



4616

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4616 Name Walter Dyer Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Walter Dyer
2. What is your full Address? 2. Sooy Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years — Months
5. What is your Trade or Calling? 5. Farmer
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, Walter Dyer 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.

Walter Dyer SIGNATURE OF RECRUIT.
Wm. Churchill Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walter Dyer 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at Sooy Bay

on this 23 day of April 1918
Signature of Attesting Officer Wm. Churchill

†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 April 27 1918
Place R. Johns } 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. 4616

Extract from Daily Orders Part 11 Unit The Royal Rifles,
Regt. St. John's, June 30th, 1919

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from 28-6-19.

4616 Pte. Walter ~~Dyer~~.

C.R. 4616

Extract from Daily Orders Part II Unit The Royal Field.
Regt. June 19th, 1919. (St. John's)

The discharge of the undersigned on demobilisation has been
APPROVED by G.C. Discharge Depot with effect from 15-6-19.

4616 Pte. W. Dwyer.

C.R. 4616

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 18th 1919.

4616, Pte. F. Dwyer.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4616

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

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

#4616 Pte. W. Dyer.

Wyer

C.R. 4616

Extract from Daily Orders Part 22 Unit The Royal 22nd. Regt.
By Lt. Col. T.G. Hutton, D.S.O. Commanding 1st Bn.
3-21-38.

The following joined the Bn. 3-21-38.

4616 Pte. W. Dwyer.

C.R. 4616

Extract from Nominal Roll Re-enforcement No. 55 Embarked Folkeston,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F

4616 Pte. Dyer, W.

M.P.

C.R. 4616

Extract from Daily Orders Part 11. from Unit The Royal Nfld.
Regiment, St. John's. dated June 14th 1918.

4616 Pte W. Dyer

Embarked for Overseas with draft 11-6-18.

C.R. 4616

Extract from Daily Orders part 11, from Unit The Royal Wfld.
Regiment, St. John's, dated April 25, 1918.

#4616 Pte. Walter Dwyer.

Attested for General Service with the Royal Wfld. Regt, from
25/4/18.

To Lopez

C.R. 4616

~~P+RO~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Farmer*
2. Regtl. No. *4666* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Dwyer W.* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regtl. Nos.
5. Age last birthday... *21*
6. Posted for duty on *23.11.18* 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 (b) Date of Discharge ;
(c) on duty (d) off duty ? (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 general disease.

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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.)

no complaints of no disability.

16. Was an operation performed? If so, when and what was its nature? na.
17. If not, was an operation advised and declined? na.
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? na.
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na.

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W. E. Proenier Capt RRC
 Medical Officer in charge of case.

Station *Hazley D. Camp*
 Date *30.4.19*

* 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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Dyer, Regl. No. 4616

hereby agree, until further notification by me, and in similar official form to make an Allotment of 2/15 Dollars and 57 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4146	Sister	Mrs Mickle (Mary) Coady	18 1/2 Fleming St. St. Johns	50
			Total Allotment, \$	50

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

Sig.) A. H. Summers Sr.
 Officer Commanding
"B" Company
St-Johns
8-6-1918

H's
 (Sig.) Walter X Dyer
 Private
 J. Wall witness

FORM K

NEWFOUNDLAND CONTINGENT
OF THE
VICTORIA ST.
LONDON, S.W. 1.
10 JUL 1918
PAY & RECORD OFFICE

No 4380



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Dyer, Regl. No. 4616

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4146</u>	<u>Sister</u>	<u>Mrs Nichl (Mary) Coady</u>	<u>18 1/2 Fleming St. St. Johns</u>	<u>50</u>
			Total Allotment, £	<u>50</u>

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.) A. G. Summers Lt.
Officer Commanding
13th Company
St-Johns
8-6-1918

(S) ^{HVS} Walter X Dyer
^{has} Private
J. Wall witness

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
55 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 one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4616	Pte	Dyer W	£250	<i>[Signature]</i>

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

[Signature]

Date

[Signature] July 4/18

Loyer, Walter

4616

Hay Sept.

