



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4869 Name John Gale Corps R. B.

Questions to be put to the Recruit before Enlistment

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>John Gale</u> |
| 2. What is your full Address? | 2. <u>West Bay Port au Port</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Carpenter</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, John Gale 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.

A
1-518

John Gale SIGNATURE OF RECRUIT.

James Arklie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Gale 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, lawfully 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 1st day of May 1915

Signature of Attesting Officer Brook Clark Mgr

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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Sale
 Apparent age 20 years 10 months. Height 5 feet 6 3/4 inches
 Chest Measurement { Girth when fully expanded 40 inches
 { Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Daniel Sale West Bay
Port au Port | 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 Lepot	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 United Kingdom recks from <u>1-5-18</u>									
Joined at <u>John's</u> on <u>May 1-1918</u>									
<u>Leizwa July 20-1919</u>									
<u>Embarked John's train to Halifax N.S. 11-6-18.</u>									
<u>Embarked for B.C. 26-10-18.</u>									
<u>Disembarked train 26-10-18.</u>									
<u>Joined Battle 3-11-18.</u>									
<u>Transferred from Queen 22-11-19. Arrived Amherst 23-11-19</u>									
<u>to No. 10. Hospital for demobilization 23-5-19. Arrived RFD 1-2-19</u>									
Total Service forfeited as above <u>10 demobilization John's 20-7-1919</u>									
Total Service towards Engagement to <u>20-7-1919</u>					Date of discharge <u>1</u> years <u>81</u> days				
Pensions _____									

C.R. 4869

Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.
St. John's July 28th, 1919.

The Discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 18-7-19.

4869 Pte. John Gale.

C.R. 4869

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 18th 1919.

4869, Pte. J. Gale.

Reported at Headquarters 1/6/19. ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4869

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

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

#4869 Pte. J. Gale.

C.R. 4869

Extract from Daily Orders Part II Unit The Royal 22nd Regt.
By Lt. Col. F.C. Matthews, R.F.C. Commanding 1st Bn 2/11-22.

The following joined the Bn 2-11-22.

4869 Pte. J. Gale.

3 copy.

C.R. 4869

Extract from Nominal Roll Re-inforcement Draft No.55, Embarked Folkeston
25/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down, Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.H.F.

4869 Pte. Pte.Gale, J.

MP.

C.R. 4869

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 8th 1919.

The discharge of the undernated on demobilization has
been APPROVED by O.G. Discharge Depot with effect from
following ~~following~~ date 6-7-19.

4869, Pte. J. Gale.



C.R. 4869

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

July 2nd, 1918 191

To D.O.C. Newfoundland,
Militia Department

4869 Pte. John Gale

The above mentioned man proceeded overseas
with the draft on June 11th, 1918.

He made an allotment of 70¢ per day to his
mother, Mrs. Daniel Gale, with effect from the
1st June.

R.H. Lait

Captain

Acting O.C. Depot



NEWFOUNDLAND AGRICULTURAL BOARD.

11 June, 1918.

Sir,

I enclose you herewith a letter recently received by me from one Daniel Gale, of West Bay, Port au Port, with reference to his son having volunteered.

I am personally aware that the statements made by Gale are correct, but I am doubtful whether it is a case that permits of an exemption paper being filed, as, apparently, the man volunteered instead of being conscripted. I will, however, be very pleased to be advised by you what reply to give to Mr. Gale in the circumstances.

Yours very truly,

J.R. Bennett, Esq.,
Minister of Militia.

Daniel Gale
May th 28. 1918
West Day port au port

Mr Downey member of St. Georges
district to your honor and power
would you please try to get
John Gale my son from the army,
I have to sons yet in the
army one a sailor and one in
the port I am a cripple my
self I have one man another
son home sick and a family
of small children to support
and I am not well unft for
to support all them

you may say this
I am rand I had a small
schooner I had to sell her
on this account John Gale
is the only man I have
to help me yours truly
Daniel Gale

Mr Downey I was elected
Careman here in West for
the road board I would
like to resign from the board
unless I get 10 per sen to the
dollar you know pay is gone
up on the road my pay should
go up to if I dont get 10 per
sent please get my name
taking from the list so
they can elect another man
I Daniel Gale

June 13, 1918.

