



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4697 Name John J. Jackson Corps R 6

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. John J. Jackson
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 26 Years Months
5. What is your Trade or Calling? 5. None
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 J. Jackson, 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

Signature of Recruit. John J. Jackson
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John J. Jackson, 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 day of 191

Signature of Attesting Officer Geo. Stewart

†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)

Plat 1-6-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Jackson
 Apparent age 22 years 6 months 23 1/2 Height 5 feet 4 1/2 inches

Chest Measurement { Girth when fully expanded 46 inches
 Range of expansion 42 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Jackson
 | 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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									

Total Service forfeited as above.....

Total Service towards Engagement to _____ (date of discharge) _____ years _____ days
 Pensions " " " " " " " " " " " " " " " "



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4697 Name John Jackman Corps R. C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. John Jackman
- 2. What is your full Address? 2. 38 Allegiant Street
St. John's
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 32 Years 6 Months
- 5. What is your Trade or Calling? 5. black
- 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 Jackman 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 John J. Jackman SIGNATURE OF RECRUIT.
James A. White Signature of Witness.

25-4-18

John Jackman OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Jackman 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 St. John's on this 25 day of April 1918

Signature of Attesting Officer Geo. Liberty Magd

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 1918

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)

Report 1-6-18

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Jackman
 Apparent age 22 years 6 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Jackman 38 Pleasant Street
St Johns 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 limited engagement reckons from <u>25-4-18</u>									
Joined at <u>St Johns</u> on <u>April 25-1918</u>									
<u>Discharged at Johns Nov 1/1918</u>									
<u>Report for duty 5-6-1918</u>									
<u>Admitted Barracks Hospital 10-6-18. Discharged Barracks Hospital 18-6-18.</u>									
<u>Sent at Pleasant Street 25-6-1918 Admitted Barracks Hospital 2 1/2 Discharged Hospital 11 7/8</u>									
<u>Admitted General Hospital 5-7-18 Discharged General Hospital 1-8-18</u>									
<u>Admitted to Donnan's 2-8-18 Discharged Donnan's 16-9-18. Headquarters, Boullongue</u>									
<u>Board recommended S.T.D. Donnan's 5-10-1918</u>									
<u>Discharged Medically unfit 1-11-1918</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 1-11-1918 (date of discharge) _____ years 15 1/2 days
 Pensions _____

C.R.

4697

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

5697 Pte. J. J. Jackman,

Discharged 1-11-18, Medically unfit

C.R. 4697

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, Nov16th, 1918.

4697 Pte. J.J.Jackman.

Having been found Medically Unfit is discharged from.
1-11-18.

.MM.

C.R.

4697

Extract from Daily Orders part 11, Depot St. John's
dated July 4th., 1918.

4697

~~4697~~ Pte J. Jackman.

ADMITTED BARRACKS HOSPITAL 3-7-18.

C.R. 4697

Preliminary Report

Extract from List to C.C. Depot from The Director of Medical Services
dated October 19th 1918.

At a Medical Board held on Friday, October 18th., the following was
a finding:-

4697 Pte. J.J. Jackman.

Recommended Discharge - Permanently Unfit.

C.R. 4697

Extract from Preliminary Report from The Director of Medical
Services to G.C. Depot, dated October 10th 1918.

To report next Board:

4697 Pte. J.J. Jackman.

C.R. 4697

Extract from Daily Orders part 11, From Unit The Royal
Nfld. Regt. St. John's, dated August 3, 1918.

#4697 Pte. J. Jackman.

Admitted to Denovans Con. Hospital 3-8-18

C.R. 4697

Extract from Daily Orders part 11 depot St. Jphn's dat ed Sep. 16/1918

4697 Pte. J. Jackman

Discharged from Donovans and admitted to 38 Pleasant Street. 16-9-18.

C.R. 4697

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated April 26, 1918.

#4697 Pte. John J. Jackman.

Attested for General Service with the Royal Wfld. Regt.
from 25/5/16. to report 1/6/18.

Depot
4697

October 7th. 1918

From Assistant Adjutant Depot
To Officer Commanding Depot - Princes Rink.

