



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4960 Name Journey Alexander Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Journey Alexander</u> |
| 2. What is your full Address? | 2. <u>Capt. Station, Long St. St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Police Officer</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, Alexander Journey 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.

Alexander Journey SIGNATURE OF RECRUIT.

W. Russell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Alexander Journey 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 oath before me on this 7 day of May 1915.

James S. S. S. Signature of 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, 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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4960 Name Douney Alexander Corps R.L.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Douney Alexander</u> |
| 2. What is your full Address? | 2. <u>Lab. Station, Bay St. George</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Piper</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, Alexander Douney 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.

Alexander Douney SIGNATURE OF RECRUIT.

Robt. Scoll Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 7 day of May 1915

James Scott
Signature of 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 191

Place } Approving Officer.

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

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

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

MEDICAL HISTORY

Surname Downey OF Alexander Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's, Bay St George, County, nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	7th day of May 1918	St. John's, nfld.	day of	191
Declared Age	21 years	—	years	days
Trade or Occupation	Pipe Fitter			
Height	5 feet	7 1/4 inches	feet	inches
Weight	125 lbs.			lbs
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
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)	<u>Samuel B. ...</u>			
(Rank)	<u>Major</u>			
Enlisted	at	St. John's, nfld.	at	
	on	7th day of May 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal nfld Regt	Corps	
	Regtl. No.	4960	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

4960 Droney.

From Hart & Knapp. - delinquent

Recommend a north road with forestry
Co. to recuperate.

M. K. /
Capt. C. C. C.

7/9/18

Medical Report on an Invalid.

Station RAILWAY DOWN CAMP.
Date 5 DEC 1918

- 1. Unit ROYAL NEWFOUNDLAND REG.
- 2. Regimental No. H960.
- 3. Rank Pte
- 4. Name DOWNEY.
- 5. Age last birthday
- 6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$
- 7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Deblility.

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.
- 10. Place of origin of disability.

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

Just after joining Depot he contracted Mumps was afterwards cured, suffered from Deblility, from which he did not recuperate, under tonics and exercises. Sent to Forestry Bath, from which returned unfit, continuously reporting sick, unable to carry on even light duty at Depot

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

approved by steam military service.

hurst

na.

Flat chested - pale, debilitated
unable to complete even light
duty without fatigue.

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.

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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

Repatriation

Marked - *C. J. H. No.*

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

21. (a.) State whether the disability is clearly attributable to—
- (i.) Service during the present war;
 - (ii.) Climate;
 - (iii.) Ordinary military service;
 - (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
 - (v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

False 100.

iii Aggravated by - yes

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

40% out months

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

27. Do the Board recommend—

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

Yes

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Station *St. John's*

Date *Jan 8th 1919*

[Signature] President.

[Signature] Members.
[Signature]

Approved
Station _____
Date _____



[Signature]
Administrative Medical Officer.

Reg. No. 4969 Rank Pte Name Downey Alex
Attested _____ Address Galles Bay A Hoop
Allotment _____ Allottee _____
Date of Allotment _____ Returned from Overseas _____
Embarked for Overseas 11-6-18 Cause _____

10⁵/₁₈ Vac. 1st Dec. 17-5-18 2nd Dec 25-5-18

18²/₁₈ RE "

PL 28-5-18 to 8-6-18

7/4/18 Sent telegram for extension of leave O.C.'s report as to
leave not granted

C.R. 4960

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Jan.29th,1919.

The discharge of the Undernoted on Demobilization has been
CONFIRMED by Officer i/c R_g cords from Noted date.

4960 Pte. Alex. Downey.

27-1-19.

C.R. 4960

Extract of Daily Orders Part II, Depot, t. John's,
dated Jan. 14th 1919.

DISCHARGE APPROVED ON DEMOBILIZATION.

The discharge of the undernoted man on demobilisation
has been approved by C.O. Discharge Depot on noted date.

4960 Pte. A. Downey

Discharged 13-1-19

C.R. 4960

Extract from Medical Board held on Wednesday afternoon
January 8th, 1919.