Sir:-

I have your communication of 11th inst., enclosing letter received from Daniel Gale, with reference to his son.

I am forwarding the letter to the Officer Commanding Depot, for his report.

Major.

District Officer Commanding.

Newfoundland.

J.F.Downey Esq., M.H.A.,

City.

C.R. 4869

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

4869 Pte J. Gale

Embarked for Overseas with draft 11-6-18.

C.R. 4869

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated May 2nd, 1918.

#4869 Pte. John Gaje

Attested for General Service with the Royal Wfld. Regt.
from 1/5/18.

J. Gal.

4869

P. + P. Q

FORM K

NEWFOUNDLAND CONTINGENT
66, VICTORIA ST.
LONDON, S.W. 1
EQ JUL 1918
PAY & RECORD OFFICE

No 4428



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Gale, Regl. No. 4869
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Seventy Dollars and Seventy 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4195	Mother	Mrs. Daniel (Leonora) Gale,	West Bay, Port au Port,	70
Total Allotment, \$				70

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.) [Signature]
 Officer Commanding
A Company
St John's.
8-6 1918

(S) John Gale.
 (Rank) Pte



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Gale, Regl. No. 4869
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
5 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4195	Wife	Mrs. Daniel (Theresa) Gale, West-Beir, Port-au-Prince		70
Total Allotment, \$				70

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.) [Signature]
 Officer Commanding
A Company
St. John's
1-6-18 1918

(S) [Signature]
 (Rank) Private

Medical Report on an Invalid.

Station Hazley DownDate 30-4-19

1. Unit Royal Newfld.
2. Regimental No. 4869.
3. Rank Pte
4. Name Gale G.
5. Age last birthday 21
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 1/5/18
St Johns
7. Former Trade } Fisherman.
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).

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

13. What is his present condition?

he complains of desalab

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?

Na

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

Na

16. Was an operation performed? If so, what?

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

Na

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?

Na

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.

Na

20. Do you recommend—

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

Repatration

DADAMS

J.P. Knight Major
J.P. Officer in medical charge of case.

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

Station *Hazley Green.*

Date *30-4-19.*

Officer in charge of Hospital.

*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

No. *4869* Name *Gale, J.* Sqn., Batty., or Company *B* Corp. *ROYAL NEWFOUNDLAND REG.* Date of enlistment *1/18/1890* Service of Proficiency *1890*
 Date of last entry in Company Conduct Sheet *1/18/1890* No. and date of last drink *1/18/1890* Period not reckoning towards freedom from extra fine *1/18/1890* Sheet No. *1200* Signature O.C. *J. M. [unclear]* Character *1890*

Army Form B. 127.

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>St. John's</i>	<i>1/18/1890</i>	<i>Pvt</i>		<i>Detachment of caps 2 1/2</i>	<i>1st Lt. Keating</i>	<i>Admonished</i>	<i>2/1/90</i>	<i>1st Lt. Keating</i>	<i>1st Lt. Keating</i>
<i>St. John's</i>	<i>1/18/1890</i>			<i>Detachment of caps in barracks</i>	<i>1st Lt. Keating</i>	<i>Admonished</i>	<i>2/1/90</i>	<i>1st Lt. Keating</i>	<i>1st Lt. Keating</i>

No. 15849/1673.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

October 2nd, 1918

Oct 5th 1918

Subject: 4869, Pte. J. Gale,

Receipt hereunder.

With reference to the follow-
ing telegram (8444) from the Hon.
Minister of Militia, received
/ /

Chambers
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n
Royal Newfoundland Regiment

"Pay to 4869, Pte. J. Gale, £3.2.0.

