



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5584 Name John Maher Corps C of E.

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. John Maher.
2. What is your full Address? ..... } Badgers Quay
3. Are you a British Subject? ..... 3. Yes.
4. What is your age? ..... 4. 21 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, John Maher 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.

John Maher SIGNATURE OF RECRUIT.  
Pte R. Power mark Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Maher do make oath, that I will be faithful and bear due 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 1 day of June 1918  
Signature of Attesting Officer Ed. Dickson Lieut.

### †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

5584

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

Name John Maher  
 Apparent age 21 years      months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Maher  
Badger Quay. | Relationship Father.  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards C. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-6-18</u>									Signature of Officers certifying correctness of entries
Joined at <u>St. John's</u> on <u>June 1-1918</u>									
<u>Discharged August 21 1919</u>									
<u>Embarked St. John's N.S. to Lunenburg N.S. 22.7.18</u>									
<u>To RFL for Demobilization 24-6-19</u>									
<u>Arrives to enforce Island 1-7-1919</u>									
<u>Demobilization St. John's 7-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge) <u>1</u> years <u>68</u> days									
" " Pensions " " " " " " " "									

J. Maher

C.R.

5584

~~1480~~

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FORM K

Nº 6079



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *John Maher*, Regl. No. *5584*  
 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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:  
 Allotment begins *August 12<sup>th</sup> /18.*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4583</i>	<i>Mother</i>	<i>M<sup>rs</sup> Sophie Maher</i>	<i>Valley field P. B.</i>	<i>50</i>
Total Allotment, £				<i>50</i>

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

(Sig.) *[Signature]*  
 Officer Commanding  
*F* Company  
*St. Johns*  
*July 2<sup>nd</sup> 1918*

(Sig.) *his John X. Maher*  
*[Signature]*  
 (Rank) *Pte*

*Witness —*  
*4283. V. L. Randall.*



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John. Maher, Regl. No. 5584

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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins August 1st/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4583	Mother	Mrs Sophie Maher	Valley field B. B.	50
			Total Allotment, \$	50 <sup>c</sup>

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

(Sig.) M.G. James 2/11  
 Officer Commanding  
F Company

St. John's  
July 22nd 1918

(Sig.) John X Maher  
 (Rank) Plt. mark

Witness -

2470/2450  
No. 21470/2450

66303

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1.

To:

~~Officer Commanding,~~  
~~2/Bn. Royal Nfld. Regt.,~~  
Hazeley Down Camp,  
Winchester.

*Insisting*

28th December 1918

Subject: 5584, Pte. J. Maker,

With reference to the following telegram (11,033 from the Hon. Minister of Militia, received

"Pay to 5584, Pte. J. Maker, £9.0.0.

Draft £9.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

*A. A. Munnell Maj.*  
Chief Paymaster & O. i/c Records.

18<sup>th</sup> Jan. 1919

Receipt hereunder.

*for H. A. H. Capt. - adpt.*  
Officer Commg.        Batt'n,  
Royal Newfoundland Regiment.

Received the sum of 9.0.0.

here pounds on account of  
cable remittance from Newfoundland.

*J. Maher*  
No. 3584 Rank Pte

Witness \_\_\_\_\_

B

Mahe, J

5584

Ag. Sept.

August 7th 1919.

#5584, Pte. J. Maher,  
Badger's Quay, B.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3586.

Yours truly,

Capt.  
Officer i/c Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5584 Rank. Pfc Name. Maheux J.  
 Intended place of residence. Bedger Quay

2. Occupation Fisherman  
 Classification of soldier B Medical Category E

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 10 1919

L. Minis Lt  
 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 10 1919

J. Maheux  
 Signature of soldier

J. Howley 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, ST. JOHN'S

Date JUL 10 1919

John Maheux  
 Signature of soldier

James O'Sullivan  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 1-6-18 No. of days on Military  
 Discharged from service. 24-7-19 Plus 14 days Service. 433

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 24 1919

L. L. Cooke Capt  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 7/1919

J. Howley Capt  
 Officer in Records  
 The Royal Newfoundland Regiment

Aug 20 1919 86

30  
31  
9  
LP

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5524 Rank Plt Name Mohamud  
 Date of Enlistment 16 18 Address Badgers Bay District Compton  
 Occupation Footman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1.	1
B 178	W 3494	B 122	Board 1st.	" 2.	
B 178a	D 400A	B 1915	do 2nd.	" 3.	3
B 179	D 400B	Form L.	do 3rd.	" 4.	
B 179a	D 400C	Form K.	do 4th.	" 5.	
B 179b	B 103	ME 2.		" 6.	
B 179c	B 120	M 93.	181 3/4		

Date 10.7.19

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 Also.....  
 (b) ~~Clothing~~ Supplied Also.....

