



4 THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4996 Name Arthur Jacobs Corps Heir

Questions to be put to the Recruit before Enlistment.

1. What is your name? Arthur Jacobs
2. What is your full Address? } Little Bank Lane 113
3. Are you a British Subject? } yes
4. What is your age? } 19 Years Months
5. What is your Trade or Calling? } Lawyer
6. Are you Married? } no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } no
8. Are you willing to be vaccinated or re-vaccinated? } yes
9. Are you willing to be enlisted for General Service?.. } yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. Name } Corp }
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, Arthur Jacobs 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 Arthur Jacobs SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 1918

Signature of Attesting Officer C. B. Dicks

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the if enlisted by special authority such will be attached to the original attestation.

Date 11.5.18 } Approving Officer.

Place [Signature] }

† 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

4996

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

Name Arthur Jacobs
 Apparent age 19 years 0 months Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Jacobs
Little Heath Road 48 | 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

Deceased
25-11-59

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 fixed engagement reckons from <u>11-5-18</u> | | | | | | | | | |
| Joined at <u>Moh's</u> on <u>May 11th 1918</u> | | | | | | | | | |
| <u>Discharged July 7th 1919</u> | | | | | | | | | |
| <u>Embarked Moh's S.P. Columbus to Halifax NS 22nd 18</u> | | | | | | | | | |
| <u>Embarked for B.C. 23-11-18</u> | | | | | | | | | |
| <u>Disembarked France 28-11-18</u> | | | | | | | | | |
| <u>Joined Battr. 5th 19</u> | | | | | | | | | |
| <u>Went to duty 24-3-1919. Rejoined unit 27-3-1919.</u> | | | | | | | | | |
| <u>Home leave from 22-4-19. Arrived Buncle 23rd 19</u> | | | | | | | | | |
| <u>to be re-employed for demobilization 22-5-1919.</u> | | | | | | | | | |
| <u>Arrived home 1-6-1919</u> | | | | | | | | | |
| <u>Demobilization Moh's 7th 1919</u> | | | | | | | | | |
| Total Service forfeited as above | | | | | | | | | |

Total Service towards Engagement to 7-7-1919 (date of discharge) 1 years 58 days
 Pensions [" "] [" "] [" "] [" "]

A Jacobs

C.R. 4996

1880

Medical Report on an Invalid.

Station Hazelwood Camp
 Date 1. 5. 19.

- 1. Unit Royal Newfld
- 2. Regimental No. 4996
- 3. Rank Rt
- 4. Name Jacobs a
- 5. Age last birthday 20
- 6. Enlisted { on May 11 1915
 at St John
- 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. 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.
- 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. *Nil*
 - (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?

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—

na

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

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

na

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

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

na

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?

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

Repatiation

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

MR 11

Major Jones

Officer in medical charge of case.

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

Station *Hazeley D Camp*

Officer in charge of Hospital.

Date *1. 5. 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.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Jacobs, Regl. No. 4996

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

Allotment begins 8-6-18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------------------------|--|----------------------|
| 4171 | Mother | Ms W ^m (Maggie) Jacobs | Little Hearts Case South West Arm Y. B. | 55 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Allotment, \$ | 55 |

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

Sig.) A. L. Summers. Lt.
 Officer Commanding
B. Company
Dr. John
8-6-1918

(Sig.) Arthur X Jacobs
 (Rank) Private
Small letters



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Jacobs, Regl. No. 4996
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty-five Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons
 concerned, viz.:

Allotment begins 8-6-18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------------------------|--|----------------------|
| 4171 | MOTHER | Mr W ^m (Maggie) Jacobs | Little Hearts Lane South West-Ann Y. B. | 55 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Allotment, \$ | 55 |

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

Sig.) A. L. Summers, Lt.
 Officer Commanding
B Company
D. J. [Signature]
8-6-1918

(S) Arthur Jacobs
 Rank) Private

No. 4996

Name

Jacobs. A.

Sqn., Batty.,
or Company

D.

