



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 370

Name in full Thomas Lincoln James Age 20  
Address Mount Angells St John's West  
Married Height \_\_\_\_\_ Weight \_\_\_\_\_  
Single \_\_\_\_\_  
Color Fair Hair Brown Eyes Brown  
Other distinguishing marks Scald on left arm  
Nearest relative Mother  
Address Mount Angells St John's West  
Dependents \_\_\_\_\_  
Occupation Engineer Present Wage £5.00 per week  
Previous service \_\_\_\_\_  
Decorations \_\_\_\_\_  
General Remarks \_\_\_\_\_  
Date of Enlistment \_\_\_\_\_

I, Thomas Lincoln James, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Thomas Lincoln James

Declared before me this 1 day  
of October 1914

W. C. Scovell

Per 5-

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 370

Name Thomas Lincoln James

Apparent age 20 years        months. Height        feet 9 1/2 inches.

Chest measurement { Girth when fully expanded        inches.  
Range of expansion        inches.



Distinctive marks Color: Fair, Hair: Brown, Eyes: Brown

Other distinguishing marks: Scald on left arm

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin --- James, Mount Angels, St. John's West

| Relationship Father & Mother

**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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon 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>5/9/14</u>									
Joined at <u>St. John's</u> on <u>5th September '14</u>									
Total Service forfeited as above .. .. .									
Total Service towards Engagement to .. .. . (date of discharge) .. .. . years .. .. . days									
" " " Pension .. .. . ( " ) .. .. . " .. .. .									

To be used for recruits enlisting direct into the Regular Army only.  
 Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits  
 and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY of**

Surname James Christian Name Roman

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
 { at \_\_\_\_\_

Declared Age ... \_\_\_\_\_ years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... \_\_\_\_\_ feet, \_\_\_\_\_ inches.

Weight ... \_\_\_\_\_ lbs.

Chest Measurement { Girth when fully Expanded. \_\_\_\_\_ inches.  
 { Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
 { Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.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) \_\_\_\_\_

(Rank) \_\_\_\_\_ Medical Officer.

Enlisted ... { at \_\_\_\_\_  
 { on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Joined on Enlistment ...	Corps.	Regt. No.
	<u>1<sup>st</sup> Newfoundland Regt.</u>	<u>340.</u>
Transferred to ...		

Became non-effective by \_\_\_\_\_

on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_

(Rank) \_\_\_\_\_

30

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
2 <sup>nd</sup> Sect. Sec. Hosp. Edinburgh.	31	5	15	26	7	15	Renal Calculus (left)	56	lumbar incision: stone lying in pelvis. Removed: wound healed well & patient is now doing well though still weak. (Convalescent Home)	J. Donald Gunn D. R. Gunn
Whitehill Conv Hospital	26	7	15	14	9	15	Renal Calculus.	50	Discharged from Army.	J. D. Gunn D. R. Gunn

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

Date	Brief details, and signature

**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

ORIGINAL

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

## MEDICAL HISTORY

OF

Surname James Christian Name Thomas Lincoln

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined .....		191		191
Declared Age.....	20 years — days		years	days
Trade or Occupation.....	Engineer			
Height .....	feet	inches	feet	inches
Weight .....		lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	inches	inches	inches
	Range of expansion.....	inches	inches	inches
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
Number.....				
When Vaccinated .....				
Vision .....	R. E.—V=		R. E.—V=	
	L. E.—V=		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)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted .....	at	5th Johns. 9th LD	at	
	on	day of	on	day of
		191		191
Joined on Enlistment .....	Corps.	Regtl. No.	Corps.	Regtl. No.
	Newfoundland	370		
Transferred to.. ..				
Became non-effective by. ....				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

**Reg. No. 370**

Name **Thomas Lincoln James**

Apparent age **20** years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks **Color: Fair, Hair: Brown, Eyes: Brown**

**Other distinguishing marks: Scald on left arm.**

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin **James, Mount Angels, St.**