Received the sum of £3-2-0

Draft £3.2.0. is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Three pounds two shillings on account of
cable remittance from Newfoundland.

A. A. Munnell Pay.
Chief Paymaster & O. i/c Records.

John Gale
No. 4869 Rank Pte

Witness:-

R. Manning

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.S.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
4869	Lt	Gale J.	\$250	J. Gale

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

Date

July 1/18

J. Gale

To
6-c Records
London.

17 Aldie Place.
Perth.

10/12/18.

Sir

I should be very glad if you will inform me as to the whereabouts of Pte Jack Gale 4869, Royal T.F.C.D., Regt. or if any casualty has been reported of him at your office. He left here for France a few months ago & we are very anxious to get news of him.

Trusting you will give this your earliest

Yours very sincerely
Kellie. M. Wilson.

NEW OUNDLAND COMPENSATION
PAY & RECORD OFFICE.

FILES IN 10752

12 DEC 1918

RECORDED

CL. NOS. 107

Genl.

P.E.

R.&C.

B.&F.

P.S.

Lab. J

4869

Ray Sept.

July 22, 1919

#4869 Pte. John Gale,
west Bay,
St George.

Dear Sir:-

Please find enclosed Discharge Certificate #3179.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4869 Rank. Plc Name. Gale J
 Intended place of residence. West Bay St George's
 2. Occupation. Banker
 Classification of soldier. E Medical Category. A1

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 4 1919

R. West
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

J. Gale
 Signature of soldier

R. West
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 4 1919

J. Gale
 Signature of soldier

James O. Keenan
 Signature of witness
 SPT.

STATEMENT OF SERVICE

7. Enlisted for service. 1-5-18 No. of days on Military
 Discharged from service. 6-7-19 Plus 14 days Service. 446

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

Date JUL 6 1919

R. H. S. Majors
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 20/1919

M. Bowley
 Officer i/c Records
 The Royal Newfoundland Regiment

ATTS 20 79 1379

31
20
81

The Royal Newfoundland Regiment

Class for Demobilization: 6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 3.7.19

Regimental No 4869

Name Capt. John

Rank 77

Address West Bay Port au Port

Present Medical Category A1

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

Members of Board

RJH Major
O.C. Discharge Depot.

W. P. ...
Senior Medical Officer

S. C. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4969 Rank PK Name Paul J
 Date of Enlistment 1.5.18 Address West Bgh District St John's
 Occupation Carpenter Classification for Discharge Medical Category AE
 Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 170a	D 400C	Form K	do 4th	" 5	
B 179b	R 103	ME 2		" 6	
B 170c	B 120	M 93			

Date 3.7.19
 L. O. C. Discharge Depot. St John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. no

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

Amblowth

Date 4-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{RR162} ~~5825~~ to his home at West Bay and Release Certificate No. 3190 issued.

Date 4-7-19 *J. H. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-7-19

Date 4-7-19 *J. H. Knowlton*
Depot Paymaster.

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

N.F. 136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 4-7-19 *J. H. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUL 6 1919 *R. H. Sait* MAJOR
O. C. Discharge Depot.

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

Date:

Civil Re-establishment Committee



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

To resume former Occupation.

J. Gale

Signature of Man.

Reg. No. 4869.

J. Brown

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **4-7-18** 191

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

MEDICAL HISTORY

OF

Surname

Gale

Christian Name

John

Table I.—GENERAL TABLE.

Birthplace:—Parish

West Bay, Port-au-Prince, Haiti

County

n/a

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1st day of May 1918	St John's, n/a	day of	191
Declared Age	20½ years	days	years	days
Trade or Occupation	Carpenter			
Height	5 feet	6¾ inches	feet	inches
Weight	150 lbs.			lbs
Chest Measurement {	Girth when fully expanded	40 inches		inches
	Range of Expansion	5 inches		inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/15	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)	Samuel P. Adams			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's, n/a	at	
	on	1st day of May 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	The Royal n/a Regt.			4869
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazley D. CampDate 20 4 191. Unit Royal Newfld2. Regimental No. 48693. Rank Plt.4. Name Gale J.5. Age last birthday 216. Enlisted { on 1. 5. 18
at St John7. Former Trade } Fisherman
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).

nilStatement 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.

nil

10. Place of origin of disability.

nil

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

nil

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

nil

(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.

