



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5398 Name William Jewer, Corps Meth.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. William Jewer.
- 2. What is your full Address? 2. Salt Pond
N. S. B.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 23 Years Months
- 5. What is your Trade or Calling? 5. Fisherman
- 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, William Jewer, 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.

William Jewer SIGNATURE OF RECRUIT.
Pte. R. P. Jewer Signature of Witness.

William Jewer
 I, William Jewer 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 24 day of May 1918

Signature of Attesting Officer C. Dicks, Rent

† CERTIFICATE OF APPROVING OFFICER.

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

Date 191.....
 Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

5398

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

Name William Jewer
 Apparent age 23 years 3 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thos. Jewer
Salt Pond, N. D. 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
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STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
				Service towards limited engagement reckons from <u>24-5-18</u>					
				Joined at <u>M. St. Denis</u> on <u>May 25-1918</u>					
				<u>Discharged July 18. 1919</u>					
				<u>Embarked M. St. Denis S.S. Columbia to Halifax N.S. 22-7-18</u>					
				<u>Embarked for S.S. 23-11-18. Disembarked France 25-11-18.</u>					
				<u>Joined B. Co. 5-1-19. Transport from France 22-7-19. Arrived Winchester 28-7-19</u>					
				<u>Left for demobilization 22-12-19. Arrived Hfls. 1-6-1919</u>					
				<u>Demobilization M. St. Denis 18-7-1919</u>					
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-1919 [date of discharge] 1 years 56 days
 Pensions [" "] " " " "

C.R. 5'398

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 8th, 1919.

The discharge of the underneted on demobilization has been
APPROVED by O.C. Discharge Depot, with effect from 4-7-19.

5398 Pte. W. Jewer.

C.R. 5398

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer I/C Records from 18-7-19.

5398 Pte. Wm. Jewer.

C.R. 5398

Extract from Daily Orders Part 11 Depot. St. John's,

Date June 18th 1919.

5398, Pte. W. Jewer.

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

C.R. 5398

Extract from Nominal Roll of draft No. 60 of the 2nd.,
Battalion of the Newfoundland Regiment to the 1st.,
Battalion of the Regiment R. A. F. , Embarked Southampton
23/11/18.

#5398 Pte. W. Jewer.

C.R. 5398

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

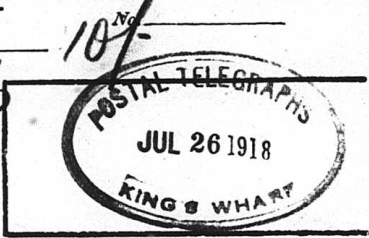


Line No. 89 Sent by ms Rec'd by _____ Check _____

Place from Chgslands 26

To J. J. O'Grady

Army Hdqtrs.



*It no 5398 Ple Louis
Brinson any better
reply immediately.*

George Brinson

*This man
is seriously
ill at present*

*646
26
772*

*Just about
same
at.*

C.R. 5398

Extract from Daily Orders part 13, from Unit The Royal Field.
Regt. St. John's, dated May 27th, 1918.

#5398 Pte. W. Jewer

Attested for General Service with the Royal Field. Regt.
from ~~21.5.18~~

C.R. 5398

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

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

#5398 Pte. William Jewer.



C.R. 5398

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

July 27th, 1918 191


From Asst. Adjutant,
Depot

To Capt. G. Byrne, M.C.,
Military Secretary, Dept. Militia



Herewith two telegrams from Mr. Geo. Brinson and Mrs. Wm. Mercer, asking for information about their sons now in the General Hospital.

Please note 5398 Pte. Lewis Brinson was reported this morning as Dangerously Ill and 5435 Pte. Jasper Mercer was reported this afternoon as Very Dangerously Ill.


Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

C.R. 5398

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

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

#5398 Pte. W. Jewer.

W. Jewers

5398

P. & R. P

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5398* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Jewer* *William* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *24*
6. Posted for duty on *May 22/18* at *St. Johns*
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

Approved
Capt R.A.M.C.

Station *Hayley D. Camp.*

Date *29-4/19*

Medical Officer in charge of case.

* 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

No. 5398

Name Jewer, W

Sqn., B or Com

Corps R. Newfoundland

Date of enlistment 24/1/18

G.C. Bad

Service Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

Signature O.C. Company, etc.

Character

Army Form B. 122

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
Rouen	16-2-19	Pte		Deficient of Vest	P. G. M. S. Huddell	Pay for same	20-3-19	Magistrate	Value 5/10
Rouen	15-4-19	Pte		Deficiency of kit value 1/4	Cpls Huddell	Pay for same	15-4-19	Magistrate	Value 1/3

Jewer, D^r

5398

Ray Sept.

July 19, 1919

#5398 Pte. William Jewer,

Salt Pond,

Twillingate.

Dear Sir:-

Please find enclosed Discharge Certificate #5088.

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

Class for Demobilization: 76/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 20.6.19

Regimental No 5398

Name Jewer William Rank Plt

Address Salt Pond Lewisporte

Present Medical Category A1

Recommended for: Immediate discharge
 (b) Standard Medical Board

Members of Board

RH East Major
O.C. Discharge Depot.

H. Paterson
Senior Medical Officer

S. W. Burden
M. O. Depot

COPY

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 30-6-19

Regimental No 5398

Name Jewer, William

Rank Pte

Address Salt Pond, Lewisporte

Present Medical Category A1

Recommended for:—
(a) Immediate discharge
(b) Standard Medical Board
R. J. Paterson

Members of Board
(sgnd) L. Paterson
Senior Medical Officer
" F. W. Burden
M. O. Depot

Military Service: 421 days

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5398 Rank Plt Name Jewel W
 Date of Enlistment 24-5-18 Address Halfway District 29th
 Occupation Fisherman Classification for Discharge 15 Medical Category A.1.
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 30-6-19

W. Jewel
 P. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. Jewel
 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

(b) Clothing Supplied _____

Date 2-7-14

O j.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ¹²¹²⁸₈₁₅ to his home at Callpound and Release Certificate No. 3101 issued.

