



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6327 Name Joseph Jeddore Corps RC

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Joseph Jeddore
2. What is your full Address? 2. Corner Five Fortuna
3. Are you a British Subject? 3. no
4. What is your age? 4. 24 Years Months
5. What is your Trade or Calling? 5. umberman
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, Joseph Jeddore 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.

Joseph Jeddore SIGNATURE OF RECRUIT.

J. Jeddore Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Jeddore 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 15th day of Oct 1915.

Signature of Attesting Officer [Signature]

†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 compiled with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date OCT 16 1915... 1915 [Signature] Approving Officer.

Place ST. JOHN'S..... [Signature] } Approving Officer.
The Royal Newfoundland Regiment.

† 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: RC

* 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).....



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6327 Name Joseph Jeddore Corps R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Joseph Jeddore
- 2. What is your full Address? 2. Conn. Prince
Portline.
- 3. Are you a British Subject? 3. yes
- 4. What is your age? 4. 34 Years Months
- 5. What is your Trade or Calling? 5. Turnberman
- 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, Joseph Jeddore 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.

15/10/18 Joseph Jeddore SIGNATURE OF RECRUIT.
J. Jeddore Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Jeddore 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 15th day of Oct 1918

Signature of Attesting Officer A. B. Dickson

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 Oct. 16. 1918 191
Place ST. JOHN'S } Approving Officer.
Robertson Capt.
Commanding Officer
The Royal Newfoundland Regiment.

† 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. John's, Nfld.

* 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:
vis:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

6327

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Joseph Jeddore
 Apparent age 24 years 36 months Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Loak Jeddore
Corn River N.B. 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 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 _____									
<u>Discharged Jan 20 1879</u>									

Total Service forfeited as above.....

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

Pensions

C.R. 6327

Extract from Daily Orders part 11, dated Nov. 29th,
report St. John's.

#6327 Pte. J. Jeddore.

TRANSFERRED FROM MID. HOSPITAL TO ASCARONI 27-11-18.

BC.

C. 6327
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address St. John's Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 11, 1918.
To Mr. Noah Jedore,
Conn River, F.B.

beg to inform you that your son #6327 Pte. J. Jedore, is now slightly improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.K. 6327
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

St. John's Dept. of Militia.

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Cheek
-------------	-----	----	------	----	-------

Dated Nov. 9th, 1918.
To Mr. Noah Jedors,
 Conn River, F.B.

Regret to inform you that your son ~~Mr.~~#6327 Pte. J. Jedors,
 Was admitted to Military Hospital Yesterday Nov. 8th, suffering
 from Debility.

J.R. Bennett,
 Minister of Militia.

FOR TYPEWRITER

C.R. 6327

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

HOSPITAL.

#6327 Pte. J. Jedore.

Transferred to M.I.D. Hospital 8/11/18

BC.

C.R. 6327

Extract from Orders part 11, UNIT: The Royal Newfoundland Regt.,
dated Dec. 7th. ~~1918~~ 1918.

HOSPITAL.

6327 Pte. J. Jeddere.

Discharged from Escaseni 5/11/18.

C.R. 6327

Extract of Daily Orders Part II, dated Dec. 27th 1918.

DEMOBILIZATION.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot from noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

6327 Pte. Jas. Jeddore

Discharged 27-12-18

C.R. 6327

Extract from PRELIMINARY REPORT from the DIRECTOR MEDICAL SERVICES to O.C. Depot, dated Dec. 7th. 1918.

At a Medical Board held on FRIDAY AFTERNOON December 6th., the following was a finding:-

6327 Pte. J. Jaddore

Recommended Discharge as Permanently Unfit.

C.R. 6327
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 25th, 1918.
To Mr. Noah Jeddore,
Gann River, F.B.

beg to inform you that your son No. 6327 Pte. J. Jeddore, is now convalescent.

J.R. Bennett
Minister of Militia.

FOR TYPEWRITER

CR 6327
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED) St. John's Dept. of Militia.
Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 13th, 1918.

To Mr. Noah Jedore,

Conn River. F.B.

beg to ~~infr~~ inform you that your son #6327 Pte. J. Jedore, is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C. 11 6327
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 18, 1918.

To Mr. Noah Jeddore,
Conn River, F.B.

beg to inform you that your son #6327, Pte. J. Jeddore, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 6327

Extract from Daily Orders part II, Depot. St. John's
November 2nd., 1918.

Admitted Barracks Hospital I/II/18.

#6327 Pte J. Jeddore.

C.R. 6327

Extract from Daily Orders para II, Depot St. John's dated 25/1/19.

The discharge of the undersated in constabulation have been
confirmed by Officer I/O Records.

#6327 Pte. Jos. Meddore.

2-1-19.