4960 Pte. A. Downey.

Recommended Discharge as permanently Unfit.

C.R. 4960

rest from Daily Orders part 11, Depot St. John's dated Dec. 23rd. 1918.

u.m returned from Overseas and reported at Depot 21-12-18.

#4960 Pte. A. Downey.

C.R. 4960

Extract from Nominal Roll of repatriation draft No. 79
from the 2nd., Battalion of the Newfoundland Regiment
per S.S. CORSICAN. which embarked at Tilbury Docks
12.12.18.

#4960 Pte, A. Downey.

C.R. 4960

Extract from Orders by Lt. Col. B.J. Barten, D.S.O., Commanding
2nd Bn. Royal Newfoundland Regiment, dated 12/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 12/9/18:-

4960 Pte. A. Downey.

C.R. 4960

Extract from Daily Orders by Major M.S. Sullivan,
Commanding Newfoundland Forestry Company 25-10-18.

The undermentioned man having rejoined his Unit is struck
off the strength from this date.

4960 Pte. A. Downey.

C.R. 4960

Extract from Daily Orders Part II. from Unit The Royal Rifle
Regiment, St. John's, dated June 14th 1918.

4960 Pte A. Downey.

Embarked for Overseas with draft 11-6-18.

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

#4960 Pte. A. J. Downey.

Attested for General Service with the Royal Nfld. Regt.
from 7.5.18.

Medical Report on an Invalid.

Station HAZLEY DOWN CAMP

Date DECEMBER 22d., 1918

- 1. Unit **ROYAL NEWFOUNDLAND**
- 2. Regimental No. **4960**
- 3. Rank **PRIVATE**
- 4. Name **DOWNEY ALEXANDER**
- 5. Age last birthday
- 6. Enlisted { on
at

- 7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

DEBILITY

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

JUST AFTER JOINING DEPOT HE CONTRACTED MUMPS. WAS AFTERWARDS CURED. SUFFERED FROM DEBILITY FROM WHICH HE DID NOT RECUPERATE. UNDER TONICS AND EXERCISES SENT TO FORESTRY BATTALION FROM WHICH RETURNED UNTIL CONTINUOUSLY REPORTING SICK. UNABLE TO CARRY ON EVEN LIGHT DUTY AT DEPOT

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

AGGRAVATED BY STRAIN OF MILITARY SERVICE

PARTLY

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.

**FLAT CHESTED. PALE. DEBILITATED
UNABLE TO CARRY OUT EVEN LIGHT
DUTY WITHOUT FATIGUE**

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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

REPATRIATION

(SGD) J. STP. KNIGHT, CAPT. ROYAL WFLD. REGT

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

PULSE 100

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

AGGRAVATED BY - YES

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

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

40% for 6 MONTHS

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

27. Do the Board recommend—

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

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

30. Does the man require the constant attendance of another person?

Signatures:—

(SGD) H. S. FRASER

President.

Station **ST. JOHN'S**

J. S. TAIT

Date **JAN. 8th., 1919**

L. PATERSON. MAJOR

Members.

Approved



(SGD) CLUNY MACPHERSON, MAJOR

Administrative Medical Officer.

Station

Date No.

1138

Medical Report on an Invalid.

Station BARKLY DOWN CAMP

Date DECEMBER 22nd., 1918

- 1. Unit **ROYAL NEWFOUNDLAND**
- 2. Regimental No. **4360**
- 3. Rank **PRIVATE**
- 4. Name **DOWNEY ALEXANDER**
- 5. Age last birthday
- 6. Enlisted { on
at

7. Former Trade }
or Occupation }

- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
(Other disabilities should be reported upon in answer to question No. 19).

DEBILITY

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.
- 10. Place of origin of disability.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

JUST AFTER JOINING DEPOT HE CONTRACTED MUMPS. WAS AFTERWARDS CURED. SUFFERED FROM DEBILITY FROM WHICH HE DID NOT RECOVERATE. UNDER TONICS AND EXERCISES SENT TO FORESTRY BATTALION FROM WHICH RETURNED UNTIL CONTINUOUSLY REPORTING SICK. UNABLE TO CARRY ON EVEN LIGHT DUTY AT DEPOT

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

AGGRAVATED BY STRAIN OF MILITARY SERVICE

PARTLY

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.