Date 2-7-19

J.A. Knowlton
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 18-7-19

Date 2-7-19

H. M. Mous
Depot Paymaster.

Discharged approved for 4-7-19

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

N.F. P/36	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
B179c	B 120	M 93		

2 Form B

Date 2-7-19

J.A. Knowlton
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUL 4 1919

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

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

W. Juver

Signature of Man.

Reg. No. 5398

J. A. Snow

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date JUL - 2 1919 191

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

MEDICAL HISTORY

Surname Jewer

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Salt Pond Lewis and Clark county Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	21 st day of May 1918	St. John's.		
Declared Age	23 years			
Trade or Occupation	Fisherman			
Height	5 feet 6 inches			
Weight	125 lbs.			
Chest Measure-ment	37 inches			
(Girth when fully expanded...)	4 inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V = 6/9		R.E.—V =	
	L.E.—V = 6/9		L.E.—V =	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>William Peterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St. John's			
	on 24 th day of May 1918			
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal Nfld. Regiment.</u>	<u>398</u>		
Transferred to				
Became non-effective by				
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... Royal Newfoundland } Former Trade or Occupation } Tradesman
2. Regtl. No. 8398 3. Rank... pl. 7a. If the soldier claims previous service in Army, he should state—
4. Name Jesse William (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... 24
6. Posted for duty on May 22/18 at St. John's in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil
nil

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

na

na

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

na

na

na

na

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. B. Procinio Capt RMC
Medical Officer in charge of case.

Station *Hazley, B.M.*

Date *29/4/49*

* 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

July 24, 1919

#5398 Pte. William Jewer,
Salt Pond,
Lewisporte.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

DEPARTMENT OF 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 *William* 2. Surname *Jewer*

3. Rank *Private* 4. Regt. No. *5398*

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

South Bell Pond Lewis Port N.D.B.

6. Date of enlistment in the Regiment *May 24th 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*

8. Relationship of such dependents *Mother*

9. Address in full of such dependents *Emma Jewer*

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 Hfld, if so, give dates and particulars of such service *in France*

Quebec from Nov-23rd 1918 until April 2nd 1919

12. Give total length of time which you served on active service, whether in Hfld. or Overseas *nine months overseas*

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

..... *see only*

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?

..... *no*

19. Are you now serving in the Regt.?

..... *no* If not give? - (a) Date of discharge *July 2nd*

..... (b) Reason for discharge *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.

..... *Did not serve in actual theatre of War*

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:

William Juver

Place of Residence:

Salt Pond Seawater N.S. 13

Declared before me at: *Alph*

This *2nd*

day of

July

191*9*.....

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

Wm James Esq

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

ST. JOHN'S, JUL 2-1919

Royal Newfoundland Regiment.

Billeting Account,

To Pk H Jewer

W Jewer

Billeting Soldiers as undermentioned

from June 1 / 19¹⁰ to June 25 / 19

5398 Pk H. Jewer 28.80

B. C. S.

ACCOUNT NO.	2078	INITIALS	<i>HJ</i>
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
CEN. LEDGER	28.80	INITIALS	

Certified correct for \$ 28.80

J. H. Snow
Billeting Officer.

C. H. S.

The Royal Newfoundland Regiment

5390

DEMOBILIZATION OF

Reg. No. 5398 Rank Plt Name Jewell W.
 Date of Enlistment 24-5-18 Address St. John's District 29th
 Occupation Fisherman Classification for Discharge F Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	1 D 400A	1 B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	1 D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 30-6-19

R. O. C. Discharge Depot.
[Signature]

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 _____

(b) Clothing Supplied _____

Date 2-7-14

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ¹¹²¹²⁸ ₃₈₁₅ to his home at Ball Ground and Release Certificate No. 3101 issued.

Date 2-7-19

J. A. Snow
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 2-7-19

Date 2-7-19

J. A. Snow
Depot Paymaster.

Discharge approved for 4-7-19

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

N. F. P/36	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
B170c	B 120	M 93		

2 Form B

Date 2-7-19

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

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUL 4 1919

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

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

Date July 11 1919

J. A. Snow
Depot Paymaster.

Reg. No. *5398* Rank *PLC* Name *Jewer Wm*
Attested Address *Salt Pond*
Allotment Allottee
Date of Allotment Returned from Overseas *29.5.19*
Returned on S.S. *Corsican* Cause *Discharge*

2719
4719

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

Receipt for Army Book 64

No. *5398* Name *W. Jewer*

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

Date *Sep. 24 / 20*
Place *Salt Pond N.D.B.*

Name *W. Jewer*

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

570/2
W



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 *Jewer, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5398.*

Intended address *Salt Pond Lewisporte Antigua*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light Brown*

Complexion *Ruddy*

Color of eyes *Light Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Thomas*

Christian name of Mother *Emma*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Lewisporte 14-2-1895*

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) *William Jewer* *[Signature]*
(Rank)

Station _____ Date *30-6-19*

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.

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

Station _____ Date _____

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5398 Rank Pte. Name Jewer, W.
 Intended place of residence Salt Pond Plate

2. Occupation Fisherman
 Classification of soldier E 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 JUL -2 1919

[Signature]
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL -2 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL -2 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-5-18 No. of days on Military
 Discharged from service 4-7-19 Plus 14 days Service 421

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

Date JUL 4 1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 18/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

a 2/3 2019/3088