13. What is his present condition?

He complains of the disability

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?

n

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

n

16. Was an operation performed? If so, what?

n

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

n

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?

n

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.

n

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation
Mr [Signature]

Major D.A.D.S.

Officer in medical charge of case.

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

Station *H. O. Camp*

Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.

Casualty Form—Active Service.

Regiment or Corps 27th ROYAL NEWFOUNDLAND REGT.

Rank G/M Surname Gale Christian Name John
 Religion R.C. Age on Enlistment 22 years 10 months
 Enlisted (a) 1/17/18 Terms of Service (a) DURATION Service reckons from (a) 1/17/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 S { } or Corps Trade and rate
 Occupation Carpenter John Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 219, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 219, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...		25 OCT 1918	
		Disembarked		3 NOV 1918	
		Joined Battalion		23/1/19	
		Arrived in UK.			

(a) 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.

(b) Signaller, Shoeling-Smith, Co.

Rest of kin Father, Daniel Gale, West Bay, Port au Port, Newfoundland

July 24, 1919

#4689 Pte. John Gale,
West Bay,
Port au Port.

Dear Sir:-

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

Yours truly

Captain & Paymaster.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 26th. 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... *John* 2. Surname... *GALE*
3. Rank... *Pte* 4. Regtl. No. *4869*
5. Address in full to which future payments of gratuity are to be forwarded... *West Bay Post on Post*
6. Date of enlistment in the Regiment... *May 1/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
No
8. Relationship of such dependents... *No*
9. Address in full of such dependents... *No*
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... *No*
- France Belgium & Germany*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 year & 1 month*
- 13

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

..... *No*

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

..... *No*

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

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

19. Are you now serving in the Regt.? *No* If not give: (a) Date of discharge *July 14/19* (b) Reason for discharge *Demot*

..... *(Demot)*

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, T. F. France *Oct 1918*
To May 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.

Signature of Applicant: J. Gale
 Place of Residence: West Bay, Port-au-Prince
 Declared before me at: S. Gohels
 This 14th day of July 1919.....

John M. Carthy
JM

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
			<u>14 mos</u>	<u>280 00</u>
Certified correct.			Paymaster	<i>J</i>



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Gale, Regl. No. 4869
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Seventy 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4195	Mother.	Mrs. Daniel (Leonora) Gale.	West Bay, Port au Port.	70
			Total Allotment, \$	70

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.) *[Signature]*
 Officer Commanding
 'A' Company.
St. John's.
8-6 1918

(Sig.) *John Gale*
 (Rank) Rte

7429

West Bay
Port au Port
N. F.
26 Oct.

Dear Sir. I am taking

my pen in hand to inform
you that I have only one 40 dollars
payment yet.

Trusting you will look things
over and see things satisfactory.

Yours Truly

1859

Wm John Gale

West Bay
Port au Port
N. F. L. I.

4 Cheques mailed to West point Paul.
Gal of 1859

Receipt for Army Book 64

No. 4869 Name Gaul

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

Date March 20, 1921 Name John Gale

Place West Bay - Pat on Pat.

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

from John Gale

7429

November 19, 1919

John Gale,
West Bay,
Port au Port.

Dear Sir:

With reference to your
letter of recent date, your cheques on account
of War Service Gratuity, were mailed to you at
West Bay, Port au Port.

Yours truly,

Lieut.
For Paymaster.

July 4th 1919

The Department of Militia

The sum of \$10.00 ten dollars is due

Pte John Gale West Bay Port au Port to transport from
Cambles Creek to West Bay. Going and Coming.