**FLAT CHESTED. PALE. DEBILITATED
UNABLE TO CARRY OUT EVEN LIGHT
DUTY WITHOUT FATIGUE**

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. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

REPATRIATION

(SGD) J. STP. KNIGHT, CAPT. ROYAL WFLD. REGT

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

*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 Minister of Pensions should be in possession of the most reliable information to enable him 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, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 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.

PULSE 100

21. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war ;
- (ii.) Climate ;
- (iii.) Ordinary military service ;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c. ; or
- (v.) Whether it is constitutional or hereditary.

AGGRAVATED BY - YES

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

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which ?

23. Is the disability permanent ?

24. If not permanent, how soon do the Board recommend re-examination ?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present ?

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

40% for 6 MONTHS

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

27. Do the Board recommend—

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

28. If discharge is recommended it should be stated whether further medical treatment (including orthopædic training) is desirable in a—

- (a) Sanatorium ;
- (b) Hospital ;
- (c) Convalescent home ;
- (d) Asylum ; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended ?

30. Does the man require the constant attendance of another person ?

Signatures:—

(SGD) **H. S. FRASER**

President.

Station **ST. JOHN'S**

J. S. TAIT

L. PATERSON, MAJOR

Members.

Date **JAN. 8th., 1919**

Approved

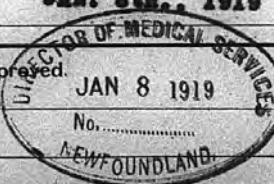
JAN 8 1919

(SGD) **CLUNY MACPHERSON, MAJOR**

Administrative Medical Officer.

Station

Date



St. John's, Jan 7th /19

Royal Newfoundland Regiment.

Billeting Account,

To M. A. Downey

Billeting Soldiers as undermentioned

from Dec 23rd /18 to Jan 6th /19

4960 M. A. Downey 15 50

ACCOUNT	<u>B. H.</u>
CH. NO.	<u>7964</u>
INITIALS	<u>Edw.</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15 50

Joseph W. Snow
Billeting Officer.
A. Downey

July 4th. 1918.

Mrs. John Downey,
Crabbe's Station.

Dear Madam:

With reference to your letter of July 1/18 I beg to state that your son declared an allotment of Sixty cents. per day in your favour to commence from June 1/18, therefore the first cheque will be mailed to you on the 7th. of this month in payment for the month of June.

Yours truly,

For Paymaster

Crabbes Station, District St Georges, N.F.S.D.

July 1st 1918

1625

Captain J. M. Howley
Paymaster Mds Regt.
St John's
Sir.

I wish to write you
in reference to my son's No. 4960
Private Alf Downey, Crabbes Station
who went away in June of the last
drafts. When he was ~~boarded~~ on Jan lough
before proceeding ~~to sea~~, he told
me that I should ~~in the future~~ receive
an allotment ~~from him~~ of eighteen
dollars per month, ~~that up to date~~
I have not ~~received~~ ~~just~~
Would you ~~please~~ let me know if
it is ~~arranged~~ O.K. and when I
shall ~~receive~~ ~~it~~ as I am anxious
to have ~~it~~ ~~sent~~ ~~me~~. Would like to hear
regarding this ~~arrangement~~ an early date as possible.
I am Yours Etc

Mrs John Downey
Crabbes Station

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... *Alex* 2. Surname... *Downey*
3. Rank... *Pte* 4. Regtl. No... *4960*
5. Address in full to which future payments of gratuity are to be forwarded... *Lock Haven Via Crabbis Station Nfld*
6. Date of enlistment in the Regiment... *May. Th. 7. 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? *Not applicable*
11. Were you on active service only in Nfld, if so, give dates and particulars of such service.... *N.A. I was overseas from June 21. 1915 till December 23. 1915*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *266 days*
- 1. $\frac{3}{4}$

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

13. *only one enlistment.*

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

14. *N/A.*

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

15. *Yes*

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

16. *N/A*

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.