C.R. 6327

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated October 17th 1918.

Strength Increases.

6327 Pte. Joseph Jeddore.

Attested for General Service with the Royal Newfoundland
Regt, from 15/10/18.

Jeddore Joseph

6327

Ray Joseph

January 21st., 1919

#6327 Pte. Joseph Jeddore,

Con n River,

Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 624."

Yours faithfully,

Captain,
Paymaster & O. i/c Records

Enc'l 1.



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, nfld.*
Date *Dec. 5/18.*

1. Unit *Royal Newfoundland*
2. Regimental No. *6327*
3. Rank *Pte*
4. Name *Jedors, Joseph.*
5. Age last birthday *24 yrs.*
6. Enlisted on *Oct. 15, 1918*
7. Former trade or occupation *Lumberman*

8. Disability

Plumroy.

9. History

*Admitted M.I.D.P. 8/11/18 discharged to
Essexon 26/11/18. discharged from there 5/12/18*

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 fair.
Shortness of breath on
exertion. No cough. T. normal.
Breath sounds clear but slight dullness at
Base Rt. lung. Mid-axillary line.

11. Was sanatorium advised and refused? No
operation

12. Do you recommend discharge as yes
permanently unfit?

Signature Archibald
for M.O. Report
Rank or Qualification

Remarks if any by Officer in 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. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? *less than 20%*
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
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,
Jensen Tuberculosis Camp.

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

Remarks if any:—

.....
Signatures *[Signature]* President
[Signature]
[Signature]

Place *[Signature]*

Date *[Signature]*

APPROVED

Station

Date



[Signature]
Administrative Medical Officer

COPY

C. R. C. Form B.
25-10-18-5000

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 work as Lumberman
.....
.....

.....
Joseph Jeddore
.....

Signature of Man.

Reg. No. 6327

(sgnd) C. B. Dicks, Capt.

Signature of the Vocational Officer or his Representative.

Place St John's, Nfld.

Date 20-12-18

191

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6327 Rank Pte. Name Jos. Jeddore
 Intended place of residence Conn River, Fortune

2. Occupation Lumberman
 Classification of soldier B. Medical Category F.

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

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

Place (sgnd) C. D. Duley, Capt.
 Comanding Discharge Depot
 Date Dec. 21, 1918 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 (sgnd) Joseph Jeddore
 Signature of soldier
Dec. 21, 1918 " C. B. Dicks, Capt.
 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 (sgnd) Joseph Jeddore
 Signature of soldier
St. John's " J. Daymond, Sht
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15-10-18 No of days on Military
 Discharged from service 24-12-18 plus 28 days Service 99

APPROVAL OF DISCHARGE

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

Place St. John's (sgnd) R. H. Tait, Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date 24 Dec., 1917

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place Officer i/c Records
 The Royal Newfoundland Regiment
 Date

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

MEDICAL HISTORY

Surname

Jeddore

OF

Christian Name

Joseph

Table I.—GENERAL TABLE

Birthplace:—Parish

bona hives B. County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>15th</i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>24</i> years		years	days
Trade or Occupation	<i>Lumberman</i>			
Height	<i>5</i> feet <i>6 1/2</i> inches		feet	inches
Weight	<i>132</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>4 1/2</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= <i>1/6</i>		R.E.—V=	
	L.E.—V= <i>1/6</i>		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)	<i>Lamm Peter</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St. John's</i>	at		
	on <i>15th</i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps <i>Royal Regt</i>	Regtl. No. <i>6327</i>	Corps	Regtl. No.
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

Table III - Board of Inquiry, Vaccination, Incubation, Foreign Service, Extension, Re-examination of Probation of Service; Table of 317

the cause, nature or treatment of the case likely to be of interest or of future use. In case of re-admissions to hospitals will be shown. The subsequent progress, including particulars of out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Lammot Peterson

Lammot Peterson

TABLE IV - SYRINGES



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, N.F.L.D.**.....

Date **DECEMBER 5th 1918.**

- | | | |
|-----------------------------------|-------------------------------|------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday | 24 years |
| 2. Regimental No. 6327 | 6. Enlisted on | OCT. 15th 1918. |
| 3. Rank PTE | at | ST. JOHN'S |
| 4. Name JEDDORE, JOSEPH | 7. Former trade or occupation | LUMBERMAN |

8. Disability

PLEURISY

9. History **Admitted M.I.D. Hp. 8/11/18.
Discharged to Escasoni 26/11/18.
Discharged from there 5/12/18.**

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 fair.
Shortness of breath on exertion.
No cough. T. Normal.
Breath sounds clear, but slight
dulness at base right lung,
mid-axillary line.**

Medical Department

Medical Report on M. O. Depot

11. Was sanatorium advised and refused?
operation

NO

12. Do you recommend discharge as permanently unfit?

YES

Signature (SGD) ARCH. TAIT.....
for M.O. Depot.