4697. Pte. John Jackman.

While in the Medical Department to-day, I learned certain facts concerning above noted man, which I wish to bring to your notice. This man reported for duty on 5/6/1918, and on the 10th was admitted to Barracks Hospital. He was re-admitted on 3/7/1918, and on the 5/7/1918 admitted to the General Hospital; discharged from there to Donovans' on 3/8/1918, and discharged from Donovans' to Billets (his home, 38 Pleasant Street) on 16/9/1918 to complete his convalescence, and to be further dealt with re board etc, by the Depot Medical Authorities. He had standing instructions to report on Sick Parade every morning until his case was finally disposed of. His case is one to be finally referred to the S.M.B. but has been held over owing to the absence of Major Patterson. However this has nothing to do with the point in question, but is merely mentioned for information. On Thursday the 3rd October, Lieut. Reeves received a telephone message from the Minister of Militia saying that Jackman was to be now found at the General Post Office if required. As he has not reported on Sick Parade since then, it is presumed he is engaged in some work there. If such is the case, this action on his part, or of someone else, in finding him civil employment before he is discharged opens up the question as to where our authority over men on the Strength begins or ends. This man is on the strength, still under the care of the Medical Department, and yet presumably engaged in civilian employment. Under the circumstances I am ordering Jackman to report to the Depot, and will furnish you with a further report after I have interviewed him.

October 21st. 1918

From Assistant Adjutant
Depot.

To Paymaster & Officer i/c Records.
Militia Dept.

4697, Pte. Jackman, J.J.

Above noted man has been recommended for discharge as permanently unfit by Medical Board, held on Friday, October 18th. I am sending him herewith for your attention, and necessary action, please. His account on Company's Pay Sheets has been squared up to and including Octr. 21st. He has no allotment current.

WFC

4697

November. 15th. 1918.

The C.O.

Royal Newfoundland Regiment.

Depot.

Sir,

I have the honour to inform you that the under-mentioned men have been discharged on the dates given.

Kindly note and post in Daily Orders Part 11.

I have the Honour to be. etc..

Sgd.....J. M. Howley.

Capt.

Paymaster & C. i/c/ Records.

No.	5254.	Private.	Taylor, Lemuel	Oct. 29th. 1918.	Med. Unfit.
"	3689.	Private	Ryder, Donald	Oct. 30th. 1918.	Do
"	2361.	Private	Hallahan, Patrick.	Oct. 31st. 1918	do
"	3294.	Private.	Hillier, John.Wm.	Oct. 31st. 1918	do
"	2584.	Private.	Gillispie, Ptk.	Oct. 31st. 1918	do
"	4697.	Private.	Jackman. John J.	Nov. 1st. 1918	do
"	5079.	WOprl.	Squires. Wm.R.	Nov. 1st. 1918	do
"	8187.	do	Rideout, Dorman.	Nov. 1st. 1918	do.

Jackman, John J.

#697

Ray Dept.

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:

Resuming work at Post Office.

John J. Jackman

Signature of Man.

Reg. No.

4697

G. W. Mackall

Signature of the Vocational Officer or his Representative.

Place

A. J. Hill

Date

Nov. 5.

191*8*

Proceedings on Discharge.

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

No.	<i>4697</i>	Army Rank	<i>Private</i>
Name	<i>John J. Jackman</i>		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps	<i>The Royal Newfoundland Regt.</i>		
Battalion, Battery, Company, Depot, &c.			
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge	<i>November 1st 1918</i>		
Place of discharge	<i>St. John's, Nfld.</i>		
1. Description at the time of discharge.			
Age	<i>22</i> years		Descriptive marks.
Height	<i>5</i> feet	<i>4 1/2</i> inches	
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion	<i>fair</i>		
Eyes	<i>blue</i>		
Hair	<i>dark</i>		
Trade	<i>black</i>		
Intended place of residence (To be given as fully as practicable)	<i>58 Pleasant St</i>		
	<i>St. John's</i>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of <i>being no longer physically fit for war service</i>			
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character :— <i>J. J.</i>			
4. Character awarded in accordance with King's Regulations :—			

Certified that the above is an accurate copy of the character given by me on Army Form B. 2687* and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer.			
Army Form B. 2688 has been issued to*			

6
27
27
27
27
27
191

To be filled in on the soldier quitting the Colours.

5. He is in possession of the following number of G.O. Badges (If the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class

6. Campaign Medals and Decorations

Certificate of education

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

(Place)

(Date) Commanding Battalion Regiment

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the classes noted on the 3rd page.

(Place) St Johns John J Jackson (Signature of Soldier)

(Date) 14th 12/10 W. W. W. W. W. (Signature of Witness)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to (the date to which the record of service is completed) years days.

Further service " " (the date of confirmation of discharge) "

Total "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for (date)

(Place) Signature

(Date)

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

John J Jackson

Witness W. W. W. W. W. Capt

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

MEDICAL HISTORY

OF

Surname Jackson Christian Name John J.