Corp. N. Newfoundland

Date of
enlistment

11/5/18

G.C.
(Edges)Service or
Proficiency PayDate of last entry in
Company Conduct SheetNo. and date
of last drinkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

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Character

| 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 |
|-------|-----------------|------|----------------------|-----------|--------------------|--------------------|---|-----------------|---------|
| Field | 8-3-19 | Pvt. | | Supercant | 2/11/19 | Key for June | 8-3-19 | of Col. Mather | |
| Field | 8-4-19 | " | | Ref. | 3/11/19 | " | 8-4-19 | Major Keruan | |

Army Form B. 122.

(P.T.O.)



SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 4996

ROYAL ARMY MEDICAL CORPS

No. H.A. 35613.

ADM.4 GEN.H.DANNES CAMIERS 24 MAR'19.

417425 Pte.Howard A.....RAMC.4 Gen.H.....Influenza. Sev.

ADM.8 GEN.H.ROUEN 23 MAR'19.

99523 Pte.Mason S.....RAMC.8 Gen.H.....N.Y.D. Mild.

DIS.TO UNIT EX.8.GEN.H.ROUEN 23 MAR'19.

133182 Pte.Metcalf J.....RAMC.8 Gen.H.....Influenza. Mild.

ROYAL ARMY VETERINARY CORPS

No.H.A.35613.

ADM.4 GEN.H.DANNES CAMIERS 24 MAR'19.

2953 Sdr.Palmer C.....RAVC.2 Con.Horse Dep.....Peritonsillar Abscess. Mild.
28785 Pte.Plant J.E. RAVC.3 Con.Horse Dep. Sprained Ankle.R. Mild.

ADM.6 GEN.H.ROUEN 24 MAR'19.

16986 Pte.Loughton H.E.....RAVC.6 Vet.H.....ICT.Neck. Sev.
29898 " Wilson E.W. RAVC.6 Vet.H. Cont. Testicles. Sev.

NEWFOUNDLAND EXPEDITIONARY FORCE

No.H.A.36513.

DIS.TO DUTY.EX.6 GEN.H.ROUEN 24 MAR'19.

X 4996 Pte.Jacobs A.....1 R.Newfoundland.....Abscess Bttk.R.

NO TWO RECORD OFFICE - SHREWSBURY

No.H.A.35613.

ADM 6 GEN.H.ROUEN 24 MAR'19.

40155 Pte.Dooley E.....1/4 Chesh.Rgt.....Cont.Foot.L. Sev.

350



C.R. 4996

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

INFANTRY RECORDS - L I C H F I E L D - PART TWO

No. H. A. 35512

ADM 6 GEN H ROUEN 16 MAR'19.

42008 Pte Schofield T.....8 N.Staffs.....Syn.Knee R. Sev.

INFANTRY RECORD OFFICE - H A N W E L L

No. H. A. 35512

DIS TO BASE DEP EX 4 GEN. H. DANNES CAMIERS 17 MAR'19.

22534 Pte Whitehead H.....3 Corps Cyclists.....Injury S.I. Eye R. Mild.

ADM 20 GEN H DANNES CAMIERS 17 MARCH'19.

6358 Pte Dartford J.....6 R.W.Surrey'sAbdominal Hernia Mild.

C A V A L R Y - C A N T E R B U R Y

No. H. A. 35512

ADM 7 GEN H WIMEREUX 17 MAR'19.

| | | | |
|--------------------------|-----------------|--------|-------|
| 3199 L/Sgt Bishop H..... | 6 Drag Gds..... | V.D.G. | Mild. |
| 17283 Pte Marshall G. | 1 R.Drags. | do | " |
| 9549 " Travers E. | 1 R.Drags. | do. | " |

N E W F O U N D L A N D - E X P E D I T I O N A R Y F O R C E

No. H. A. 35512

ADM 6 GEN H ROUEN 16 MAR'19.