**John's West.** | Relationship **Father & Mother.**

**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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

**Particulars as to Children.**

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

**STATEMENT OF THE SERVICES.**

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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 <b>5/9/14</b>							
Joined at <b>St. John's</b> on <b>5th September '14</b>							
				<i>Discharged</i>	<i>Oct. 15/15</i>		
<i>Embarked S.S. "Horizel" for Cork 3<sup>10</sup>/<sub>14</sub></i>							
<i>Discharged Newton - 800 - Cape Town Expired</i>					<i>15-10-15</i>		
Total Service forfeited as above ... ..							
Total Service towards Engagement to <b>15-10-15</b> (date of discharge) <b>1</b> years <b>40</b> days							
" " " Pension " ( " ) " " "							

## Proceedings on Discharge.

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

No. <u>370</u>	Army Rank <u>Private</u>
Name <u>Thomas Lincoln James</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>First Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>October 15th, 1915</u>	
Place of discharge <u>On board S.S. <i>Penarth</i> <i>British</i></u>	
1. <u>Description at the time of discharge.</u>	
Age <u>20</u> years - - months Height - - feet - - inches Chest measurement (girth when fully expanded - - ins. range of expansion - - ins.) Complexion <u>Fair</u> Eyes <u>Brown</u> Hair <u>Brown</u> Trade _____ Intended place of residence <u>St. Johns</u> (To be given as fully as practicable) <u>Newfoundland</u>	Descriptive marks.          
<p><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></p>	
2. The above-named man is discharged in consequence of _____ <u>Time expiring &amp; being medically unfit</u>	
<p><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></p>	
3. Military character :- <u>Very good</u>	
4. Character awarded in accordance with King's Regulations :- <u>Very steady &amp; trustworthy</u>	
To be filled in on the soldier quitting the Colours.	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2667* and that Army Form D. 469 was awarded in this case. <u>(Sgd) S.W.D.</u> Initials of Commanding Officer. <u>Commanding Depot 2nd N.F. B. Regt</u> <u>St. John's, N.S.</u>	
Army Form B. 2088 has been issued to*	

Stone & Wilson  
Not a shirker  
W.S.D.  
G.L.C.  
1915



5. He is in possession of the following number of G.C. 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. Campaigns, 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) S/S. "Boricam"

(Date) 15th Oct. 1915

(Spd) E. P. Ayre  
for Commanding Depot No. 7, K. D.  
Commanding Regt. Baluchistan - on Regt.  
J.B.

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 claims noted on the 3rd page.

(Place) S/S "Boricam"

(Date) 15. 10. 15

(Spd) J. L. C. James (Signature of Soldier.)

(Spd) K. Goodyear (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.

(Spd) J. L. C. James (Signature of Soldier.)

10. Statement of service.

Service towards engagement to Oct. 12 '14 (the date to which the record of service is completed) 1 years — days.

Further service " " 18 '15 (the date of confirmation of discharge) ... .. 13 ..

Total ... 1 .. 13 ..

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for Oct. 15, 1915 (date)

(Place) \_\_\_\_\_

Signature B. D. Whitaker

(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.

This space to be left blank for the Chelsea Number.



Army Form B. 268.

### Proceedings on Discharge.

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

No. <u>970</u>	Army Rank <u>Private</u>
Name <u>Thomas Finlay James</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>October 15th 1915</u>	
Place of discharge <u>on board S.S. Gothican Boston</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>20</u> years - months Height - feet - inches Chest measurement (girth when fully expanded) - ins. (range of expansion) - ins. Complexion <u>Fair</u> Eyes <u>Brown</u> Hair <u>Brown</u> Trade _____ Intended place of residence <u>St John's</u> (To be given as fully as practicable) <u>Newfoundland</u>	Descriptive marks.          
2. The above-named man is discharged in consequence of <u>Term expiring and being medically unfit.</u>	
<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 :- <u>Very Good</u>	
4. Character awarded in accordance with King's Regulations :- <u>and trustworthy</u> <u>Very steady</u>	
<small>Confirmed that the above is an accurate copy of the character given by me on Army Form D. 2067 and that Army Form D. 450 was completed in this case.</small>	
<u>Over</u> Initials of Commanding Officer. MAJOR, COMMANDING DEPT. H.I.L.D. REGT., NEWFOUNDLAND REGIMENT.	

Army Form B. 2088 has been issued to\*

5. He is in possession of the following number of G.C. 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. Campaigns, Medals and Decorations

Blank lines for listing campaigns, 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) *1/2 "Basarian"*  
(Date) *15<sup>th</sup> Oct. 1915*

*W. L. C. James*  
for  
Commanding Depot, N. F. L. D. REGT.  
Newton-Cn-Ayr, N.B. 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 claims noted on the 3rd page.

