



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4993 Name John Graham Corps Colt

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1 John Graham
2. What is your full Address? 2 St. James Bay, Island
3. Are you a British Subject? 3 Yes
4. What is your age? 4 19 Years Months
5. What is your Trade or Calling? 5 Fireman
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, John Graham 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.

11-5-18 John Graham #15 SIGNATURE OF RECRUIT.
J. J. [Signature] SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 11 day of May 1918.

Signature of Attesting Officer Asst. Lieut.

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 May 11 1918

Place [Signature] 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

4993

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

Name John Graham
 Apparent age 19 years months. Height feet inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George Graham
Johns Crossing Bay St. Louis 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'port	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-5-18</u>									
Joined at <u>St. Louis</u> on <u>Nov 11-1918</u>									
<u>Discharged July 19 1919</u>									
<u>Embarked St. Louis train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for Brest 26-10-18</u>									
<u>Arrived Brest 3-11-1918</u>									
<u>Transferred from Rouen 22-5-1919</u>									
<u>Arrived Manchester 23-5-19</u>									
<u>Arrived Liverpool 11-6-1919</u>									
<u>Demobilization St. Louis 19-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>19-7-1919</u> (date of discharge)									
Pensions " " " " " "									

C.R. 4993

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 24th, 1919.

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

4993 Pte. John Graham.

C.R. 4993

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED BY O.C. Discharge Depot from 4-7-19.

4993 Pte. J. Graham.

C.R. 4993

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

Date

June 18th 1919.

4993, Pte. J. Graham.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4993

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 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#~~993~~ Ptel J. Graham.

4993

C.R. 4893

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.,
Issued by Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18.

The following joined the Bn. 3-11-18.

4893 Pte. J. Graham.

B Coy.

C.R. 4993

subject from General Staff No-innocent Draft No. 10, 2-bureau collection
26/10/10, from Sgt Datta, Royal Newfoundland Regiment, Havelock House, Camp,
Winchester, to Sgt Datta, Royal Newfoundland Regiment, S.E.F.

4993 Pte. Graham, J.

12.

C.R. 4993

Extract from Daily Orders Part II. from Unit The Royal 2218.
Regiment, St. John's, dated June 14th 1918.

4993 Pte J. Graham

Subscribed for Overseas with draft 11-6218.

Extract from Daily Orders part 11, from Unit The Royal
Mfld.Regt.St.John&s, dated May 13,1918.

#4993 Pte. J. Graham.

Attested for General Service with the Royal Mfld.Regt.
from 11.5.18

J. Graham

CR. 499

~~100~~

Medical Report on an Invalid.

Station Haystack Sioux CampDate 30 4 19

1. Unit Royal Newfld
2. Regimental No. 4993
3. Rank Pvt
4. Name Graham, J.
5. Age last birthday 21
6. Enlisted $\left\{ \begin{array}{l} \text{on } 12. 5. 18 \\ \text{at } \textit{St John} \end{array} \right.$
7. Former Trade or Occupation Fisherman
- 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. 12).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 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). Nil
- (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?

No complaints of no 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?

wa

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

If so—(a) When?

(b) Where?

(c) Opinion?

wa

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

wa

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

wa

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.

wa

20. Do you recommend—

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

Repatriation

DADMS

J. S. Houghton Major
J. S. Houghton Officer in medical charge of case.

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

Station *Hill Camp*

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 4421

1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jack Graham, Regl. No. 4483

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

Allotment begins 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4187	Mother	Mrs George (Jessie) Graham	River Crossing Big Isld.	60
			Total Allotment, \$	60

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.)

W. Summers Sr.

Officer Commanding
13th Company

(S)

Jack X Graham

(Rank)

Private *Small initials*

W. Jenkins

8-6-1918

FORM K

No 4421



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jack Graham, Regl. No. 4993

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Twenty 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)
4187	Mother	Mrs George (Jessie) Graham	Retires Crossing Bof Isld.	60
			Total Allotment, \$	60

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.) AB Summers Sr
Officer Commanding
B Company
Dr. Johns
8-6-1918

(Sig.) Jack X Graham
(Rank) Private Small writes

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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year, commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4993	Pte	Graham	\$2.50	J. Graham

July 1/18

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

No. 16114/1731

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 Rgt,
Winchester.

October 7th, 1918

Oct. 16th 1918

Subject: 4993, Pte. J. Graham,

With reference to the following telegram (8580) from the Hon. Minister of Militia, received

"Pay to 4993, Pte. J. Graham, £3.1.7."

Draft £ 3.1.7. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder.

F. J. Barton LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £3-1-7

~~the sum of~~ one shilling on account of seven pence
cable remittance from Newfoundland.

