



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *5139* Name *Walter Dyke* *CPR*

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

- |  |                          |
|--|--------------------------|
| 1. What is your name? .....  | 1. <i>Walter Dyke</i>    |
| 2. What is your full Address? .....  | 2. <i>Salisbury Bay</i>  |
| 3. Are you a British Subject? .....  | 3. <i>yes</i>            |
| 4. What is your age? .....   | 4. <i>31</i> Years ..... |
| 5. What is your Trade or Calling? .....  | 5. <i>Fisherman</i>      |
| 6. Are you Married? .....  | 6. <i>no</i>             |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>no</i>             |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i>            |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>yes</i>            |
| 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. <i>yes</i>           |

I, *Walter Dyke* do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfill the engagements made.

*Walter Dyke* SIGNATURE OF RECRUIT.  
*New Britain* Signature of Witness.

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

I, *Walter Dyke* 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 explained as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *Salisbury Bay* on this *17* day of *May* 191*5*  
 Signature of Attesting Officer *W. S. Dicks*

### 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*5*  
 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, vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

# DESCRIPTIVE REPORT ON ENLISTMENT

5139

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

Name Walter J Dyke

Apparent age 21 years 0 months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 0 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Dyke  
Sevage Bay Is. | Relationship Father

Particulars as to Marriage

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

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_

## Particulars as to Children

Christian Names

Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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 <del>total</del> engagement reckons from <u>17-5-18</u>										
Joined at <u>St John's</u> on <u>17-19-18</u>										
Discharged <u>July 4. 1919</u>										
<u>Embarked St John's S.F. Colombia to Halifax N.S.</u>									<u>22-7-18</u>	
<u>Embarked for S.F.</u>									<u>23-11-18</u>	
<u>Re-embarked France</u>									<u>28-11-18</u>	
<u>Joined Battle.</u>									<u>5-1-1919</u>	
<u>Transfers from Rouen</u>									<u>22-7-19</u>	
<u>to the 2nd Division for demobilization</u>									<u>22-5-19</u>	
<u>Arrived to embark on board</u>									<u>1-6-19</u>	
<u>Demobilization St John's</u>									<u>4-7-1919</u>	
Total Service forfeited as above.....										
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge)										<u>1</u> years <u>49</u> days

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's. dated 8-7-19.

C.R. 5139

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer i/c Records from 4-7-19.

5139, rto. Walter Wyke.

C.R. 5139

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. Depot, St. John's, June 10th, 1919.

The Discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 20-6-19.

5139 Pte. Walter Dyke.

R 5139

Extract from Daily Orders Part 11 Depot, St. John's,

Date 9-6-19

5139 <sup>P</sup>te. Walter Dyke

Reported at Headquarters 1-6-19.

EX "Corsican"

which sailed Liverpool May 22/1919.

R

5139

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

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 28/4/19 and reached  
Hazeley Down Camp 28/4/19.

#5139 Pte. W. Dyke.

C.R. 5139

Extract from Nominal Roll of draft No. 56 from the 2nd.,  
Battalion of the Regiment to the 1st., Battalion D.S.F.  
Embarked Southampton 28/11/18.

#5139 Pte. W. J. Dyke.

C.R. 5139

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

The following man embarked for overseas on H.M.S.  
"Columbella" July 22, 1918.

#5139 Pte. Walter Dyke.



C.R. 5139

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 28th, 1918.

#5138 Pte. W. Dyke.

Attested for General Service with the Royal Hfld.  
Regt. from 17.5.18

W. Dyke

C.R.

5139

1150

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* } *Fisherman*  
 2. Regtl. No. *5139* }  
 3. Rank..... *1 Lt.*  
 4. Name ..... *Dyke* } *Walter*  
 (Surname) (Christian Names)  
 5. Age last birthday..... *22*  
 6. Posted for duty on *May 17/18* at..... *St. John's*  
 in category (or grade).....  
 7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ?  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (b) Date of Discharge ;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity  
 (if any)

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. *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*

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. } .. .. .

} h a

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

h a

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

15. What is his present condition ?

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

He complains of no disability

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

h a

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 ?

h a  
h a  
h a

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 ?

