-11-17 ..... No. of days on Military  
 Discharged from service 5-7-19 ..... Plus 14 days Service 605

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S .....  
 Date JUL 5 1919 .....  
 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 July 19/1919 .....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

9  
31  
31  
28  
31  
30  
31  
30  
19  
0

BY B 20791 3165

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No. 4153

Name Worthington William A Rank \_\_\_\_\_

Address Sgt - am. - Beesley

Present Medical Category E

Recommended for:— { (a) ~~Immediate discharge~~  
(b) Standard Medical Board

Members of Board {

R H Sant Major  
O.C. Discharge Depot.

L P Brown  
Senior Medical Officer

S W Borden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4153 Rank Plt Name Dowling Wm  
 Date of Enlistment 22 11 17 Address Port aux Basques District Burgeo  
 Occupation Fisherman Classification for Discharge D Medical Category E  
 Recommendation S.M.B. Permanently unfit 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 30619 O. C. Discharge Depot H. Mews. Hr

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am W Dowling in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6000  
 (b) Clothing Supplied M. Clouston

Date 3-7-19 O. i.c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 12241 to his home at Portau Basque and Release Certificate No. 3176 issued.

Date 3-7-19 *J.A. Knowlton*  
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 19-7-19

Date 3-7-19 *J.A. Knowlton*  
Depot Paymaster.

Discharged approved for 6-7-19  
Forwarded with following documents to O.C. Discharge Depot.

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

*2 Form B*

Date 3-7-19 *J.A. Knowlton*  
O. G. 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 JUL 5 1919 *R.H. Sait* MAJOR  
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.

*Wm. Dowling*

Signature of Man.

*J. A. Knowlton*

Signature of the Vocational Officer or his Representative.

Reg. No. 4153

Place **ST. JOHN'S**

Date **3-7-18**

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

# MEDICAL HISTORY

OF

Surname

*D. Wolig*

Christian Name

*William A.*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Port au Basque*

County

*Nfld.*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>27</i> day of <i>Nov</i> 1917 at <i>Dr. Lohus</i>	on _____ day of _____ 191 at _____	on _____ day of _____ 191 at _____	on _____ day of _____ 191 at _____
Declared Age	<i>18</i> years	_____ days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet	<i>7</i> inches	feet	inches
Weight		<i>124</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <i>36</i> inches			inches
	Range of Expansion... <i>5</i> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number	<i>1</i>		
When Vaccinated				
Vision	R.E.—V= <i>6/6</i>		R.E.—V=	
	L.E.—V= <i>6/30</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>Lamont Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>Dr. Lohus</i>	at _____	at _____	at _____
	on <i>27</i> day of <i>Nov</i> 1917	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<i>1st Nfld. Regt 4153</i>			
Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
(Signature)				
(Rank)				





## Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

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

Name in full *Dowling, William A.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4153*

Intended address *Port aux Basques*

Height on discharge *5* Feet *8*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

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

Figure on discharge *Medium*

Christian name of Father *Ernest*

Christian name of Mother *(Dead)*

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

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

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

Place and date of soldier's birth *Port aux Basques, July 2, 1901*

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) *William A. Dowling* (Rank) *Pte*

Station \_\_\_\_\_ Date *30-6-19*

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

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

Station \_\_\_\_\_ Date \_\_\_\_\_

**Note.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 } *Yishwaran.*
2. Regtl. No. *4003* 3. Rank. *Pte* }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
4. Name *Bowling R.* }  
 (Surname) } (Christian Names)
5. Age last birthday. *18*
6. Posted for duty on *20/11/17* 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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

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<br>man's part. } | .....               | .....             |
- 14 (a). If not due to any of these causes, to what  
specific condition do you attribute it ? }

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

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

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

20. Do you recommend—  
(a) Discharge as permanently unfit ?  
(b) Change to United Kingdom ?

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

*Repatrication.*

*Capt R.A.M.C.*

Station *Bozely D. Camp* .. .. .

Medical Officer in charge of case.

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





## Casualty Form—Active Service.

Regiment or Corps *21st Royal Newfoundland*Rank *Pte* Surname *Douling* Christian Name *2nd William A.*Religion *C.E.* Age on Enlistment *18* years *—* monthsEnlisted (a) *22.11.17* Terms of Service (a) *Duration* Service reckons from (a) *22.11.17*

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

Extended (.....) Re-engaged (.....) Qualification (b) .....  
or Corps Trade and rate .....Occupation *Fisherman* *J. M. Curran* Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Forms B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	<i>25-5-18</i>		
		Disembarked	<i>27-5-18</i>		
		<i>Joined Battalion</i>	<i>31-5-18</i>		
	<i>24 Gene Sp</i>	<i>Ad. Influenza</i>	<i>Staples</i>	<i>1-6-18</i>	<i>No. 20728</i>
		<i>Dis. on duty</i>		<i>19-6-18</i>	<i>No. 25180</i>
		<i>Arrived in W.R.</i>		<i>23/7/19</i>	

*Jan 1*

(a) In the case of a man who has re-engaged for, or antedated into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing Smith, &amp;c.

W. 8028-312733 200001 9/17 (38911) C. P. &amp; S. Ltd., Form B.103 B/1197.

P.T.O.



Department of Militia, Newfoundland  
 Medical Department

*Medical Report on an Invalid*

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....

Date.....