Voucher attached

*Certified correct
for \$10.00*

J. M. Blawie
Demobilization Officer
Discharge Depot - New Zealand

ACCOUNT	<i>Trav</i>
INITIALS	<i>JW</i>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS <i>J</i>

10/16/19 to 28/6/19
address

Pl^r John Gale West Bay Pat-our Pat

Paid: \$10 dollars - dueing from gambles. Creek
to West Bay going and coming

Please send the money. ~~at the~~

John Gale. address

ACCOUNT Trans July 4th 1919
 CH NO 2491 INITIAL EW
 The sum of \$1.00 one dollar is due Mr D. March
 for driving Pte J. Gale from Port au Port

The Department of Militia

The sum of \$1.00 one dollar is due Mr D. March

Creek Rd Port au Port. for driving Pte J. Gale from Port au Port

to Gambles Creek.

Voucher attached

Justified correct
 \$1.00

W.M. Clouston
 Discharge Depot - Newfoundland



also on Daniel March. ~~break road~~ ~~was~~
Pat on Port

5, dollar. driving from Port on Port to break.
signed by Daniel March.

67
July 21, 1919

R.

Mr. D. March,
Port au Port,
Hfld.

Dear Sir:

I enclose herewith cheque
for \$1.00, amount due you for driving Pte. J.
Gale from Port au Port to Campbell's Creek.

Yours truly,

A. C. J.

Capt.
Paymaster.



ACCO: _____
 CH N: 2492 _____
 IND. LEDGER _____
 GEN. LEDGER _____
 REGIMENT _____
 UNIT NO. _____

THE ROYAL NEWFOUNDLAND REGIMENT
DISCHARGE DEPOT

ST. JOHN'S, NEWFOUNDLAND.

DISTRICT OFFICER
 NEWFOUNDLAND
 JUL 4 1919
 COMMANDING

J. C. J.

July 4th 1919.

Department of Militia

The sum of \$10.00 Ten dollars is due Mr A.T. White
 Stephenville Crossing. Bay St George. For driving Pte J. Gale from
 Stephenville ring to Post an Port. Going and coming.

Voucher attached

certificat correct \$10.00

M. Blouster

4869

Pl. John Gal.

June 3th. 1919. \$ 29/6/19.

Please advise.

Pay Alfred Thomas White Stephenville
Bay St George.
N.S.W.

\$10 dollars: dietary ^{9.10} food. Stephenville crossing
to Port or Port. gazing and burning,
sent by A. F. White 2/6/19

Please advise.

July 21, 1919

A.T. White,
Stephenville Crossing
Mld.

A.C.R.

Dear Sir:

I enclose herewith check
for \$10.00, amount due you for driving Pte. J.
Gale from Stephenville Crossing to Port au Port.

Yours truly,

Capt.
Paymaster.

The Department of Militia

The sum of Dollars in and

Mr. *J. Gale West Bay Port a Port* FOR

Reg. No. *4869* Rank *Plt* Name *Gale J*

From *Stephenville X* TO *West Bay Port*

Receipt attached

Amount 25.00

J. J. Brown

Captain,

Demobilisation Officer.

ACCOUNT	_____
CH. NO.	<i>4969</i>
IND. LEDGER	_____
PAY LEAF	<i>Driving</i>



No. *G. 825*

TRAVELLING WARRANT

Date *4-7-19*

The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. *4869*

Rank *T6*

Name *Gate*

From ~~ST. JOHN'S~~

To *West. Hwy*

Stephenville King

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. H. [Signature]

SIGNATURE OF ISSUING OFFICER.

Demobilization Officer
Discharge Depot - Newfoundland

*200 dollars - Business
50 dollars - Bank*

Mr. John Gale.

West Bay.

Pat on Pat

n of P. d.