17. *N/A I am*

17. *not entitled to any (entitled)*

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

18. *N/A applicable*

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

(b) *N/A applicable*

19. Are you now serving in the Regt? If not give—(a) Date of Discharge

19. *N/A*

19. *Jan 23 1919*

19. *Medically unfit*

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

20. *N/A*

20. *I only served in England*

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. (a) *N/A*. (b) *I received \$10.00 per month*

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: *Alex Downey*
 Place of Residence: *Loch Leven via Crabbie Station*
 Declared before me at: *Crabbie*
 This *9th* day of *Aug.* 19*20*....

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

Gilbert Gossie J.P.

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

A Downey

C.R. 4960

~~110~~

Medical Report on an Invalid.

Station HAZELEY DOWN CAMP.
 Date 5 DEC 1918

1. Unit ROYAL NEWFOUNDLAND REG.
 2. Regimental No. 4960
 3. Rank PT
 4. Name DOWNEY.

5. Age last birthday
 6. Enlisted { on
 at
 7. Former Trade {
 or Occupation }

8. Disability.

Debility

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

Just after joining depot he contracted mumps & after cure suffered from debility from which he did not recuperate under tonics & exercises. Sent to Forestry Battn. from which returned unfit. Continuously reporting sick unable to carry on even light work at depot.

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).

approved by station for military 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.

*Flat checked pale - debilitated
unable to carry out even light
duty without fatigue.*

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?

Repatriation

M. J. C. C. P. M. D.

ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

Date _____

* 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.

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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4960	Plt	Downey A	\$250	A Downey

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

A. Downey

Date

July 1/18

LAST PAY CERTIFICATE

OFFICE COPY N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 4960 Rank Pte Name Bowney A. Unit Newfoundland who was Transferred
to St. John's on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

NR.	PARTICULARS						PARTICULARS						CR.
		£	s	d	£	s		d	£	s	d		
	Balance Dr. from						Balance Cr. from						
	Allotment 19 days @ 60¢	111	40	13	6	10	Pay 19 days @ \$100						
	Cash Payments:						Field Alice 19 days @ \$108 11.90						
	29/10/18 Cash 12/-						\$20.90	40	90	14	5	"	
	6/12/18 - 12/-						Other Allices days @ \$						
	10/12/18 Cash 12/-												
	Other Debits						Other Credits:						
	Landsies						Copy sent to ofm 21353/212						
	Laundry & 2/-						Rtd. 25-12-18.						
	Total Debits					4 5 11	Total Credits					4 5 11	
	Balance due by Paymaster						Balance due to Paymaster						
						14 5 11						14 5 11	

CHECKED FROM 2/10/18 TO 11/12/18
PERIOD: 2/10/18 TO 11/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

B. Company
Hazley Camp Dec 10 1918
(Place) (Date)

J. M. Curran
O.C. "C" Company

made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & O. i/c Records.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No 4960 Rank Lt Name Rowney A. Unit Newfoundland who was Transferred
to St John's on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£				PARTICULARS				CR.				
		£	s	d		£	s	d		£	s	d		
	Balance Dr. from					Balance Cr. from								
	Allotment 19 days @ 60 ^d	11	40		26	10	Pay 19 days @ \$ 100							
	Cash Payments:						Field Allow 19 days @ \$10 ⁰⁰							
	29/1/18 Cash 12/						\$2090			20	90			
	6/2/18 - 12/						Other Allowes days @ \$				4	5	11	
	17/2/18 Casual 12/2				1	16	2							
	Other Debits:						Other Credits:							
	Sundries													
	Laundry Etc 2/11					2	11							
	Total Debits					4	5	11				4	5	11
	Balance due by Paymaster													
						4	5	11				4	5	11
	Total Credits													
	Balance due to Paymaster													

PERIOD: From 13/1/18 to 11/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

C. Company
Harley Camp (Place) Dec 10 1918 (Date)

W. M. Egan (Signature)
O.C. Company.

Made up/Checked in accordance with information received in the Pay & Record Office to _____ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

Downey, A

4960

Joseph

C.R! 4960

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.