Repatriation

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.

Station

Hardey D. Camp

Sed W F Procumer Capt R.A.M.C

Medical Officer in charge of case.

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







No. 6499/989

*6499/989*

N.F.F. / 100

FROM. NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To: ~~Officer Commanding,  
2nd Batt. RFL Nfld. Regiment  
Winchester~~

30th April 1919

~~May 18th~~ 1919

5139 Pte, W.J. Dyke

Receipt hereunder.

With reference to the following  
telegram from the Minister of  
Militia / / ( 158 )

*4th Master & L.F.C.*  
Officer Commandg. 1st Batt'n.

"Pay to-5139 W.J. Dyke  
£5-0-0

Received the sum of Five

Cheque £ 5-0-0 is enclosed.  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

pounds (£5.0.0) in respect of  
telegraphic remittance from the  
Minister of Militia.

*A.A. Minors Maj.*

*W Dyke*

Chief Paymaster & O. i/c Records.

No. 6739 Rank Pte

Witness J.N. Hicks Sgt

No. 2232/325.

From. NEWFOUNDLAND

CONTINGENT

N.F.P./79.

Chief Paymaster & O.i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding.

2nd/Bn. Ryl Ngld Regt.

Winchester.

*67/19*  
*107/2/19*  
10th February 1919

*February 12<sup>th</sup>* 1919

5139. Pte Fiander H.

With reference to the following telegram from the Minister of Militia / / ( 7 )

Receipt hereunder

"Pay to 5139. Pte Fiander.

£6.0.0.

*Okant*  
LIEUT. COLONEL.  
Officer Comd. 2<sup>nd</sup> Batta.  
COMMANDING 2<sup>ND</sup> BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of *£6.0.0.*

Cheque £6.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*St. Fiander*  
in respect of telegraphic remittance from the Minister of Militia.

*Asst. Paymaster*  
Chief Paymaster & O. i/c Records.

*St. Fiander*  
No. 5139 Rank Private

Witness *St. Rockett*



No. 18532/2025

*065202*  
*NY*  
NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.



16th November 1918

Subject: 5139, Pte. W. J. Dyke, D

With reference to the following telegram (9819 ) from the Hon. Minister of Militia, received

Pay to 5139 Dyke £3:0:0

Draft £ 3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*W. P. Hunt*

Chief Paymaster & O. i/c Records.

Nov. 18th 1918

Received hereunder.

*Okun*  
LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. 2nd Batt'n  
Royal Newfoundland Regiment

Received the sum of Three  
pounds on account of  
cable remittance from Newfoundland.

*W. J. Dyke*

No. 5139 Rank Pte.

Witness: *A. L. Carter, Pte.*



Loyke, Walter

5139

Ag Sept.

July 4, 1929

#5129 Pte. Walter J. Dyke,  
Salvage, B.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2585.

Yours truly

Captain,  
Paymaster & U.I/c Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5139 Rank

Name Dyke 10

Warned for demobilization on

JUN 6 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5139 Rank Private Name Dyke Walter J  
 Intended place of residence Salvage
2. Occupation Drishman  
 Classification of soldier R Medical Category NI
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 ..... H. H. Lait Capt.  
 Date JUN 6 1919 ..... Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and Date ST. JOHN'S ..... Walter J Dyke  
JUN 6 1919 ..... Signature of soldier  
J. A. Shaw 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 ..... Walter J Dyke  
JUN 6 1919 ..... Signature of soldier  
W. J. Catey Maj  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 ..... No of days on Military  
 Discharged from service 20-6-19 Plus 14 days ..... Service 414.....

## 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. Lait Capt.  
 Date JUN 20 1919 ..... Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's ..... M. Bowley Capt.  
 Date July 4/1919 ..... Officer in Charge  
 The Royal Newfoundland Regiment

A 2132079/2085



# The Royal Newfoundland Regiment

Class for Demobilization:—

*ET*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*4-6-19*

Regimental No. *5139*.....

Name .. *D. J. Ke* .. *W. Allen* ..

Address .. *S. All. St.* .. *Bay* ..

Present Medical Category .. *A-1* ..

Recommended for:— { (a) Immediate discharge .....