(Place) *1/2 "Basarian"*  
(Date) *15.10.15*

*T. L. C. James* (Signature of Soldier.)  
*W. L. C. James* (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.

*T. L. C. James* (Signature of Soldier.)

10. Statement of service.

Service towards engagement to *DETAIN* (the date to which the record of service is completed) *1* years *-* days.  
Further service " " *OCT 15 15* (the date of confirmation of discharge) ... .. " *17* "  
Total ... *1* " *17* "

11. Confirmation of discharge.

The discharge of the above named man is hereby confirmed for *OCT 15 1915* (date)

(Place) *DEPOT, N.F.L.D. REGT.*  
\* *OCT 15 1915* \*  
(Date) *NEWTON-CN-AYR, SCOTLAND*

Signature *W. L. C. James*  
Commanding Depot, N. F. L. D. REGT.  
NEWTON-CN-AYR N.B.

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.

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 *Harold James* Surname *James*.....

3. Rank *Private*..... 4. Regt. No. *310*.....

5. Address in full to which future payments of gratuity are to be forwarded. *James J. James... Box 367... General Post office... St. John's*.....

6. Date of enlistment in the Regiment *Oct. 3rd 1914*.....

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

*None*.....

8. Relationship of such dependents..... *None*.....

9. Address in full of such dependent..... *None*.....

.....

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..... *1 year + 2 mths*.....

.....

.....

.....

.....

.....

.....

.....

.....

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.....

*\$1.85.00*

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.....

*Oct. 19.15*

(b) Reason for discharge.....

*Operation being unsuccessful.*

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 so, are you in receipt of full pay and allowances from that Committee.....

*Not applicable*

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: *G. J. James*  
 Place of Residence: *Mount Angelo*  
 Declared before me at: *Ohio*  
 This *28th* day of *May* 19*49*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>2-1-49</i>	<i>100.10</i>		<i>1.00</i>	<i>70.00</i>
			<i>Less P.D.P.</i>	<i>100.10</i>
				<i>30.10 P2</i>
	Certified Correct.			Paymaster.



## 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Thomas L. James, Regl. No. 370

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:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<i>Wife Mr William James</i>	<i>St Johns</i> <i>St Johns</i> <i>Nfld.</i>	<i>60</i>
Total Allotment, \$				

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. W. Searns*

Officer Commanding

*6* Company

(Sig.)

*Thomas L. James*

(Rank)

*Pt.*

OCT 1 1914 191

STATEMENT OF ACCOUNT

No. 370

Name James T. Co.

*Jan 22 + 1291*

Date	Particulars	Ch.No.	Dr.	Gr.		Bel.	
	Balance due by P.M. 22-13-3				12	95	12 95
	W. S. Security 17th @ 70¢				70	00	12 95
<i>Jan 21</i>	P. S. Pay. <del>advance</del>	7727	110 10	10			2.7 15
			110	10	82	95	27 15

*to Balance*

Signed *Albany Snow*



C.R. 370



PRIME MINISTER'S OFFICE,  
ST. JOHN'S, NEWFOUNDLAND

10 April, 1916.

Dear Mr. Clift,

This will be handed you by Mr. Thomas L. C. James. Mr. James at the outbreak of war <sup>was</sup> serving his time at the Reid Newfoundland Company as a Marine Engineer and was within three months of completing his service. The Company made his service good, and he is now holding a certificate as a third engineer, and a position was offered him on the "Glencoe".

He left here in October 1914 with the first draft of the Newfoundland Regiment, and went to Salisbury Plains. From there he went to Fort George, then to Edinburgh and afterwards to Stobs. In the latter place he entered hospital with a stone in his kidney, and later was discharged and invalided home. He was anxious to be invalided home as he thought he would not be able to recuperate in England.

He is now quite restored and wishes to enlist again. There is no mark against him. He would like to obtain a commission as Second Lieutenant, and would be prepared to go with the next contingent. I would be glad if you would take

up



PRIME MINISTER'S OFFICE,  
ST. JOHN'S, NEWFOUNDLAND

-2-

up his case with the proper authorities.