Date.

Nov 20. 11/14

Place.

Crabbis Station

Dis of St Georges

Name.

Alex Downey

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921

1921.

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

Alexander Downey

in respect of his service as No. 4960 Rank Pte.

Name A. Downey Royal Nfld. Regt.
~~Infantry Corps.~~

Receipt of the same should be acknowledged hereon.

Received _____

Signature Alexander Downey

Date Oct 25th 1921

Address Loch Seven via Crabbie Sta

[P.T.O.]

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4960 Rank Private Name Downey R.
 Intended place of residence Crabbs
2. Occupation Pipe Fitter
 Classification of soldier B Medical Category C
3. The above named man is discharged in consequence of.....
ELIGIBLE for POST DISCHARGE PAY
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 JAN 11 1919
W. H. Lupt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date St John's
11-1-19
A. Downey
 Signature of soldier
W. H. Lupt
 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 and Date St John's
11-1-19
ST. JOHN'S
A. Downey
 Signature of soldier
W. H. Lupt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 No of days on Military
 Discharged from service 12-1-19 plus 14 days Service 364 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S
R. H. Lupt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date JAN 13 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St John's
W. H. Lupt
 Officer in Charge
 The Royal Newfoundland Regiment
- Date January 27 1919

229 20 19/126

COPY

C. R. C. Form B.
25-10-18-3000

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 work as pipe fitter.

(SGD) A. Downey. Signature of Man.

Reg. No. 4960

(SGD.) C.B. Dicks Capt.

Signature of the Vocational Officer or his Representative.

Place St. John's N.F.

Date 11-1-19 191

The Royal Newfoundland Regiment

COPY

PROCEEDINGS ON DISCHARGE

1. No. 4960 Rank Pte Name Downey, A.
 Intended place of residence Crabb's

2. Occupation Pipe Fitter
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION

ELIGIBLE FOR POST DISCHARGE PAY

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

Place (sgnd) C. C. Duley, Capt.
 Date Jan. 11, 1919 for Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date St. John's (sgnd) A. Downey
 Signature of soldier
11-1-19 " C. B. Dicks, Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St. John's (sgnd) A. Downey
 Signature of soldier
11-1-19 " W. J. Eaton RQMS.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 No of days on Military
 Discharged from service 13-1-19 plus 14 days Service 264

APPROVAL OF DISCHARGE

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

Place St. John's (sgnd) A. H. Tait, Capt.
 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
 Date 13-1-19

CONFIRMATION OF DISCHARGE

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

Place
 Date
 Officer i/c Records
The Royal Newfoundland Regiment

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheets 1

Regiment of Royal Newfoundland

Signature of O. C. Company J. J. Smith

Regimental Number and Name	
No.	<u>4960 Donney, Alex</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>21</u> years <u>0</u> months
Place and Date of Enlistment	<u>St. John's 7.5.18</u>
Period of	with Colours <u>266</u> years.
	with Reserve <u>765</u> years.

Trade	
Trade	<u>Pipe Fitter</u>
Religion	<u>R.C.</u>
Place of Birth	<u>Crabbes Station Bay St. George</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>John's</u>	<u>27</u>	<u>19</u>		

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4960 Rank Pte Name Loumay A
 Date of Enlistment 7.5.18 Address Crabbie District St. George's
 Occupation Pipe Fitter Classification for Discharge B Medical Category 1
 Recommendation S.M.B. Permanently unfit Disability Rating 40% to 6 months
 Passed to Demobilization Officer with following documents:—

N.F. P. <u>921</u>	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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 11.1.19 Add Wey Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment N

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

A. Loumay

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Joseph A. Loumay

Date 11-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate:

The above named has been provided with Travelling Warrant No. 464 R to his home
Robert G. Gray and Release Certificate No. 740 issued.

Date

11-1-19C. B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 27-1-19

Date

11-1-19W. H. Key Capt.
Depot Paymaster.