(b) Standing Medical Board .....

Members of Board {

*R. H. Lant Capt.*

O. C. Discharge Depot.

*P. Pearson*

Senior Medical Officer

*G. W. Curden*

~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5139 Rank Pvt Name Dyke, Walter J.  
 Date of Enlistment 17-5-18 Address Salisbury District St. John's  
 Occupation Fireman Classification for Discharge H Medical Category H  
 Recommendation S.M.B. .... Disability Rating .....  
 Passed to Demobilization Officer with following documents:—

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

Date 5-6-19O. C. Discharge Depot. H. M. H.

### PARTICULARS FOR DEMobilIZATION

## 1. Civil Re-Establishment.

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

Walter J Dyke

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 noneDate 6-6-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2390 to his home at Salvage. and Release Certificate No. 2390 issued.

Date 6-6-19

*J.A. Snow*  
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 4-7-19

Date 6-6-19

*H. M. ...*  
Depot Paymaster.

Discharge approved for. 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.	B 268.	B 121.	N.F. Med.	D.F. 1.	2 Form B
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 6-6-19

*J.A. Snow*  
Demobilization Officer.

APPROVED.

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

with following additional documents.

**Eligible for War Service Gratuity**

JUN 20 1919

Date .....

*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

Walter J. Dyke  
Signature of Man.

J. H. Snow Capt.  
Signature of the Vocational Officer or his Representative.

Reg. No. 0739

Place St. Johns

Date 6-6-19 191

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

# MEDICAL HISTORY

OF

Surname Dyke

Christian Name Walker J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Salvage St. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>17</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191 <u>  </u>	
	at <u>St. John's</u>		at _____	
Declared Age	<u>21</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>7 1/2</u> inches		_____ feet _____ inches	
Weight	<u>152</u> lbs.		_____ lbs	
Chest Measurement	Girth when fully expanded		_____ inches	
	Range of Expansion		<u>38</u> inches	
Physical Development	<u>✓</u>		_____	
Vaccination Marks	Arm	_____	Right	Left
	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) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>James D. Brown</u>		_____	
(Rank)	<u>Major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. John's</u>		at _____	
	on <u>17</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191 <u>  </u>	
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>The Royal 5139</u>		_____	
	<u>Nfld Regt</u>		_____	
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191 <u>  </u>		on _____ day of _____ 191 <u>  </u>	
(Signature)	_____		_____	
(Rank)	_____		_____	

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	16	8	18	24	8	18	Tonsillitis	8	Readmitted with mumps.	<i>CS Rivian</i> CAPT., R.A.M.C.
Hazley Down	24	8	18	10	9	18	Mumps	17	Discharged to duty.	<i>CS Rivian</i> CAPT., R.A.M.C.





**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*
2. Regtl. No. *5189* 3. Rank... *Plt*
4. Name *Lynn* *Waller*  
(Surname) (Christian Names)
5. Age last birthday... *22*
6. Posted for duty on *May 17/18* at *St Johns*  
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
- (b) Date of Discharge;  
(c) Cause of Discharge.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—  
(a) When  
(b) Where  
(c) Opinion of Court  
(d) Particulars of Pension or Gratuity (if any)

**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. *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*

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.

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 20 disability

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

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.

Repatriation

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.

W. J. Procunier . Capt R.A.M.C.  
Medical Officer in charge of case.

Station

Seely, D. Camp

Date

20. 11. 19

\* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



## 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

*Walter Dyke*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*5139*

Intended address

*Salvage Bay, B.B.*

Height on discharge

*5* Feet *6*

Color of hair on discharge

*Black*

Complexion

*Fair*

Color of eyes

*Blue*

Descriptive Marks

Figure on discharge

*Medium*

Christian name of Father

*Richard*

Christian name of Mother

*Mary Ann*

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

*Salvage Bay, 14th March, 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 Dyke**St*

(Rank)

Station

*ST. JOHN'S*

Date

*4-6-19*

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



Station

Date





6596

October 20, 1919

Walter J. Dyke,  
Salvage Bay,

B.B.

Dear Sir:

With reference to your letter of recent date, I beg to inform you that cheque for \$2.40 representing allotment of pay up to date of your discharge, was final one, please.