4996 Pte Jacobs A.....1 R.Newfoundland.....Abs Buttock. Sev.

332

C.R. 4996

Extract from Daily Orders: Part II Unit The Royal RFLA.
Regt. St. John's, July 8th, 1919.

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

4996 Pte. Arthur Jacobs.

C.R.

4996

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. Depot, St. John's, June 12th, 1919

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 23-6-19.

4996 Pte. A. Jacobs.

C.R. 4996

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

Date 11-6-19.

4996 Pts. A. Jacobs

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4996

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

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

#4996 Pte. A. Jacobs.

C.R. 4996

Extract from Nominal Roll of draft No. 56 from the 2nd., Battalion of
the Royal Newfoundland Regiment to the 1st., Battalion of the
Royal Newfoundland B. E. F., Embarked Southampton 23/11/18.

#4996 Pte. A. Jacobs,

C.R. 4996

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

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

#4996 Pte. Levi Jacobs

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's. Dated May 18, 1918.

4996 Pte. A. Jacobs.

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

Jacob, A

4996

Ray Sept

July 7, 1919

#4996 Pte. Arthur Jacobs,

Little Hearts Base, T.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2722.

Yours truly

Captain,
Quaymaster & O. I. c records.

The Royal Ald. Regiment

DEMOBILIZATION

No. *4996* Rank

Name

Jacob A

Warned for demobilization on

JUN 9 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4996 Rank Pte Name Jacobs A
 Intended place of residence Little Neck St. Rose

2. Occupation Boatman
 Classification of soldier 2 Medical Category AT

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 9 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 9 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and date ST. JOHN'S
JUN 9 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11-5-18 No of days on Military
 Discharged from service JUN 23 1919 Service 423
Plus 126 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
 Date JUN 23 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Rd
 Date July 7/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

CFB 079/2722

The Royal Newfoundland Regiment

Class for Demobilization:

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *4926*

Name *Jacobs Arthur*

Address *North Side S.B.*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R.H. East Capt
.....
O.C. Discharge Depot.

A. Paterson
.....
Senior Medical Officer

See Burden
.....
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 12996 Rank Plt Name Jacob A. Mark
 Date of Enlistment 11.5.18 Address Little Bay, St. John's, Nfld.
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:-

| | | | | | |
|-----------|--------|--------|-----------|--------|---|
| N.F. P/36 | B 268 | B 121 | N.F. Med. | D.F. 1 | 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 179a | D 400C | Form K | do 4th | " 5 | |
| B 179b | B 103 | ME 2 | | " 6 | |
| B 179c | B 120 | M 93 | | | |

Date 7.6.19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

This
 A^x Mark Jacob
 work w/ of factory

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied _____

Date 9-6-19 O. i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 16749151 to his home Little Hearts Ease and Release Certificate No. 2490 issued.

Date 9-6-19

J.A. Snow Capt
Demobilization Officer

4. Pay and Allowances.

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

Date 9-6-19

H. H. H. H.
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19

J.A. Snow Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date

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

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

Date

Civil Re-establishment Committee

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

To resume former Occupation

Jacob. B.

Signature of Man.

Reg. No. 4996

J. H. Snowl

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

JUN 9 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

Jacob

OF

Christian Name

Arthur

Table I.—GENERAL TABLE.

Birthplace:—Parish

Little Hearts Cove P.S. County Nflda

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|--------------|--------------|------------------|
| | on | at | on | at |
| Examined | 11 day of May 1918 | at St. Johns | day of | 191 |
| Declared Age | 19 years | days | years | days |
| Trade or Occupation | Fisherman | | | |
| Height | 5 feet | 6 inches | feet | inches |
| Weight | 125 lbs. | | | lbs |
| Chest Measurement | Girth when fully expanded | | 36 inches | inches |
| | Range of Expansion | | 4 inches | inches |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | Arm | | | |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R.E.—V= | 6/20 | R.E.—V= | |
| | L.E.—V= | 6/20 | 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) | L. J. M. [Signature] | | | |
| (Rank) | [Rank] | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at St. Johns | at | | |
| | on 11 day of May 1918 | on | day of | 191 |
| | Corps. | Regtl. No. | Corps | Regtl. No. |
| Joined on Enlistment | The Royal 4996 | | | |
| | Nflda | | | |
| Transferred to | | | | |
| Became non-effective by | on | day of | 191 | on |
| (Signature) | | | day of | 191 |
| (Rank) | | | | |