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's, County Wflda

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Wflda</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>22</u> ⁶ / ₁₂ years — days		years	days
Trade or Occupation	<u>lplerk</u>			
Height	<u>5</u> feet <u>4</u> ¹ / ₂ inches		feet	inches
Weight	<u>120</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>33</u> ¹ / ₂ inches		inches	
	Range of Expansion... <u>4</u> ¹ / ₂ inches		inches	
Physical Development				
Vaccination Marks	Arms	<u>Three</u>		
	Number			
When Vaccinated	<u>13 years ago</u>			
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. M. O. Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's, Wflda</u>		at _____	
	on <u>25</u> day of <u>April</u> 191 <u>8</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Wflda Regt.</u>	<u>4697</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</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 readmissions to hospital 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				
St. John's General Hospital	5	7	18	1	8	18	Pleuritis with Bron. Pneumonia.	27	Temperature normal for 21 days.	<i>Arthur H. Correll</i>
<i>Warrham</i>	3	8	18	9	9	18		44		<i>Warrham</i>

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
1-6-18	Vacc. S

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

October 21st. 1918..... 191

From Assistant Adjutant
Depot.

To Paymaster & Officer i/o Records.
Militia Dept.

4697, Pte. Jackman, J.J.

Above noted man has been recommended for discharge as permanently unfit by Medical Board, held on Friday, October 18th. I am sending him herewith for your attention, and necessary action, please. His account on Company's Pay Sheets has been squared up to and including Oct. 21st. He has no allotment current.

WFC

A. Robertson
Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

OK
WJ



Department of Militia, Newfoundland.
Medical Department.

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*
Date *Oct. 8/18*

1. Unit *1st. Newfoundland*
2. Regimental No. *4697*
3. Rank. *Pte*
4. Name. *John J. Jackman*
5. Age last birthday. *22 years*
6. Enlisted on *25th April*
- at *St. John's*
7. Former trade or occupation *Clerk*

8. Disability

Bron. Pneumonia

9. History *Admitted General Hospital 5.7.18 with Pleurisy & Bron. Pneumonia. Discharged 1.8.18 Convalescent Sanatorium 3.8.18—discharged 16.9.18 (44 days)*

10. What is his present condition?

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

*General Condition Good no
accompaniments Lungs or Heart.
Complaints of stitches in left side more
pronounced in exertion. Pulse 88 Temp 99.2*

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as *yes*
permanently unfit?

Signature

L. Paterson.....

Rank or Qualification

Major & S. M. O.

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. *Yes*

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

Remarks if any:—

less than 20%

16. Is the disability permanent? *no*

17. Has the disability been aggravated by (a) Intemperance. *no* (b) Misconduct. *no*

18. The refusal of operation is:— (a) Reasonable. _____
sanatorium (b) Unreasonable. _____

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

General Hospital,	}	Naval and Military Con- valescent Hospital. <i>no</i>
Jensen Tuberculosis Camp.		

20. We recommend discharge from the Army *Permanently unfit*
retention in

Remarks if any:—

M.S. Fraser President
J. Sinclair Lait
L. Peterson, M.D.
 Signatures.

Place *St. John's*
Date *Oct. 18. 1918*

APPROVED

Station
Date



Cluny Macpherson
 D. M. O. NEWFOUNDLAND.
 Administrative Medical Officer.



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 *Jackman John J.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4697*
 Intended address *38 Pleasant St. St. Johns*
 Height on discharge *5* Feet *1 1/2*
 Color of hair on discharge *Dark*
 Complexion *Fair*
 Color of eye *Blue*
 Descriptive Marks
 Figure on discharge *medium*
 Christian name of Father *John J.*
 Christian name of Mother *Margaret*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *St. Johns. Oct. 22nd 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)

John J. Jackman

(Rank) *1st Lt.*

Station

St. Johns

Date

Aug 31/8

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.

L. P. ...

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

Station

St. Johns

Date

Aug 31/8

To be Noted



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Oct 8th 1915

Regimental No. 4697

Name Jackman, J.

Address 38 Pleasant St. St. Johns

Disease or Disability Pleuritis with Bronch. Pneumonia

Finding of last Standing Medical Board, _____

held on _____ 19 _____

Present Condition _____

Recommendation Standing medical Board

Category _____

Members
of
Board

R. H. Tait Capt.

O. C. Depot

St. Bardey

D. D. M. S.

Archibald

M. O. Depot



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of John Jackman
aged 22 yrs conducted at Head Quarters
Date: Sept 17/18 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	yes. Had Right leg cut. Rose machine
10	& find weak when walking
11	n
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	b/b Both.
20	n
21	n
22	n
23	n
24	n
25	n
26	Haemorrhoids slight
27	n
28	n
29	n
30	n
31	n
32	n
33	yes, 13 yrs ago & scar left arm
34	15 1/2 4 1/4
35	120 lbs.
36	29 - 33 1/2
37	Father John 38 Pleasant St - Carter
38	no other
39	

1691

By out

Signature of Medical Examiner:

W. Berden

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question 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..... 2. Surname.....