June 29, 1919

#4216 Pte. Walter Dyer,

Logy Bay,

St. John's East.

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
Raymaster & Officer i/c Records.

20282

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 *W. Acher* 2. Surname *Boyer*

3. Rank *A/c* 4. Regt. No. *4616*

5. Address in full to which future payments of gratuity are to be forwarded. *Logy Bay St. Johns East*

6. Date of enlistment in the Regiment. *April 23/18*

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.
Do

9. Address in full of such dependents.
Do

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Nfld, if so, give dates and particulars of such service.
Overseas

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.
Fourteen months and five days 13

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

No applicable

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

\$ 81.69 Clothing &c

15. Have you been issued with a War Service Badge? *no*

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

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

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *no*

19. Are you now serving in the Regt.? *no* If not give - (a) date of discharge *June 28/19* (b) Reason for discharge

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

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.

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: *Walter H. Ryan (W. Ryan) Ryan*

Place of Residence: *Lagay Bay, St. Johns East.*

Declared before me at: *St. John's*

This *14th* day of *June* 19*19*.

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

POST DISCHARGE PAY.				Net amount due
Date paid	Soldier.	Dependent.	War Service Classify.	due
.....	<i>4 mos</i>	<i>2.80 00</i>
.....
.....
Certified correct.				Paymaster

June 29, 1919

#4616 Pte. Walter Dwyer,

Logy Bay,

St. John's East.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2509.

Yours truly

Captain
Quaymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4.6.16 Rank Pvt Name Dyer, W
 Intended place of residence Logy Bay St John
 2. Occupation Farmer
 Classification of soldier E Medical Category A 1

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 JUN 14 1919
 for H. M. H.
 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
JUN 14 1919
W. M. H. Dyer J.A.
 Signature of soldier
J. A. Snow Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 14 1919
Walter F. Dyer
 Signature of soldier
James O'Brien
 Signature of witness S.P.

STATEMENT OF SERVICE

7. Enlisted for service 2.3.4-18 No of days on Military
 Discharged from service 15.6.19 plus 14 days Service 433

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 JUN 15 1919
R. H. Last Major
 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 Nfld
 Date June 29/1919
M. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

29B207/2509

The Royal Newfoundland Regiment

Class for Demobilization:—

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 13.6.19

Regimental No 4616

Name Dyer, Walter Rank _____

Address St Johns

Present Medical Category A1

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

Members of Board {

R. H. Last
O.C. Discharge Depot.

L. Paterson
Senior Medical Officer

J. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No 4616 Rank Private Name Dyer W
 Date of Enlistment 23-11-18 Address Logan Bay District St John's
 Occupation Farmer Classification for Discharge E Medical Category A-1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. X. Dyer
W. X. Dyer
W. X. Dyer

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

W. X. Dyer
W. X. Dyer

Date 14-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *8724* to his home at *Logy Bay, England* and Release Certificate No. *2763* issued.

Date *14-6-19* *J.A. Snow Capt*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *29-6-19*

Date *14-6-19* *J.A. Snow Capt*
Depot Paymaster.

Discharge approved for *15-6-19*
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date *14-6-19* *J.A. Snow Capt*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 15 1919* *R.H. Sait Capt*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

Dyer W.

Signature of Man.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No *4612*

Place

ST. JOHN'S.

Date

14-6-19.

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

MEDICAL HISTORY

OF

Surname O'yer

Christian Name Walter

Table I.—GENERAL TABLE.