July 8, 1919

#4996 Pto. Arthur Jacobson
South west arm,
Randon, T.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & U.I/o Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Arthur* 2. Surname *Jacobs*

3. Rank *Pte.* 4. Regt. No. *4996*

5. Address in full to which future payments of gratuity are to be forwarded. *South West Row, Randon, N. B.*

6. Date of enlistment in the Regiment. *May 11/18*

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

8. Relationship of such dependents.

9. Address in full of such dependents.

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

11. Were you on active service only in 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. *From May 11/18 to June 9/19*

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?.....

19. Are you now serving in the Res?..... *No* If not give:- (a) Date of discharge..... *June 9/19* (b) Reason for discharge.....

..... *Temporary Demobilization*

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

France, Belgium, & Germany - From Nov. 22/18 to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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

Signature of Applicant:

hi
Arthur X Jacobs

Place of Residence:

South Coast Ave, Ransom, P.B.

Declared before me at:

W. John, Nfld.

This

9th

day of

June

19*19*.....

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

John W. McCarthy
J.P.

POST DISCHARGE PAY.

Date paid

paid

paid

Soldier. Dependent

War Service
Gratuity.

Net amount
due

| | | | | |
|-------|-------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Certified correct.

Paymaster

Medical Report on an Invalid.

Station Hazley Down.Date 1.5.19

1. Unit Royal Newfoundland.
2. Regimental No. 4996.
3. Rank Pte
4. Name Jacobs B.
5. Age last birthday 20.
6. Enlisted { on 11th May 1918
at St John's
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. 19).*neStatement 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. ne
10. Place of origin of disability. ne
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. ne
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.

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 can flourish for disability

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

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?

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.

20. Do you recommend—

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

Repatriation

Major J. J. J.

Officer in medical charge of case.

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

Station *Regimental Down*

Officer in charge of Hospital.

Date *1-5-19.*

*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.



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 *Jacob Arthur*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4996*

Intended address *North Side, Trinity Bay*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *William*

Christian name of Mother *Maggie*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John's Trinity. 1899*

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) *Arthur Jacob*

Pte
(Rank)

Station **ST. JOHN'S.**

Date *5/6/19*

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

Station

Date



Casualty Form Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pte Surname Jacobs Christian Name A.
 Religion Methodist Age on Enlistment 19 years 18 months
 Enlisted (a) "5/18 Terms of Service (a) Duration Service reckons from (a) "5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended (.....) Re-engaged (.....) Qualification (b)
 Occupation Sumberman or Corps Trade and Rate Warranted Capt. Signature of Officer.

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, 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.213, Army Form A.36, or other official documents |
|--------|--------------------|--|-------------------|------------------|--|
| Date | From whom received | | | | |
| | | Embarked ... | | | |
| | | Disembarked... joined Batt. | | 28 NOV 1918 | |
| | C Gen. H. | Adv. Pts. Bulster Ser. | | JAN 1919 | |
| | | Discharged Kap | | 16.3.19 | Ha 25572. |
| | | Arrived in UK | | 27.3.19 | B213 |
| | | | | 23/4/19 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, Ac

(17791) WLW 1887-P 1134. 1,000,000. 6/12. D & S. Form B.103. (K. 1854.)

[P.T.O.]

Next of kin: Father: William Jacobs Little Deserts Lane: T. Bay: N. C. L. D.