3. Rank..... 4. Regt. No.....

5. Address in full to which future payments of gratuity are to be forwarded.....

6. Date of enlistment in the Regiment.....

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 dependent.....

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 Nfld. If so, give dates, and particulars of such service.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....

.....

J. J. Jackson
4697
To G. P. Office, St. John's, Nfld.
23rd April 1918
Not applicable
not applicable
Not applicable
not applicable
Joined service 23rd April 1918
Discharged 1st November 1918
191 Days
in Newfoundland

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

Not applicable

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

*received \$100.00
Post discharge pay from Dept of Militia
and \$25.00 Clothing allowance*

15. Have you been issued with a War Service Badge?.....

Yes

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. *1st November 1918* (b) Reason for discharge.....

Disability

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.....

No

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b) If (a), 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.



Department of Militia, Newfoundland.

Medical Department.

Medical Report on an Invalid.

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*Date *August 5/18*

- Unit *1st. Newfoundland*
- Regimental No. *4697*
- Rank. *Plt.*
- Name. *John J. Jackson*
- Age last birthday. *22 years.*
- Enlisted on *25th April*
- 1918 at *St. John's*
- Former trade or occupation *black*
- Disability

Bron. Pneumonia

9. History

*Admitted General Hospital 5.7.18 with
Pleurisy & Bron. Pneumonia discharged
1. 8. 18. Convalescent Depot 3. 8. 18 - Discharged
16 (44 days)*

Signature of Applicant:

John J. Jackson
38 Pleasant St.

L. 1

Place of Residence:

Declared before me at:

St. John's Newfoundland

This *third*

day of *March* 1917

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

J. Devereux J. P.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Not amount due
.....
.....
.....

Nil.

Certified Correct.

Pryster.

10. What is his present condition?

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

General condition good.
No accompanying delirium
or heat.
Complaints of stitches in left side
more pronounced on exertion.
Pulse 88 Temp. 98.2

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes

Signature

E. P. Atorom

Rank or Qualification

Major E. M. O.

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
 erase inapplicable words.

13. For pension purposes, the disability x may be considered as aggravated by due to
 (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
 Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. Yes

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

Remarks if any:— less than 20%

16. Is the disability permanent? No
17. Has the disability been aggravated by (a) Intemperance. No (b) Misconduct. No
18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to

General Hospital,
 Naval and Military Con-
 valescent Hospital, No
 Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army permanently unfit

Remarks if any:—

Signatures.

President

Place S. Johns

Date Oct 18 1918

APPROVED

Station

Date



Clayton Macpherson
 Administrative Medical Officer
 D. M. S. NEWFOUNDLAND.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
30Number of Sheet *21*Regiment of *Royal Newfoundland*Signature of O. C. Company *A. J. Jamieson*

Regimental Number and Name		Enlistment		Trade
No.	<i>11697 Jackman Inc</i>	Age on	<i>22</i> years months	<i>Clerk</i>
Joined	Date	Place and Date of Enlistment	<i>St John's 25.4.16</i>	Religion
Joined	Date	Period of	with Colours <i>191</i> years	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Medically unfit</i>	<i>St John's</i>	<i>1 1/8</i>			

To be carried over

Army Form B. 121.

Reg. No. 4697 Rank *1st Lt.* Name *Sackman J. J.* *7th*
 Attested *25-4-18* Address *St. Johns*
 Allotment *1* Allottee _____
 Date of Allotment _____ Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

	<i>Go Report 1-6-18 Reported 5-6-18</i>
<i>8 1/2</i>	<i>Face.</i>
<i>10 1/2</i>	<i>Admitted Barrack Hoop.</i>
<i>18 1/2</i>	<i>Discharged do do 2 days leave</i>
<i>25</i>	<i>18-6-19 to 20-6-18</i>
<i>25 1/2</i>	<i>Sick at 32 Pleasant St (La Grippe)</i>
<i>3-7-18</i>	<i>Admitted to Naval Hoop.</i>
<i>4-7-18</i>	<i>Discharged from " "</i>
<i>5-7-18</i>	<i>Admitted to Naval Hoop. to Gen Hoop.</i>
<i>1-8-18</i>	<i>Discharged from " "</i>
<i>3-8-18</i>	<i>Adm - To Bordeaux</i>

16-9-18. Discharged From hospital and
admitted to 37 Pleasant St.

5-10-18 Head Qrs. Travelling Bns. Seemanns
Standing Medical Bns.
Pleuritis with 1 Broc. Pneumonia

18-10-19 Rec. Dis. Permanently unfit

DISCHARGED - MEDICALLY UNFIT

1-11-18 Adj 204