Birthplace:—Parish Lissey

County Nfla

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>23</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>S. Johns</u>	at		
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation	<u>Farmer</u>			
Height	<u>5</u> feet <u>5 1/4</u> inches		feet	inches
Weight	<u>133</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>36 1/2</u> inches			inches
	Range of Expansion... <u>4 1/2</u> inches			inches
Physical Development				
Vaccination Marks	Arm	<u>2 Scars</u>		
	Number			
When Vaccinated	<u>Today</u>			
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) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>S. Johns</u>	at		
	on <u>23</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps. <u>The Royal Nfla Regt</u>	Regtl. No. <u>4616</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	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 *Dyer, Walter*

Regiment from which discharged *Royal Newfoundland*

Regimental number *461*

Intended address *Logy Bay. Stephen Cant.*

Height on discharge *5 Feet 5 1/4*

Color of hair on discharge *Dark Brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *Short*

Figure on discharge *Short*

Christian name of Father *—*

Christian name of Mother *Ellen*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Logy Bay 19-4-1897*

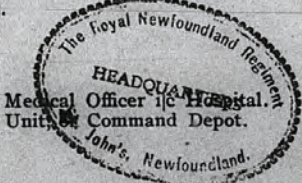
Nature and locality of civil employment required *—*

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) *Walter X Dyer* *St.*
mark (Rank)

Station **ST. JOHN'S.** Date *13-6-19*
Wm Redman

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 _____

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 } *Farmer*
 or Occupation }
 2. Regtl. No. *4.6.1.6* 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 *D. J. W.* }
 (Surname) } (Christian Names)
 5. Age last birthday. *21*
 6. Posted for duty on *23/4/18* 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.

Nil.
Nil.
Nil.
Nil.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, 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.)

It complains of no disability

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

X. a
X. a
X. a
X. a

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.

Repatration
Sig. W. D. Provenier
J. H. M. Capt. R.A.M.C.

Station *Hazley Down*
 Date *30/4/19..*

Medical Officer in charge of case.

* 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

The Royal Nfld. Regiment

DEMobilIZATION

No. 4616 Rank _____

Name Lopez W _____

Warned for demobilization on

JUN 14 19 41

BOARD

JUN 14 19 41

Casualty Form—Active Service.Regiment or Corps 271st ROYAL NEWFOUNDLAND REGT.

Rank 7th Surname Dyer Christian Name Walter
 Religion R.C. Age on Enlistment 21 years — months
 Enlisted (a) 7/4/18 Terms of Service (a) DURATION Service reckons from (a) 7/4/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 S { } or Corps Trade and rate
 Occupation Farmer J. M. Linnell Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 39, 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.39, or other official documents.
Date	From whom received				
			Embarked ...	26 OCT 1918	
			Disembarked ...	3 NOV 1918	
			Joined in location		
			Arrived in UK	9/4/19	

(1) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (2) Signaller, Shoeing-Shop, &c.

W. 4625—21273J 2000m 9/17 (3061); C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

Next of Kin
 Mother Mrs Ellen Dutton, Boston, USA

SEPARATION ALLOWANCE.

Claimant. *Sophia Dyer* *Wife*
On account of *Walter Dyer* No. *4616* Rank *Pte*

Decision. *Refused*
married after husband's discharge

Date. *Jan. 24/1920*

W. R. Audell Secy. Col
M. Dowley Major

Instructions.
.....
.....

Allotment of *50* per day payable to *Mrs Michael Coady*
his *Sister* from *8/6/18* to *29/6/19*

Discontinued on account of *Dischgd 29/6/19*
L. J. S. Sgt.

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)
(Information for Board of Review)

Notice:

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question

Each Statement is considered as being made on Oath and, the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

THE PAYMASTER,
 Separation Allowance Branch,
 ST. JOHN'S, Nfld.

- | 1. Name in full of Soldier. | Rank | Regt. or Unit. | Regt. No. |
|--|---------------------------|-------------------|-----------|
| Walter J. Byrnes | Private | Inf. Co. | 4616 |
| 2. Age of soldier | 22 yrs, 9 mths. | Married or single | Married |
| 3. Name in full of Wife. | Sophia (Claraph) Byrnes | | |
| 4. Address in full. | Logy Bay, St. John's East | | |
| 5. Date of Marriage. | November 8, 1919. | | |
| 6. Place of Marriage. | Logy Bay. | | |
| 7. Did marriage take place since soldier's enlistment? | Yes. | | |
| 8. Was Commanding Officer's permission obtained? if not, why? | Discharged. | | |
| 9. If not married, how long have you been dependent on the soldier for your maintenance, and supported regularly by him on a bona fide permanent domestic basis? | _____ | | |
| 10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated | _____ | | |
| 11. Is separation a legal one. | _____ | | |