J. Graham mark
No. 4993 Rank Pte.

Witness.

P. Manning

No. 4995 Name Graham, J. Sqn., Batty., or Company B Corp. Date of enlistment 11/5/18 20 20 Service or Proficiency Pay 1st Lt
 Date of last entry in Company Conduct Sheet No. and date of last drink Period not reckoning towards freedom from extra fine Sheet No. One Signature O.C. J. O. [Signature] Company, etc. 10th [Signature]

ROYAL NEWFOUNDLAND REG.

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
<u>10th [Signature]</u>	<u>12/19</u>	<u>1st Lt</u>		<u>Refused to obey orders of [Signature] carried out by [Signature]</u>	<u>62nd [Signature]</u>	<u>Admonished</u>	<u>12/19</u>	<u>[Signature]</u>	<u>Refused to obey orders of [Signature] carried out by [Signature]</u>

Craham, John

4993

Hay sept

July 22, 1919

#4993 Pte. John Graham,
Petries Crossing,
Bay of Islands.

Dear sir:-

Please find enclosed Discharge Certificate #3139.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4993 Rank Pvt Name Graham J
 Intended place of residence Petrie's Xp

2. Occupation Fisherman
 Classification of soldier E Medical Category A L

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 3 1919

Mess Street
 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 3 - 1919

John X Graham
 Signature of soldier

W. H. Clous
 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 3 - 1919

John X Graham
 Signature of soldier

James O Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-3-18 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 435

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

Date JUL 5 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

Date July 19/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

NO B 2079 / 3139

21
 20
 19.

The Royal Newfoundland Regiment

Class for Demobilization: E.1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2.7.19

Regimental No 4993

Name Graham, John Rank Pte

Address Petres Ling Bay St George

Present Medical Category A-1

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

Members of Board

R.H. Lamb Major
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

J.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4993 Rank Plt Name Graham
 Date of Enlistment 11.5.18 Address Peterson's District St. George's
 Occupation Fisherman Classification for Discharge 6 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.P. 136	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 170	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	H 103	ME 2		" 6
B 178c	B 120	M 93		

Date 2-7-19 O. C. Discharge Depot. St. George's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) Clothing Supplied _____

Date 3-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B2214 to his home at Petruis King and Release Certificate No. 3162 issued.

Date

3-7-19

J.A. 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

Date

3-7-19

19-7-19
H. M. [unclear]
Depot Paymaster.

Discharged approved for

3-7-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	B 208	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

3-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date

JUL 5 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.

Graham J. +

Signature of Man.

Reg. No. 4993

J. H. Shaw Capt

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S

Date JUL 3 - 1919

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

MEDICAL HISTORY

Surname Graham OF John Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish St. James King St. V. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at		at	
Declared Age				
Trade or Occupation				
Height				
Weight				
Chest Measurement	Girth when fully expanded			
	Range of Expansion			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>H. Bennett Palmer</u>			
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at		at	
	on	day of	on	day of
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal 4993</u>			
Transferred to	<u>Nfld Regt</u>			
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)				

Medical Report on an Invalid.

Station Hagley Down
Date 30-4-19

- | | |
|--|--|
| <p>1. Unit <u>Royal Newfld.</u></p> <p>2. Regimental No. <u>4983</u></p> <p>3. Rank <u>Pte</u></p> <p>4. Name <u>Graham J</u></p> <p>5. Age last birthday <u>21</u></p> <p>6. Enlisted { on <u>12/5/18</u>
at <u>St John</u></p> | <p>7. Former Trade } <u>Fisherman</u>
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit ;</p> <p>(b) Regimental No. ;</p> <p>(c) Date of Discharge ;</p> <p>(d) Cause of Discharge.</p> |
|--|--|

8. Disability in respect of which invaliding is Proposed.

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

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. *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?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability

14. If the disability is an injury, was it caused—

- (a) In action?
(b) On field service?
(c) On duty?
(d) Off duty?

u

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

If so—(a) When?

(b) Where?

(c) Opinion?

u

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

u

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

u

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?

u

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.

u

20. Do you recommend—

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

Repatriation

M.R.S.

Major D.D.S.

Officer in medical charge of case.

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

Station *Hazley Down*

Officer in charge of Hospital.

Date *30/4/18*

*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.

July 24, 1919

#4993 Pte. John Graham,
Petries Crossing,
Bay of Islands.

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 MILITARY

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 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..... *J* 2. Surname..... *Graham*
3. Rank..... *Pte* 4. Regt. No..... *4993*
5. Address in full to which future payments of gratuity are to be forwarded..... *Box of Idants Petrus Crossing*
6. Date of enlistment in the Regiment..... *Nov. 12/18*
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..... *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..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *fourteen months*
..... 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...