FORM K

N^o 4405



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Jacobs, Regl. No. 4996

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

Allotment begins

8-6-18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|------------------------|--|----------------------|
| 4171 | Wife | Mrs Wm (Maggie) Jacobs | Little Hearts Case South West Arm Y. B. | 55 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Allotment, \$ | 55 |

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

Sig.) A. G. Summers. Lt
Officer Commanding
B. Company

(Sig.) Arthur X Jacobs
(Rank) Private

Dr. John
8-6-1918

August 16, 1919

Mrs. Wm. Jacobs,
Little Heart's Ease,
T.B.

Dear Madam:

With reference to your letter of August 11th. I beg to advise you that #4996, Arthur Jacobs allotted 55¢ per day and was discharged on 7th. July, therefore his allotment was only paid up to that date, and #4973 Levi Jacobs allotted 55¢ per day, and was discharged on 4th. July, 1919, therefore his allotment was only paid up to the date of his discharge.

Hoping this information will be satisfactory.

Yours truly,

Capt.
For Paymaster

1891



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

Address

Date

Address

OCT 15 1921

1921.

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

Arthur Jacobs

in respect of his service as No. 4996 Rank Pte.

Name A. Jacobs Royal Nfld. Regt.
~~Nfld. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received

This 15 day October 1921.

Signature

Arthur Jacobs

Date

Nov 9th 1921

Address

Little Heath Lane T.B.

[P.T.O.]

Receipt for Army Book 64

No. 4996 Name A. Jacobs

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

Date Sept. 28 th.....

Place Little Hearts Base.....

Name A. Jacobs.....

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

25-1/20
W

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
20

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company P. S. Dickson *Lieut.*

| Regimental Number and Name | | Enlistment | | Trade | Gold Conduct Badges, Service pay or proficiency pay |
|----------------------------|---------------------|--|-----------------------------|----------------|---|
| No. | | Age on | | | |
| <u>4996</u> | <u>Jacob Arthur</u> | <u>19</u> years <u>0</u> months | | <u>Sawyer</u> | |
| Joined | Date | Place and Date of Enlistment | | Religion | |
| Joined | Date | <u>11.5.14</u> | | <u>Meth.</u> | |
| Joined | Date | Period of } with Colours <u>3 1/2</u> years. with Reserve <u>3 1/2</u> years. | | Place of Birth | |
| Joined | Date | | <u>Salt Water East T.B.</u> | | |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order discharging with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|--------------------|--------------------|--------------------|--|-----------------|---------|
| | | | | <u>Demobilized</u> | <u>S. John's</u> | <u>7</u> | <u>19</u> | | |

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2996 Rank Plt Name Jacob A. Mark
 Date of Enlistment 11-5-18 Address Little Bay, Trinity
 Occupation Fireman Classification for Discharge 17 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | | |
|----------|--------|---------|------------|---------|---|
| N.F. P36 | B 268 | B 121 | N.F. Med. | D.F. 1. | 1 |
| B 178 | W 3494 | B 122 | Board 1st. | " 2. | |
| B 178a | D 400A | B 1915 | do 2nd. | " 3. | 3 |
| B 179 | D 300B | 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 7-6-19 for O. C. Discharge Depot.

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. \$60.00

(b) Clothing Supplied

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *1167 9151* to his home at *Little Neck, E. I.* and Release Certificate No. *2490* issued.

Date *9-6-19* *J.A. Snow Craft*
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 *7 months*

Date *9-1-19* *H. Huns A*
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|----------|--------|--------|-----------|---------------------|
| N.F. P36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| F 178 | W 3494 | B 122 | Board 1st | " 2 |
| F 178a | D 400A | B 1915 | do 2nd | " 3 <i>2 Form B</i> |
| H 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 | | " 7 |

Date *9-6-19* *J.A. Snow Craft*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

- Officer in Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 23 1919

Date O. C. Discharge Depot.

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

Date *June 16/19* *James Math / H*
for records

Reg. No. *4996* Rank *1st Lt* Name *Jacobs, A.*
Attested Address *Little Heath Lane*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19*
Returned on S.S. *Consicaw* Cause *Discharge*

8-6-19

PASSED TO DEMOBILIZATION

23-6-19

DISCHARGE APPROVED BY DEMOBILIZATION