12. If legal are you in receipt of alimony? If so state amount.

13. If not legal, how long since your husband contributed to your support? explain fully.

14. State amount of Allotment received by you from soldier monthly?

15. From what date have you received Allotment.

16. Names of children.	Age last Birthday	Names of Children.	Age last Birthday
------------------------	-------------------	--------------------	-------------------

17. Are you already in receipt of Separation Allowance from any source. If so, state amount.

18. Are you in receipt of payment from any Patriotic Fund? If so, how much?

19. Have you made a previous claim for Separation Allowance? If not, why? Give particulars.

He states above only a few months named

20. Was your husband at the time of his enlistment an employee of the Nfld. Government.

21. In what capacity and in what place?

22. Is he in receipt of a salary as such, while serving in the Nfld. Regiment. If so, how much.

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant

Sophie Dyer

Place of Residence----- Leogy Bay St. Johns East

Declared and subscribed before me at----- St. John's

this----- 21st ----- day of----- Jan ----- 1920

Signature of Barrister of the Supreme court, Stipendiary Magistrate, Notary Public or Justice of the Peace.-----
[Signature]
Barrett

This application must be signed by two responsible parties, one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct.

Signature of Clergyman----- [Signature]
R. M. Macdonald P.

Signature of Member of Patriotic Fund Committee----- [Signature]
Chas. Hunt

N.B. Marriage certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment, Commanding Officer's permission in writing must be forwarded.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Dyer, Regl. No. 4616
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 25 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4146	Sister	Mrs Muhl (Mary) Coady	18 1/2 Fleming St. St. Johns	50
			Total Allotment, \$	50

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.) A. L. Summers Lt.
 Officer Commanding
"B" Company
St. Johns
8-6-1918

(Sig.) Walter X Dyer
 (Rank) Private
Miss J. Small witness

Receipt for Army Book 64

No. 4614 Name Dyer.....

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

Name Dyer W^o.....

Date October 23 / 1920.....

Place Logy Bay..... 9/8

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

1/2
2
5

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet 1stRegiment of Royal NewfoundlandSignature of O. C. Company [Signature]

Regimental Number and Name	
No.	<u>Dyer W.</u>
<u>4616</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>W. Cohen</u> <u>23. 4. 18</u>
Period of	with Colours <u>168</u> years.
	with Reserve <u>365</u> years.

Trade
<u>Farmer</u>
Religion
<u>R.C.</u>
Place of Birth
<u>Logy Bay</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>22-7-18.</u>			<u>Demobilized St John's</u>		<u>6</u>			<u>29 19</u>

To be carried over

Army Form B. 121.

4616

Examination and Release Certificate

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4616 Rank Mr. Name Lt. Dyer W
 Date of Enlistment 23-4-18 Address Logy Bay District H. 10
 Occupation Farmer Classification for Discharge E Medical Category H. 1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. P 36	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 14-6-19 for Miss H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. W. X. Dyer
with Newman maid

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied _____

Date 14-6-19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 8724 to his home at Logy Bay, Belfast and Release Certificate No. 2763 issued.

Date 14-6-19 *J.A. Snow Capt*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 14-6-19.

Date 14-6-19 *J.A. Snow Capt*
Depot Paymaster.

Discharge approved for 15-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>2 Form 13</i>
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 14-6-19 *J.A. Snow Capt*
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 JUN 15 1919 *R.H. Sait Capt*
O. C. Discharge Depot.

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

Date June 24 1919 *J.A. Snow Capt*

Reg. No. *4616*. Rank *SGT* Name *Byers, W.*

Attested Address *St John's*

Allotment Allottee

Date of Allotment Returned from Overseas *29.1.19.*

Returned on S.S. *Corsican* Cause *Discharge*

14.6.19.
15.6.19.

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.