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2400 to his home at Badger Quay and Release Certificate No. 3436 issued.

Date 10-7-19 J.A. Snowcroft  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-8-19

Date 10-7-19 J.A. Snowcroft  
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1	1 2 3 4 5 6 <u>Famb B</u>
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	<u>18131</u>		

Date 10-7-19 J.A. Snowcroft  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 24 1919**

Date ..... N.P. Coombe Capt  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

*Robert J.*

Signature of Man.

Reg. No. 5584

*J. J. Snowlett*

Signature of the Vocational Officer or his Representative.

Place

*Al-Johns*

Date

*10-7-19*

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# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. *5584*....

Name *Matur John* .....

Address *10 adgen Juny* .....

Present Medical Category *E* .....

Recommended for:— (a) ~~Immediate discharge~~ .....

(b) Standing Medical Board .....

Members of Board

*R.H. East Major*  
.....  
O.C. Discharge Depot.

*P. P. ...*  
.....  
Senior Medical Officer

*J. W. ...*  
.....  
M. O. Depot

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

# MEDICAL HISTORY

Surname Maker

Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Badgers Bay P.M. County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1	June		191
at	<u>Seyou</u>		at	
Declared Age	21	years		days
Trade or Occupation	<u>Fisherman</u>			
Height	5	feet		inches
Weight		132		lbs.
Chest Measurement	Girth when fully expanded	36		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V = <u>6/6</u>		R.E.—V =	
	L.E.—V = <u>6/6</u>		L.E.—V =	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Mont Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St John's</u>	at	
	on	1 day of June	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>Royal Nfld.</u>	<u>5084</u>		
	<u>Regiment.</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

Table II.—Only for admission to hospital or to the sick list

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
Dort Pitt Chatham	8	8	18	19	8	78	<i>Mumps</i>	11	No Complications
MAGDALEN CAMP HOSPITAL WINGHESTER.	8	4	19	21	6	19	<i>Influenza</i>	77	At times curved Spinal

tal or to the sick list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

*No complications*

*C. Saul*

CAPT. R.A.M.O.

*Admitted with Influenza.  
and VDH. Reborn  
Special discharge for repatriation.*

*C. H. ...  
of the ...*

[P.T.O.]



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

Date	Brief Details, and Signatures
4-6-18	Vacc 40
13.6.18.	T.A.S. 20
4.7.18.	" 40
11.7.18	" 20

*It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as B for discharge on Demobilisation. Medical category*

*July 5/19*  
Date of S.M.B.

*[Signature]*  
Captain  
 Discharge Agent-Inspected

**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



## 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 *John Maher*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5584*

Intended address *Badgers Quay*

Height on discharge *5* Feet *7"*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Thomas*

Christian name of Mother *Sophia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Greenspond 1897 Augt 29<sup>th</sup>*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge correct

(Soldier's signature in full) *John Maher* *Witness* *Blanchard* (Rank) *Act*  
*mark* *Chr.*

Station **ST. JOHN'S.** Date *2.7.19*

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 \_\_\_\_\_

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 }
2. Regtl. No. . . . . **5384** . . . . . 3. Rank. . . . . **Pte.** . . . . . 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
4. Name . . . . . **Maher John** . . . . .  
(Surname) (Christian Names)
5. Age last birthday . . . . .
6. Posted for duty on . . . . . at . . . . .  
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.
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.**

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? }

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. Contracted Influenza Winchester 8/4/19. Treated Magdalen Hp. for 77 days Now complains of Dyspnoea on exertion Tachycardia**

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?

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

**(SGD) W. E. PROCUNIER.**  
 Medical Officer in charge of case.

Station .....

Date .....

\* 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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered: **Nil.**

(b) The present condition thereof.

**Complains of a feeling in the Heart. Does not describe it in any other way**

**-----No pain no tachycardia now, -----Pulse 88. Nothing in Heart.**

22. 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 part of the soldier .. .. . | ..... | ..... |

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).

**Nil.**

(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement

OR

(b) In what other grade do the Board place him?

(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

**No.**

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

(a) An attendant for his journey home?

(b) Transport from railway station to his home?

(c) The constant attendance of another person in his own home?

Signatures:—

(SGD) H.S. FRASER, ..... } President or Chairman.