Yours truly,

Lieut.  
For Paymaster

July 5, 1919

#5139 Rto. Walter Lyke,

Salvage Bay, B.B.

Dear Sir:

Referring to your application I enclose  
cheque for seventy dollars (\$70.00), being amount  
of first payment due you on account of the War  
Service Gratuity.

Yours truly

Captain  
Paymaster & C.i/c records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th, 1918.

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..... *Walter* ..... 2. Service No. .... *Dyke*

3. Rank..... *Pfc* ..... 4. Reg't No. .... *5739*

5. Address in full to which future payments of gratuity are to be forwarded..... *Salvage Bay, B B*

6. Date of enlistment in the Regiment..... *May 18/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

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

12. Give total length of time which you served on active service whether in field or Overseas..... *From May 18/18*

*to June 6/19* ..... 1.  $\frac{2}{2}$

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

*No*

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

have already received and by whom paid.

*Clothing allowance & backpay 81.19*

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?

*No*

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

19. Are you now serving in the Res? If not give - (a) date of discharge.

*No*

(b) Reason for discharge.

*June 6/19 Temporary Demobilization*

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

*France, Belgium & Germany from Nov. 18 to April 1919.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.



*W J Dyke*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*6th*

day of

19*19*

*Salvage Bay NB*

*N. John's, Nfld*

*June*  
*John W. Edworthy*

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

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



6596

Sept 21. 19

A E Pickens

Dear Sir  
I will say a word to  
you concerning my  
allotment. What I  
wanted to know is  
why I haven't got  
the total amount  
off money is others  
who enlisted at the  
same <sup>time</sup> and as much as  
a week later  
since I came home  
I have got only



Yes 6 weeks one eighteen  
 Dollars and the other  
 two Dollars and forty  
 cents. which my cousin  
 have received three  
 at the sum of  
 eighteen fifty each  
 and every other soldier  
 around as far as  
 I can understand.  
 I should like ~~like~~ to  
 know what different  
 is to be made between  
 two men as we both  
 served equal alike

before went overseas  
With kindest  
regards

Walter J Dyke  
Salvage Buyer  
# #

No 6139

Rank Pte

Disch'd 4/7/9 allotment  
60<sup>4</sup> per day final  
Cheque \$4 ~~20~~ 24

*[Signature]*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet *21*  
*A. B. Dicks Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<i>5179</i>	<i>SOyke Walker</i>	Age on	<i>21</i> years	<i>0</i> months	<i>Justice man</i>	
Joined	Date	Place and Date of Enlistment	} with Colours	<i>17.5.18</i>	<i>Ch.</i>	Religion	Place of Birth
Joined	Date	Period of					
Joined	Date						

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
				<i>Demobilized St John's 4 7 19</i>					

To be carried over

Army Form B. 121.

1-5139  
Demobilization Form 1

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5139 Rank Plm Name Dyke, Walter J.  
 Date of Enlistment 17-5-18 Address Salvage District Donacona  
 Occupation Fireman Classification for Discharge 17 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	/
B 178	W 3494	B 122	/	Board 1st	" 2	
B 178a	D 400A	B 1915	/	do 2nd	" 3	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	" 6	
B 179c	B 120	M 93				

Date 5-6-19 O. C. Discharge Depot H. M. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Walter J. Dyke*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \_\_\_\_\_

(b) Clothing Supplied \_\_\_\_\_

Date 6-6-19 O. i/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2390..... to his home  
at Salvage..... and Release Certificate No. .... issued

Date 6-6-19.....  
Demobilization Officer

4. Pay and Allowances.

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

Date 1-1-19.....  
Depot Paymaster.

Discharge approved for.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1 Form B
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 6-6-19.....  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date.....  
O. C. Discharge Depot.

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

Date June 11, 1919.....

Reg. No. *5139* Rank *PL* Name *Byke, W. J.*  
Attested ..... Address *Salvage.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *16 19*  
Returned on S S *2 hrs leave* Cause *Discharge*

*5.6.19*  
*20.6.19*

~~PROCEED TO DEPOSITARY~~  
~~APPROVED ON DISCHARGE~~