Discharge approved for.

13-1-19

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

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1015	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

13-1-19C. B. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date

JAN 13 1919R. H. Sait Capt.
O. C. Discharge Depot.

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

Date

January 17 1919W. H. Key
Depot Paymaster.

Reg. No. 4960 Rank Plt Name Brown, A.

Attested Address Crabber.

Allotment Allottee

Date of Allotment Returned from Overseas 21-12-18

Embarked for Overseas Cause Discharge

<u>4</u>	<u>Leave from 21-12-18 to 6-1-19.</u>
<u>8-1-19</u>	<u>Rec. Discharge permanently unfit</u>
<u>11-1-19</u>	PASSED TO DEMOBILIZATION OFFICE
<u>13-1-19</u>	DISCHARGE APPROVED ON DEMOBILISATION.

June 18, 1920

A. Downey,
(late No. 4960, Royal Wfld. Reg't.)

Warblers Station

Dear Sir:

I notice that you have not yet claimed your War Service
Gratuity.

In this connection I enclose form of application which
kindly complete in the presence of a Magistrate or a Justice of
the Peace, and return, when the amount due you will be forwarded.

Yours truly,

Major
Paymaster.

Enc.

LV

August 30, 1920

A. Dorney
Loch Leven,
via Grabbas Station.

Dear Sir:

With reference to your application
for Separation Allowance I enclose three cheques
for £70.00 each, being amount due you on account
of same.

Yours truly,

Major

Paymaster.

Enc. 3



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 *Alexander Downey*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4960*

Intended address *Crabbes Station*

Height on discharge *5* Feet *7*"

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

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 _____

Place and date of soldier's birth *Highlands 1896*

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) *Alexander Downey*

Station *St. John's*

Date *7.1.19*

(Rank) *Plt. E*

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



Station

Date

239
11
14
264

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 work as Pipe Fitter

A. Dorney

Signature of Man.

Edwards Coll.

Reg. No. 4960

Signature of the Vocational Officer or his Representative.

Place

St Johns Nfld

Date

11/1/19.

191

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4960 Rank The Name Lawney A
 Date of Enlistment 7.5.18 Address Grubbs District St. George
 Occupation Pipe Fitter Classification for Discharge B Medical Category E
 Recommendation S.M.B. Promptly unfit Disability Rating 40 to 6 mos
 Passed to Demobilization Officer with following documents:—

N.F. P/30941	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	5
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 11.1.19

W. H. H. Capt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am W in a position to resume civilian occupation.

A. Lawney

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 46.00

(b) Clothing Supplied Joseph A. Lawney

Date 11-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named soldier has been provided with Travelling Warrant No. 464 R to his home
 at Putturbet St. George's and Release Certificate No. 740 issued.

Date 11-1-19 C.B. Dicks Capt.
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 27-1-19

Date 11-1-19 W. H. H. Capt.
 Depot Paymaster.

Discharge approved for 13 1 19

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

N.F. 178 ✓	B 268 ✓	B 121	N.F. Med.	D.F. 1	✓ 2 ✓ B
F 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 13 1 19 C.B. Dicks Capt.
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

JAN 13 1919

Date 13 1 19 R. H. J. Capt.
 O. C. Discharge Depot.

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

Date

Crabb's Station
Newfoundland

April 26th 1919

Paymaster & Officer D/C Records
Dear Sir

I wrote you in Feb 1919
Concerning my discharge
Badge

I received your answer
Some time afterwards

But I beg ~~it~~ to inform
you that I did not receive
the Badge yet
trusting that you will give
the matter your attention

I remain

Yours truly
A. O. Coney

January 27th., 1919

#4960 Pte. Alexander Downey,
Crabbs Station,
Bay St. George.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 726."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc' 1 1.

was this man
discharge here
through 8966
Buckley's
Demobilization

Crabb's Station
Feb 3rd 1946

Mr Howley Captain

Dear Sir

I received my
discharge No 720

I would be much
obliged to you if

you would kindly

send me my Discharge
badge and Conduct

Sheet. trusting you will
give the matter your

attention

I remain yours faithfully

No. 4960 Gt A Downey

February 28, 1919

No. 4960, Pte. A. Bowney,
Grabbe's Station,

With reference to your letter of February 3rd.
I beg to inform you that an application for a
Discharge Badge has been put through for you
and just as soon as it is received, it will be
forwarded on to you.