- |                                   |   |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <b>18 Years.</b>           |
| 2. Regimental No. <b>4153.</b>    | 6. Enlisted on <b>Nov. 22/1917.</b>             |
| 3. Rank <b>4153.</b>              | at <b>St. John's.</b>                           |
| 4. Name <b>Dewling Wm.</b>        | 7. Former trade or occupation <b>Fisherman,</b> |

8. Disability

**Influenza.**

9. History

**Contracted Influenza in France, in June 1918. Sick 5 days good recovery.**

10. What is his present condition?

Was always complaining sick when at Haseley Down Camp, where he was under observation & treatment. This he says he has completely disappeared now, & he feels quite well, except for some deficiency in vision.

Department of Military Neuropsychiatry  
Medical Department

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? **"E"**

Signature **J. ST...P...KNIGHT...MAJOR**

Rank or Qualification .....

Remarks if any by Officer in Charge Hospital.

Place ..... Signature .....

Date ..... Rank .....

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x **May** be considered as aggravated by:—  
~~discrete~~
- (a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service  
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**Yes. Now complains of his vision only. L. Eye was affected before enlistment.  
Gets pain across the Eyes.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?  
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?  
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.
20. We recommend discharge from ~~selection in~~ the Army

Remarks if any:—


**N. S. FRASER**.....  
President

Signatures **J. S. TATT**.....

**L. PATERSON, MAJOR**.....

Place **ST. JOHN'S**.....

Date **JUNE 30/19**.....

APPROVED .....

Station.....

Date.....

**(SGD) CLUNY MACPHERSON, MAJOR**.....  
Administrative Medical Officer.

July 23, 1919

#4155 Pte. William Dowling,  
Port au Basque.

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.

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 20th. 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 *Corleau* 2. Surname *Howley*

3. Rank *Pr.* 4. Regtl. No. *4153*

6. Address in full to which future payments of gratuity are to be forwarded. *Port aux Basques*

6. Date of enlistment in the Regiment. *Nov. 20/17*

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 Mfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *From Nov. 20/17 to*

*July 31/19* 13.

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. *Yes*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

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

19. Are you now serving in the Regt.? *No* If not give:- (a) Date of discharge. *July 3/19* (b) Reason for discharge.....

..... *(Dumfries)* *Demobilization* .....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service...

*France Belgium & Germany - From May 24/18 to Jan 28/19.*

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.

*Wm. Dowling*

Signature of Applicant:

Place of Residence:

Declared before me at:

This *4th* day of *July* 19*19*....

*Port aux Basques, Nfld.*  
*St. John's, Nfld.*  
*John M. Carthy*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Barrister	

Signature of Applicant:

Place of Residence:

Declared before me at:

This ..... day of .....

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Barrister	

Signature of Applicant:

Place of Residence:

Declared before me at:

This ..... day of .....

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



ST. JOHN'S, July 3<sup>rd</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To Pvt W<sup>m</sup> Dowling

Billeting Soldiers as undermentioned

from June 1/19 to June 28/19

4153 Pvt W<sup>m</sup> Dowling 28.80

ACCOUNT	<u>B + m</u>
GM NO	<u>2153</u>
INITIALS	<u>EJ</u>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 28.80

Wm Dowling  
Billeting Officer.

C.R. 4153

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL, 1914-1919.

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

Name, *Wm. A. Dowling*

Date *Dec. 15<sup>th</sup> 1919.*

Place *Channel.....*

C.R. 4153

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.

NO. 4153. NAME *H. A. Dowling*

DATE *9<sup>th</sup> 1920*  
PLACE *Channel*

Receipt for Army Book 64

No. .... 4153 Name ... *Howling* .....

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

Name *Wm. A. Howling*

Date. *1<sup>st</sup> Aug. 1925.*

Place. *Louisburg* .....

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

*W*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Number of Sheet one

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

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Dowling W.A.</u>	Age on	18 years - months	<u>Soldierman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date	}	<u>27-11-17</u>	<u>C. of E.</u>	
Joined	Date	Period of	} with Colours 240 years.	Place of Birth	
Joined	Date	}	} with Reserve 365 years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial.	By whom awarded	REMARKS
<u>Hayley Down Camp</u>	<u>1/2/18</u>	<u>Pte.</u>		<u>I</u> <u>Obeying to obey an order</u>	<u>Sgt. Byrne</u>				
				<u>II</u> <u>Insolence to an N. C. O.</u>	<u>" Kear</u>	<u>3 days C.B.</u>	<u>1/14/18</u>	<u>Lieut. S. Emerson</u>	<u>[Signature]</u>
<u>Hayley Camp</u>	<u>14/4/18</u>	<u>Pte.</u>		<u>Disobeying to comply</u>	<u>4e McConner</u>				
				<u>with an order</u>	<u>apt. B. Brind</u>	<u>3 days C.B.</u>	<u>1/14/18</u>	<u>Lieut. J. C. Emerson</u>	<u>[Signature]</u>
<u>Demobilized St. John's, 19<sup>th</sup> 79</u>									

To be carried over

# The Royal Newfoundland Regiment 4113

## DEMOBILIZATION OF

Reg. No. 4153 Rank AK4 Name Dowling Wm  
 Date of Enlistment 22 11 17 Address Port aux Basques District Burgio  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating —  
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	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 30 6 19 Wm Dowling  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am W. Dowling in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action

Date 3-7-19

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—  
 (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied W. Dowling

Date 3-7-19 O.i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 112241 to his home at Portau Bay and Release Certificate No. 3176 issued.

Date 3-7-19 *J.A. Lambart*  
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

Date 3-7-19 *J.A. Lambart*  
Depot Paymaster.

Discharge approved for 6-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 288	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		

*Form B*

Date 3-7-19 *J.A. Lambart*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 5 1919 *R.H. Sait* MAJOR  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date July 31, 1919 *J.A. Lambart*