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.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

19. 11. 1919

Remobilization

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: *J. M. Graham* (with *James*)
 Place of Residence: *Box 9 Island Petrie Crossing*
 Declared before me at: *St. Johns*
 This *3* day of *May* 19...*1915*....

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

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

FORM K

NO 4421



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jack Graham, Regl. No. 4993
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty 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)
4187	Mother	Mrs George (Jessie) Graham	Petrie's Crossing Boj Isld.	60
Total Allotment, \$				60

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

Sig.) W. Summers Lt
 Officer Commanding
 "13" Company
P. Johns
8-6-1918

(Sig.) Jack X Graham
 (Rank) Private
Small initials

ST. JOHN'S, JUL 3 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte J. Graham
Sand Graham

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

4993 Pte J. Graham 31 00

ACCOUNT	Btm
GH NO	2111
IND LEDGER	
PAY LEDGER	
GEN LEDGER	

ch. 2147

Certified correct for \$

31 00

[Signature]
Billeting Officer.
J. Graham
per. Sgt Rendell

Casualty Form—Active Service.

Regiment or Corps..... 7TH REGIMENT NEWFOUNDLAND REGT.Rank..... 2nd Lt Surname..... Graham Christian Name..... JohnReligion..... CofE Age on Enlistment 19 years..... monthsEnlisted (a)..... 11/1/18 Terms of Service (a)..... DURATION Service reckons from (a)..... 11/5/18

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
of Corps Trade and rate.....Occupation..... fisherman Signature of Officer..... J. M. Curran Lt

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 24, 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. 24, or other official documents.
Date	From whom received				
			Embarked ...	26 OCT 1918	
			Disembarked	3 NOV 1918	
			Joined Battalion		
			Arrived in UK	93/4/19.	

(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.

W. 5327-343993 1200000 7/17 055891 C. P. & S. Ltd. London & 1102 E. 1st St.

(P.T.O.)

Next of Kin Father George Graham, Lettes Crossing, Bay of Islands, Newfoundland.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet oneForms
B 121.
59

Regiment of

Royal Newfoundlands

Signature of O. C. Company

P. S. Dukes Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	19 years months	<u>Palerman</u>		
<u>4993</u>	<u>Graham John</u>	Place and Date of Enlistment	<u>St John's 11.5.18</u>	Religion		
Joined	Date	Period of	with Colours 70 years. with Reserve 36 ¹ / ₂ years.	<u>Cath.</u>		
Joined	Date			Place of Birth		
Joined	Date			<u>Petriesburg B. J.</u>		

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>S. S. C.</u>	<u>23.10.18</u>	<u>Pt</u>		<u>Overstaying leave leave.</u> <u>Absent from 23.5.9. 24.10.18 to 15.7.19. 24.10.18</u>	<u>St John's</u>	<u>25.10.18</u>	<u>25.10.18</u>	<u>Capt Emerson</u>	<u>Proficiency pay 34 Pts.</u>
				<u>Demobilized St John's 19/19</u>					

To be carried over



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 Graham

Regiment from which discharged *Royal Newfoundland*

Regimental number *4993*

Intended address *Petrie's Crossing Bay of Islands*

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 *George*

Christian name of Mother *Jesse*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth

Petrie's Crossing 8 June, 1898

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)

John X Graham

SG-
(Rank)

Station

St John's St. John's Date *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 in Hospital,
Unit, or Command Depot.

The Royal Newfoundland Regiment

21993
Date

DEMOBILIZATION OF

Reg. No. 2993 Rank Plt Name Graham J
 Date of Enlistment 11-5-18 Address Peterson's Bay District St George
 Occupation Fisherman Classification for Discharge 6 Medical Category A1
 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 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 2-7-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. John Graham
with [Signature]

Particulars passed to Vocational Officer for information and action.
 VISITED SERVICE TROOP

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00
 (b) Clothing Supplied [Signature]

Date 3-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R2214* to his home at *Johns King* and Release Certificate No. *3162* issued.

Date *3-7-19*

J.A. Snow
Demobilization Officer

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 *11-14-19*

Date *3-7-19*

J.A. Snow
Depot Paymaster.

Discharge approved for *3-7-19*

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

N.F. 136	B 208	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
2-1-5

Date *3-7-19*

J.A. Snow
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records,
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date *JUL 5 1919*

J.A. Snow
O. C. Discharge Depot.

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

Date *July 21 1919*

Reg. No. *4473* Rank *Pvt.* Name *Graham John*

Attested Address *Petrie*

Allotment Allottee

Date of Allotm. Returned from Overseas *29.5.19*

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

3.4.19
5.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.