Rank or Qualification

Remarks if any by Officer in 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. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

Remarks if any:—

Less than 20%

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
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,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army **PERMANENTLY UNFIT**

Remarks if any:—

N. S. FRASER

President

Signatures **J. S. TAIT**

L. PATERSON, Major.

Place **ST. JOHN'S, Nfld.**

Date **DECEMBER 6th 1918.**

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON, Major.

Administrative Medical Officer



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Jeddore, Regl. No. 6327
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins Nov. 1 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7557	Uncl.	John D. Jeddore	Coun River, Bay de Spier	50
Total Allotment, \$				50

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.) John D. Jeddore
 Officer Commanding
5. Company

(Sig.) Joseph Jeddore
 (Rank) Pte.

H. Johns

To be Noted

Part II Orders
Card Index
Muster Roll



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date Oct 24th 1918

Regimental No. 6527

Name Jessie Joseph

Address Corner Lower Bay St. St. John's

Disease or Disability Affect Lungs
Constitution weak

Finding of last Standing Medical Board,

held on _____ 19 _____

Present Condition not due to military service

Recommendation Discharge

Category _____

Members
of
Board

R.H. Lait Capt.

O. C. Depot

Watson

D. D. M. S.

Bohling Capt.
Conroy

M. O. Depot

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Idyllin on Oct 15 1918

1. Name Joseph Feadure Age (a) Declared 24
 (b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

eyes Brown
comp Dark
marks

6327

3. Height 5-6 1/2 Weight 152

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~

Measurement (a) Expiration 3 1/2 (b) Inspiration 3 6

7. Examination of Heart ~

8. Examination of Urine ~

9. Examination of Mouth—(Defective Speech)

Teeth
 Throat
 Nose
 Ears—(Otorrhea)
 (Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father Noel Conn River
Bay D'Espoir Bay the year
J. Bay

12. Category

REMARKS—

A II

H. Brown
G. W. Gordon
 Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6327 Joseph Peddore</u>	Age on <u>24</u> years <u> </u> months	Lumberman	
Joined	Date	Place and Date of Enlistment	Religion	
Joined	Date	<u>[Signature]</u> <u>15/1/1915</u>	<u>R.C.</u>	
Joined	Date	Period of) with Colours <u>99</u> years.) with Reserve <u>365</u> years.	Place of Birth	
Joined	Date		<u>Com River N.B.</u>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 21/19</u>					

To be carried over.

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 work as Lumberman.

Joseph Jedelore

Signature of Man.

Proctor - Cof

Reg. No. *6327.*

Signature of the Vocational Officer or his Representative.

Place

St John's N.Y.C.D.

Date

2 of 18

191

9
/

11 Corps

Demobilization Form 1

400A

The Royal Newfoundland Regiment

Class for Demobilization:—
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 5 Dec 1918

Regimental No. 6327

Name Jeddoe Joseph

Address Conroy River

Present Medical Category A# E

Recommended for:— (a) ~~Immediate discharge~~
(b) Standing Medical Board Standing med. Bd.

Proceeding of Mrs in file

Members of Board } R.H. Lint Capt.
O.C. Discharge Depot.
J. Paterson
Senior Medical Officer
Geo. Burden
M. O. Depot



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 *Jeddore, Joseph*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6327*
 Intended address *Low River*
 Height on discharge *5* Feet *7"*
 Color of hair on discharge *Black*
 Complexion *Pallow*
 Color of eyes *Brown*
 Descriptive Marks
 Figure on discharge *Medium*
 Christian name of Father *Noel*
 Christian name of Mother *Sinah*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Low River, Aug. 17, 1894*
 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)

Joseph Jeddore

(Rank), *private*

Station *St John's*

Date

Dec 3, 18

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.

Archibald

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

Station

St John's nfld

Date

Dec 5, 18

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6327 Rank Pl Name Joseph Jeddore
 Intended place of residence Coast Guard Station, St. John's
 2. Occupation Lumberman
 Classification of soldier B Medical Category F

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

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

Place DEC 21 1918
 Date DEC 21 1918
Arthur C. Bell
 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
Dec 21st 1918
Joseph Jeddore
 Signature of soldier
W. B. Deeks Capt
 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 Dec 25th 1918
St. John's
Joseph Jeddore
 Signature of soldier
W. B. Deeks Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 15. 10. 18 No of days on Military
 Discharged from service 24. 12. 18 plus 23 days Service 99 days!