Yours faithfully,

J. A. Clift, Esq., K. C.,  
Chairman of the  
Reserve Force Committee.

Answer to  
Box 287 G.P.O.  
Meth. Col.

PENSIONS AND DISABILITIES BOARD  
OF  
NEWFOUNDLAND PATRIOTIC ASSOCIATION

HON. P. T. McGRATH, LL.D.  
(President Legislative Council  
Chairman  
HON. M. P. CASHIN,  
(Minister of Finance and Customs)  
HON. M. G. WINTER, M.L.C.  
MAJOR. G. T. CARTY, (1st. Nfld. Regt.)  
FLEET PAYMASTER G.W. WYLLYS, R.N.  
C. P. AYRE, ESQ.  
J. A. CLIFT, ESQ., K.C., M.H.A.  
H. E. COWAN, ESQ.  
R. F. HORWOOD, ESQ.  
K. A. TEMPLETON, ESQ.

All Communications should be addressed to the Secretary  
2ND. LIEUT. J. M. HOWLEY,  
Deputy Paymaster 1st. Nfld. Regt.  
St. John's.

*St. John's, Newfoundland,*

..... 29th January 1917

Mr. Thomas L. James,  
Mount Angelo,

Dear Sir:-

In order to establish the extent of your disability and to have your case considered by this Board, for final disposal, it will be necessary for you to appear before the Medical Board at St. John's, for examination, at the earliest opportunity.

I have therefore, to request that you report to me at the Regimental Pay Office, Colonial Building, immediately on receipt of this letter.

Yours truly,

*J. M. Howley*  
Secretary

C.R. 370

Thomas L. Janes was attested for General Service  
with the NEWFOUNDLAND REGIMENT on . ~~Sept~~ 5th, 1914...  
Regimental No. 370 was allotted to Pte Thomas L. Janes

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

C.R. 370

Extract from Seminal Roll Embarked St. John's per S.S.  
"Florizel" Oct. 4, 1914.

370 James Thos. L.

C.R. 370

Extract from Roll of Officers, N.C.Os. and Men Discharged  
from The Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
370	Pte.	Thos. L. James	Oct. 15th 1915.	Med. Unfit.

C.R. 370

Extract from Nominal Roll of Royal WFLd. Regt.  
Discharged in United Kingdom 15-10-15-

370 Pte. T.L. James.

Time Expired & M.U. (Ayr) Subsequently repatriated.

63

C.R. 570

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

#370 Pte. Thos. L. James, Oct. 15th 1915, Medically Unfit



James T. S.

370

Ray Dept



Army Form O. 1625.

PAY LIST.

to

191

Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **1st Newfoundland Regiment**

No. **370** Rank **Private** Name **JAMES, F.L.**  
~~Private~~ at on the of 191 .  
 Discharged **Newton Park School, Ayr.** on the 15th of October 1915 .  
~~Private~~

I Certify to the correctness of above in every particular.

J. Ledingham, Captain { *Commanding Squadron, Troop,  
E. Company* } *Battery or Company.*

**STATEMENT OF ACCOUNT.**

[FORM I.]

Date.	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month .....					Balance Cr. last month .....	12	15	1½
	Cash issues (Date of each issue to be stated)					Pay 14 days at \$1.00 from 2nd to 15th \$14.00			
						Proficiency, Service or good conduct pay			
						days at from to			
Oct. 15		191	5	14 4 1½		<del>FIELD</del> <del>allowance</del> 14 days at 10 cts			
						from 2nd to 15th .. \$1.40 .....			
						\$15.40 .....	3	3	3
	Allotment 14 days @ 60 cts.					Clothing and kit allowance .....			
	Consolidated stoppage \$8.40	1	14	6		Amount produced by the sale of Necessaries			
						Personal Clothing and Effects from Form 2...			
						Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
						<b>Exchange Balance</b> .....		16	6
						Deferred <del>xxxxxxx</del> .....			
	Balance due by the Paymaster		16	3		Balance due to the Paymaster.....			
		£	16	14 10½			£	16	14 10½

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 16 14 10½ is correctly chargeable against the Public<sup>(a)</sup>.

Dated at London  
 this 9th day of November 1915. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

15th. December

5

Mr William James,  
Mt. Angelo.  
St. Johns West.