August 22, 1919

J. Gale,
West Bay, Port au Port.



Dear Sir:

I enclose herewith
cheque for \$25.00, amount due you for
driving Pte. Gale, from Stephenville
Crossing to West Bay.

Yours truly,

Capt.
Paymaster.

LM/

JUL 4-1919

ST. JOHN'S,

Royal Newfoundland Regiment.

Billeting Account,

To Pte J Gale

Billeting Soldiers as undermentioned

from June 4/19 to June 26/19

4869 Pte J. Gale	22.70
------------------	-------

AMOUNT	Btm
FOR NO	2292
INITIALS	ew
FOR LEDGER	INITIAL
PAY LEDGER	INITIAL
GEN LEDGER	INITIAL

Certified correct for \$ 22.70

J. H. Howlett
 Billeting Officer.
 J. Gale

ew

C.R.

4869.

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *John Gale*

Date *9/4/20*

Place *West Bay Port au Port*

C.R. 4869

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO #869...NAME... John... Gale...
DATE 17/11/20
PLACE... West Bay Port au Port

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

Sept 17th 1921.

The accompanying Victory Medal and/or British War Medal
is/are forwarded herewith to

John Gale

in respect of his service as No. 4869 Rank Pvt

Name John Gale Royal Nfld. Regt.
and Forestry Corps

Receipt of the same should be acknowledged hereon.

Received The above mentioned medals

Signature Pvt John Gale

Date Sept 17th 1921

Address West Bay Pen. Port au Port N 4

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet 100Regiment of Royal NewfoundlandSignature of O. C. Company G. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<u>4869</u>	<u>Gule, J. W.</u>	<u>20</u>	<u>10</u>	<u>10</u>	
Joined	Date	Place and Date of Enlistment		Religion	
		<u>St. John's</u>		<u>R.C.</u>	
Joined	Date	Period of } with Colours } with Reserve }	years.	Place of Birth	
			<u>1 1/2</u>	<u>1 1/2</u>	<u>West Bay Port and Port</u>
Joined	Date		years.		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Halifax N.S.</u>	<u>18.6.18</u>	<u>Pte.</u>		<u>Failing to comply with an order.</u>	<u>Hpl. Woods</u>	<u>4 days C.B.</u>	<u>19.6.18</u>	<u>Capt. G. James</u>	<u>20</u>
				<u>Demobilized</u>	<u>Hpl. Woods</u>	<u>4 days C.B.</u>	<u>19.6.18</u>	<u>Capt. G. James</u>	<u>20</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

2469

DEMOBILIZATION OF

Reg. No. 4569 Rank RtE Name Bale J
 Date of Enlistment 1.5.18 Address West Bqy District B George
 Occupation Carpenter Classification for Discharge Medical Category AI
 Recommendation S. M. B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3464	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 3.4.19L O. C. Discharge Depot. Mrs. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. Trade

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 Demobilized

Date 4-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2162} ~~5825~~ to his home at West Bay and Release Certificate No. 3190 issued.

Date 4-7-19

J. H. Snowball
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 26-7-19

Date 4-7-19

J. H. Snowball
Depot Paymaster.

Discharge approved for 6-7-19

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

N.F. P36	B 265	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		

J. H. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUL 6 1919

R. H. Sait MAJOR
O. C. Discharge Depot.

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

Date 9 July 21 1919

Reg. No. *4869* Rank: *Pfc* Name *Gale, John*

Attested Address *Westport*

Allotment Allottee

Date of Allotment Returned from Overseas *29 5 19*

Returned on S.S. *Consican* Cause *Discharge*

4719
6719

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION



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 Office 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 *John. Gale*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4869*

Intended address *West Bay Port au Port-*

Height on discharge *5 Feet 9*

Color of hair on discharge *dark*

Complexion *dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Sam*

Christian name of Mother *Ella*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Port au Port - West Bay. 13-6-age 22. 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)

J. Gale

(Rank)

C/E

Station *H. Johns*

Date *July 2-7-19*

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

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

Station

Date