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
W. B. Deeks Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date DEC 24 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld.
 Date January 21, 1919
W. B. Deeks Capt
 Officer in Charge
 The Royal Newfoundland Regiment

as B 20 79/64

The Royal Newfoundland Regiment

DEMOBILIZATION OF

400 210
 Reg. No. 6327 Rank Pte Name Jeddore Joseph
 Date of Enlistment 15-10-18 Address Cam. Ruin District St. John's
 Occupation Woodsman Classification for Discharge B Medical Category C
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2	1	1234567	" 6	
B 179c	B 120	M 93	1			

Date 9-12-18

W. J. Capri
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 \$ 6.00

(b) Clothing Supplied Joseph J. Jeddore

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K405* to his home
at *John R. River* and Release Certificate No. *557* issued.

Date

*20-12-18**C. B. Dicks Capt*
Demobilization Officer

Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to *21-1-19*

Date

*21-12-18**W. S. C. Capt*
Depot Paymaster.

Discharge approved for

24.12.18

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

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1.	1	<i>Form B</i>
E 178	W 3494	B 122	2	Board 1st.	" 2.	2	
B 178a	D 400A	B 1915		do 2nd.	" 3.		
B 179	D 400B	Form L	1	do 3rd.	" 4.		
B 179a	D 400C	Form K		do 4th.	" 5.		
B 179b	B 103	ME 2	1		" 6.		
B 179c	B 120	M 98					

Date

*23 12 18**C. B. Dicks Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Date

*DEC 24 1918**R. H. Latimer*
O. C. Discharge Depot.

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

Date

Dec 28/1918

The Royal Newfoundland Regiment

10 spot
6327

DEMOBILIZATION OF

Reg. No. *6327* Rank *Pte* Name *Jeddore Joseph*
 Date of Enlistment *15-10-18* Address *Long River* District *St. George's*
 Occupation *Lumberman* Classification for Discharge *B* Medical Category *C*
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2		<i>22 Nov 18</i> 1	" 6	
B 179c	B 120	M 93	1			

Date *19-12-18* _____
W. H. Capl
 O. C. Discharge Depot.
To

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Joseph J Jeddore

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 *Joseph J Jeddore* _____

Date *20-12-18* _____ O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R405 to his home at Conon River and Release Certificate No. 557 issued.

Date 20-12-18C. B. Dicks Capt
Demobilization Officer

4. Settlement of Accounts.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 21-1-19

Date 21-12-18W. H. C. Capt
Depot Paymaster.Discharge approved for 24.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1	<u>20.12.18</u>
F 178	W 3494	B 122	2	Board 1st	" 2	2	<u>Y.B.1</u>
B 178a	D 400A	B 1915	1	do 2nd	" 3		
B 179	D 400B	Form L	1	do 3rd	" 4		
B 179a	D 400C	Form K	1	do 4th	" 5		
B 179b	B 103	ME 2	1		" 6		
B 179c	B 120	M 93					

Date 23-12-18C. B. Dicks Capt
Demobilization Officer.APPROVED. W.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 24 1918R. H. L. Capt
O. C. Discharge Depot.

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

Date Dec. 28/1918W. H. C. Capt
W. H. C.

DEC 24 1918

DISCHARGE APPROVED ON DEMOBILISATION.



The Great War Veterans' Association of Newfoundland

(INCORPORATED)

DOMINION COMMAND

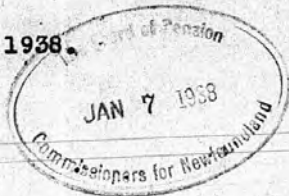


TELEPHONE 609
CABLE "WARVETS"

IN REPLY REFER
TO WRM-MB

ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

Jan. 6th. 1938.



J.A. McGrath, Esq., M.C.,
C/O Dept. of War Pensions,
Duckworth St.,
City.

Dear Sir:-

I am enclosing a letter from Joseph James Jeddore,
Cape Breton, Nova Scotia, in which he asks for duplicate
copies of his discharge.

I shall be grateful if you will give this request
your usual kind and prompt attention.

Yours faithfully,

W.R. Martin
W.R. MARTIN,
DOMINION SECRETARY.

6327

Enc. 1 .

January
1938

SUN. MON. TUE. WED. THU. FRI. SAT.

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

The Board of Pension

JAN 8 1938

Commissioners for Newfoundland

This is to certify that Joseph
Feddore Regiments No 6377
served with the Royal
Newfoundland Regiment.
Date of enlistment 15 Oct 1918
Date of discharge 31 Jan 1919.

J. Mulcahy
Clerk War Pension.

January 8th., 1938.

THIS IS TO CERTIFY that Joseph Jeddore,
Regimental No. 6327 served with the Royal
Newfoundland Regiment. Date of enlistment,
October 15th., 1918; date of discharge
January 21st., 1919.

J. A. McGrath,
Clerk, War Pensions.

JAM/SM