Sir,-

I enclose cheque for \$9.00, being final payment  
under the allotment made by your son No. 370 T.L. James.

Yours very truly,



Deputy Paymaster.

J.M.H/S.M.W.

Enclosure.



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1914

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 *James Thomas Lincoln 285.*  
aged *20.* conducted at *E. R. B. Army*  
Date: *29/8/14* Recruiting Officer:

NO. OF TEST

FINDING

- 1 *No*
- 2 *No*
- 3 *No*
- 4 *No*
- 5 *No*
- 6 *No*
- 7 *yes*
- 8 *yes*
- 9 *No*
- 10 *Perfect*
- 11 *n.*
- 12 *n.*
- 13 *No*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *foot test n*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*
- 33 *yes. 5 yrs ago.*
- 34 *5' 6"*
- 35 *116 lbs.*
- 36 *31-34*
- 37 *1200 a year*
- 38 *Father: William James. Mr. Angelo, St. John West.*
- 39 *Nobody*

*General appearance*  
*O.K.*  
*J.M.*

*File- 370*

Signature of Medical Examiner: *Clay Macpherson M.D.*

PAY LIST.

to 15th October 1915 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1st Newfoundland  
 No. 370 Rank Private Name T. J. James  
 Died (a) at on the 15th of October 1915  
 Discharged at on the 15th of October 1915  
 Deserted at on the 15th of October 1915

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.		Cr.	£	s.	d.	
	Balance Dr. last month.....					Balance Cr. last month 15 October 15..	16	3		
	Cash issues (Date of each issue to be stated)					Pay days at from to 1-15th Allotment overcharged 1-15th Oct. 15 days @ 30 = 70.00 Proficiency, Service or good conduct pay	1	17	0	
	191					days at from to				
	"					Messing allowance days at				
	"					from to .....				
	Consolidated stoppage .....					Clothing and kit allowance .....				
						Amount produced by the sale of Necessaries				
						Personal Clothing and Effects from Form 2...				
						Amount of Savings, Bank balance, including interest (if no balance, to be so stated)				
						Deferred Pay or Gratuity.....				
	Balance due by the Paymaster	2	13	3		Balance due to the Paymaster.....				
		£	2	13	3		£	2	13	3

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 2 13 3 is correctly chargeable against the Public Contingent.

Dated at this day of 31 AUG 1915



J. H. Marshall 274  
 PAYMASTER & OFFICER IN CHARGE RECORDS  
 Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F. 2090 or Army Form O. 1815.  
 (b) Words in italics to be struck out when there is no debtor balance.



PAY LIST.

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *1<sup>st</sup> Newfoundlands Regt*  
 No. *370* Rank *Private* Name *James S. L*

—Died <sup>in</sup> at on the of 191 .  
 —Deserted <sup>discharged</sup> at *Newton Park school* on the *15<sup>th</sup>* of *October* 191 *5<sup>th</sup>*

I Certify to the correctness of above in every particular.

*James J. Law Capt* Commanding Squadron, Troop,  
*E. Company* Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	12	15	1/2
	Cash issues (Date of each issue to be stated)				Pay 14 days <i>\$1.00</i> from <i>2<sup>nd</sup></i> to <i>16<sup>th</sup></i> <i>\$14.00</i>			
		£	s.	d.	Proficiency, Service or good conduct pay			
	<i>Oct 15<sup>th</sup></i> 191 <i>5<sup>th</sup></i>	14	4	1/2	days at from to			
	"				<i>FIELD</i>			
	"				Messing allowance 14 days at <i>10<sup>th</sup></i>			
					from <i>2<sup>nd</sup></i> to <i>15<sup>th</sup></i> <i>\$1.40</i>			
		14	4	1/2	<i>\$15.40</i>	3	3	3
					Clothing and kit allowance.....			
	<i>allotment</i>				Amount produced by the sale of Necessaries			
	<i>14 days @ 6<sup>th</sup></i>				Personal Clothing and Effects from Form 2...			
	Consolidated stoppage <i>\$P. 4.0</i> .....	1	14	6	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity <i>Cash Bal</i> .....	16	6	-
	Balance due by the Paymaster	16	3		Balance due to the Paymaster.....			
		£16	14	10 1/2		£16	14	10 1/2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 16 14 10 1/2 is correctly chargeable against the Public<sup>(a)</sup>.