Lieut.
For Paymaster.

February 28, 1919

No. 4960, Pte. A. Rowney,
Grabbe's Station.

With reference to your letter of February 3rd.
I beg to inform you that an application for a
Discharge Badge has been put through for you
and just as soon as it is received, it will be
forwarded on to you.

Lieut.
For Paymaster.

LAST PAY CERTIFICATE ORIGINAL.

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 4960 Rank Private Name Downey, A. Unit R. Newfoundland Regt who was Transferred to St. John's, Newfoundland 12/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d	PARTICULARS	£	s	d	CR.	
DR. from 23/11/18 to 11/12/18	Balance Dr. from				Balance Cr. from					
	Allotment 19 days @ 60¢	11	40		Pay 19 days @ \$1.00					
	Cash Payments:				Field Alice 19 days @ \$.10					
	29/11/18 Cash 12/-)					19	00			
	6/12/18 " 12/-)					1	90			
	10/12/18 " 12/2)				Other Alices days @ \$	20	90	4	5	11
	Other Debits				Other Credits:					
	Sundries, Laundry etc.,									
	Total Debits				Total Credits					
	Balance due by Paymaster				Balance due to Paymaster					

CHECKED.
[Signature]
 PERIOD: from 23/11/18 to 11/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of "C" Company.

Hazley Down Camp. December 10th 1918

(Signed) Geo. M. Evans, Captain.

Made up/checked in accordance with information received in the Pay & Record Office London to 12/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
Dec. 19th. 1918.

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

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 4960 Rank Private Name Downey, A. Unit R. Newfoundland Regt who was Transferred to St. John's, Newfoundland 2 1/2 18 Authority Cause Posted

DUPLICATE MAIL COPY.
Posted

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS		\$	2	£	s	d	PARTICULARS		\$	2	£	s	d
	Balance Dr. from							Balance Cr. from					
	Allotment 19 days @ 60¢	11	40	2	6	10		Pay 19 days @ \$ 1.00	19	00			
	Cash Payments:							Field Allowance 19 days @ \$.10	1	90			
	29/11/18 Cash 12/-)								20	90			
	6/12/18 " 12/-)			1	16	2		Other Allowances days @ \$			4	5	11
	10/12/18 " 12/2)							Other Credits:					
	Other Debits:												
	Sundries, Laundry etc.,				2	11							
	Total Debits							Total Credits					
	Balance due by Paymaster			4	5	11		Balance due to Paymaster			4	5	11
				4	5	11					4	5	11

To 11/12/18 From 23/11/18

CHECKED.
27/12/18
PERIOD

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

"C" Company. 191

(Place) Hazeley Down Camp. December 10th 8. (Signed) Geo. M. Evans D. Captain. Company.

Made up/checked in accordance with information received in the Pay & Record Office London Co 19/12/18. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London.
1918.

Geo. M. Evans
Chief Paymaster & Officer i/c Records.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa 4, Ont.
Dec 5, 1969

Copy for HO file

Date

TO:

À:

Attention of:
Compétence de:

CPC No. 261193
CCP N°

NAME Service No. WVA No.
NOM DOWNEY Alexander 4960 WWL AAC N° 213800
..... Matricule N°

Information received from: DVA S t John's Nfld Tele Memo Date Nov 28, 1969
Information reçue de:

Date of Death
Date du Décès Not stated

Cause

Place Not stated
Endroit

Name and address of next-of-kin (if known)
Nom et adresse du plus proche parent connu

Distribution: WSR - VI - DO - HO
DASG - ASS - ~~BD~~ - BC

Pour le chef
E. L. Richards
for Chief, Central Registry Division.
Dépôt central des dossiers.