



FIRST NEWFOUNDLAND REGIMENT

3543

ATTESTATION OF

No. 3543 Name James Dunn Corps Re

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? James Dunn
2. What is your full Address? South River Clarks Beach CB
3. Are you a British Subject? yes
4. What is your age? 21 Years Months
5. What is your Trade or Calling? Fisherman
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces... no
8. Are you willing to be vaccinated... yes
9. Are you willing to be enlisted for General Service? yes
10. Did you receive a Notice... { Name Corp
11. Are you willing to serve upon the conditions... yes

I, James Dunn do solemnly declare that the above answers made by me to the above questions are true...

James Dunn SIGNATURE OF RECRUIT.
A. Burgess Signature of Witness.

E14-3-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Dunn do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth...

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 14th day of March 1917

Signature of Attesting Officer W. Straser, magist.

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.

If enlisted by special authority, such will be attached to the original attestation.

Date... 1917 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...

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name James Dunn
 Apparent age 21 years — months. Height 5 feet 11 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Dunn
South River | Relationship Father
Clarks Beach CB.
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-3-17</u>									
Joined at <u>John's</u> on <u>March 14</u>					<u>14</u>	<u>17</u>			
<u>Discharged Medically</u>									<u>30-5-17</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 30-5-17 (date of discharge) — years 78 days
 " " " Pensions " " " " " " " " " " " "

C.R. 3573

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

3543 Pte. James Dun.,

Discharged May 30th 1917, medically unfit

C.R. 3543

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

Regtl. #	rank	name	date	reason.
3543	Pte.	Dunn James	30.5/17	MED. UNFIT.

C.R.

3543

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. Sohn's, March 14/17.

3543 Pte. Jas. Dunn.

Attached to the Strength from March 14th, 1917.

Dunn, James

3543

Pay receipt.

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

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

No. <u>3545</u>	Army Rank <u>Private</u>
Name <u>James Dunn</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>First Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>May 30th 1917</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <small>Description at the time of discharge.</small>	
Age <u>21</u> years <u>7</u> months Height <u>5</u> feet <u>7 11</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Fair</u> Eyes <u>Blue</u> Hair <u>Light Brown</u> Trade <u>Fisherman</u> Intended place of residence <u>South River, Blacks Beach</u> <small>(To be given as fully as practicable)</small>	Descriptive marks.
2. The above-named man is discharged in consequence of <u>having being found physically unfit for war service</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
To be filled in on the soldier quitting the Colours.	3. Military character :—
	4. Character awarded in accordance with King's Regulations :—
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2068 has been issued to* _____	

* Strike out if not applicable.

[OVER.]

Dispatching
Office
Stamp.

ST. JOHN'S
JUL 17 1885
NEWFD - 35

No. 130

From

Walden

Registered Letter Addressed—

*Mr. James Sumner
Dankes Beach*

Arrival
Office
Stamp.

Received by

A. M.

2098
of 3543

June 1st. 1917.

Mr. James Dunn,

Clarke's Beach.

Dear Sir:-

I enclose herewith Certificate of Discharge,
dated May 30th. 1917.

Yours truly,

Lieut.
Deputy Paymaster.



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 *Dunn James*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *3543*
 Intended address *Clarks Beach*
 Height on discharge *5* Feet *"*
 Color of hair on discharge *lt. brown*
 Complexion *fair*
 Color of eyes *blue*
 Figure on discharge *medium*
 Christian name of Father *George*
 Christian name of Mother *Bradys*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Clarks Beach - 5 Oct. 1895*
 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)

Witness *AMartin* *James X Dunn*

(Rank)

Pte.

Station

S. Johnsby

Date

May 15/17

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

Geo. Burden

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

Station

S. Johnsby

Date

May 15/17

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

MEDICAL HISTORY

Surname Dunn OF Christian Name James

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>14th</u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>St Johns</u>		at _____	
Declared Age	<u>21</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>11</u> inches		_____ feet _____ inches	
Weight	<u>155</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>39</u> inches		_____ inches	
	Range of Expansion .. <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	_____
	L.E.—V=	<u>6/6</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
	(b) _____		(b) _____	
Approved by (Signature)	<u>J.W. Burdew</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>		at _____	
	on <u>14th</u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	_____	Corps.	_____
	Regtl. No.	<u>4112 Nfld</u>	Regtl. No.	_____
Transferred to	<u>Regt 3543</u>		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	



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

St. John's Nf.
May 15/17

- | | |
|----------------------------------|--|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>21</i> |
| 2. Regimental No. <i>3543.</i> | 6. Enlisted on <i>14 Mar. 1917.</i> |
| 3. Rank. <i>Pte.</i> | at <i>St. John's Nf.</i> |
| 4. Name. <i>Dunn James</i> | 7. Former trade or occupation <i>Labourer.</i> |

8. Disability

Nervous Tremor & Lacer.

9. History *Subject to nervous tremor in arms & hands since chestload. said nothing about this when enlisted. He also stated at that time that he knew of nothing the ~~group~~ with him. This was first noticed at rifle range.*

10. What is his present condition?

*Omnia and laud in state
of Kenya all the time.
He remains stable.*

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

J. W. Borden

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 *Cannot* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) Climate.
 - (c) Ordinary Military Service

Remarks if any:— *Has exaggerated reflexes in both legs disorder of Co-ordination & tremor in muscles of arm on movement*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

w

15. Is the disability permanent?

Yes

16. Has the disability been aggravated by

- (a) Intemperance. *w*
- (b) Misconduct. *w*

17. The refusal of operation sanatorium is:—

- (a) Reasonable. ✓
- (b) Unreasonable.

Remarks if any:—

18. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

H. J. Keane

President

J. W. Burden

Pro Major Paterson

Place

Date

Sydney

May 16 1917

APPROVED

Station

Date



Clayton Macpherson
Administrative Medical Officer. *Major*



4/ 1st. NEWFOUNDLAND REGIMENT 4

ALLOTMENTS

I, James Dunn, Regl. No. 3543

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

Allotment begins June 1st/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3309</u>	<u>Father</u>	<u>George Dunn</u>	<u>Charles Beach South River</u>	<u>60</u>
			Total Allotment, \$	<u>60</u>

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

(Sig.) Charles Dwyer Capt.
 Officer Commanding
St. John's, Nfld. Company
May 4th 1917

(Sig.) James Dunn
 (Rank) Private

N^o 3183



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James X. Deane, Regl. No. 37625
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
60 Dollars and 00 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :

Allotment begins June 1st / 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3309	Wife	George Deane	Charlton Beach		
			South Beach		60
Total Allotment, \$					60

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

(Sig.) Chas R. Ayle Spt.

Officer Commanding

St. John's, Nfld Company

(Sig.) James X. Deane
 (Rank) Sgt