Dated at *London*  
 this *2<sup>nd</sup>* day of *November* 191 *5<sup>th</sup>*. Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

34

PAY LIST.

to 15<sup>th</sup> October 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1<sup>st</sup> Newfoundland*  
 No. *370* Rank *Private* Name *J. J. James*  
 Died (a) *Discharged* at \_\_\_\_\_ on the *15<sup>th</sup>* of *October* 191*5*  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191*5*.

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____ <i>Attachment discharged 15 Oct.</i> Proficiency, Service or good conduct pay <i>15 days @ 1/6 per day</i>			
	191				days at _____ from _____ to _____			
	"				Messing allowance days at _____			
	"				from _____ to _____			
	Consolidated stoppage .....				Clothing and kit allowance .....			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster	<i>2</i>	<i>13</i>	<i>3</i>	Balance due to the Paymaster.....			
		£	<i>2</i>	<i>13</i>		£	<i>2</i>	<i>13</i>
			<i>3</i>	<i>3</i>			<i>3</i>	<i>3</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public.

Dated at \_\_\_\_\_ day of \_\_\_\_\_ 1915



PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Form 2090 or Army Form O. 1813.  
 (b) Words in Italics to be struck out when there is no debtor balance.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 87<sup>15</sup>/<sub>100</sub>

Jan 2 1915

Received from the First Newfoundland Regiment  
the sum of Eighty Seven <sup>15</sup>/<sub>100</sub> Dollars.  
on account of Pay. *B. D. P.*  
balance

*G. L. James*

Regtl. No. .... Rank .....

Ck. No. 2727	Initials. <i>[Signature]</i>
Pay Ledger 129	Initials. <i>[Signature]</i>
Gen. Ledger .....	Initials .....

*Frank [Signature]*



No. 370

Rank

06

Name

Jane T

## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

*Corn Alexander  
Carr*

Printed and Sold by Gale &amp; Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>Jones. T.D.</i>	Age on	<i>19</i> years    months	<i>Engineer</i>	
370		Date of Enlistment	<i>5/9/14</i>	Religion	
Joined	Date	Period of {	with Colours / <i>40</i> years. <i>36.5</i> years.	<i>Met.</i>	
Joined	Date				
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Discharged at Newton-on-Ayr, Scotland, 15/10/15.</i>					

To be carried over

COPY.

Army Form B. 178a.

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

Surname James OF Christian Name Thomas Lincoln

Table I. - GENERAL TABLE.

Birthplace: - Parish	SPECIAL RESERVE.		REGULAR ARMY.	
	County			
Examined .. .. .	on	day of 191	on	day of 191
Declared age .. .. .	at		at	
Trade or occupation .. .. .				
Height .. .. .				
Weight .. .. .				
Chest Measure. { Girth when fully expanded ..				
	Range of expansion ..			
Physical development .. .. .				
Vaccination marks { Arm .. .. .	Right	Left	Right	Left
	Number .. .. .			
When vaccinated .. .. .				
Vision .. .. .	R.E. - V. =		R.E. - V. =	
	L.E. - V. =		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)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted .. .. .	at		at	
	on	day of 191	on	day of 191
Joined on enlistment .. .. .	Corps	Regtl. No.	Corps	Regtl. No.
Transferred to .. .. .				
Became non-effective by .. .. .				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

Ottawa 4 Ont.  
Sept 30, 1969  
Date .....

TO: Copy for HO file

A:

Attention of:  
Compétence de:

CPC No. 261052  
CCP N° .....

NAME Service No. ROYAL Nfld REGT  
NOM JAMES Thomas L. Matricule N° 370 WW1  
WVA No.  
AAC N° .....

Information received from: PME CPC St John's Nfld Date Sept 25, 1969  
Information reçue de: .....

Date of Death  
Date du Décès ..... Sept 19, 1969 .....

Cause .....

Place Veterans Pavilion  
Endroit .....

Name and address of next-of-kin (if known)  
Nom et adresse du plus proche parent connu .....

Distribution: WSR - VI - ~~BS~~ - HO  
DASG - ASS - BD - BC

Pour le chef,  
*E. C. Richards*  
for Chief, Central Registry Division.  
Dépôt central des dossiers.