Station .. ST. JOHN'S ..... J.S. TAIT, ..... } Members.

Date .... July 5/19 ..... L. PATERSON, MAJOR, .....

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... (SGD) CLUNY MACPHERSON, MAJOR, ..... } Only applicable in cases of Patients in Hospitals.

Date ..... JUL 5 1919 ..... Officer in charge, Central Hospital.

Discharge Approved under Para. 392 ( ) King's Regulations, or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

Date .....

O.C. Discharge Centre.

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B, 181.

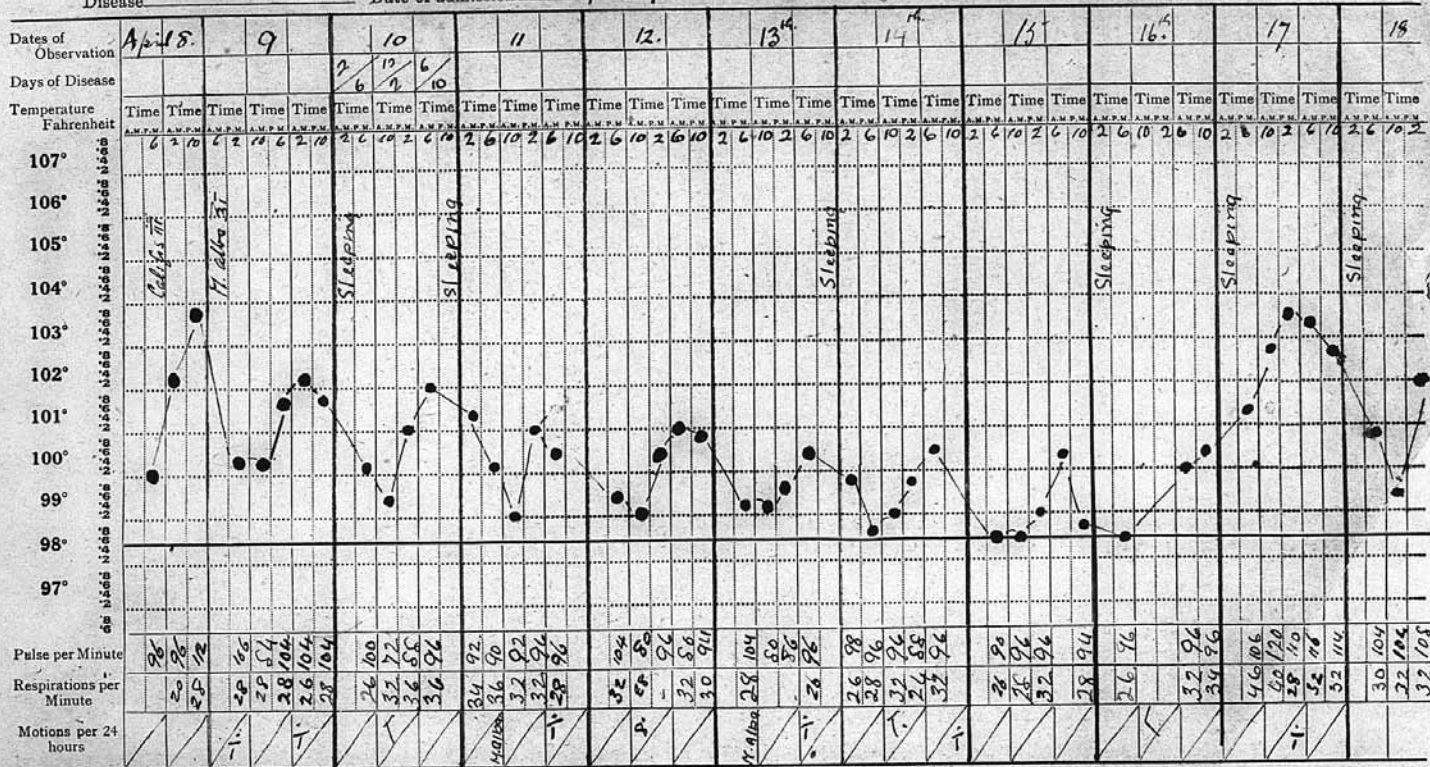
Corps N.Y.L.D.  
No. 2384

Rank and Name Private Baker

Age 21

Military Hospital Regdalen Camp  
Service 11/12

Disease \_\_\_\_\_ Date of admission 8. 4. 19. Date of discharge \_\_\_\_\_ Result \_\_\_\_\_



CLINICAL CHART.  
(To be attached to Case Sheet.)

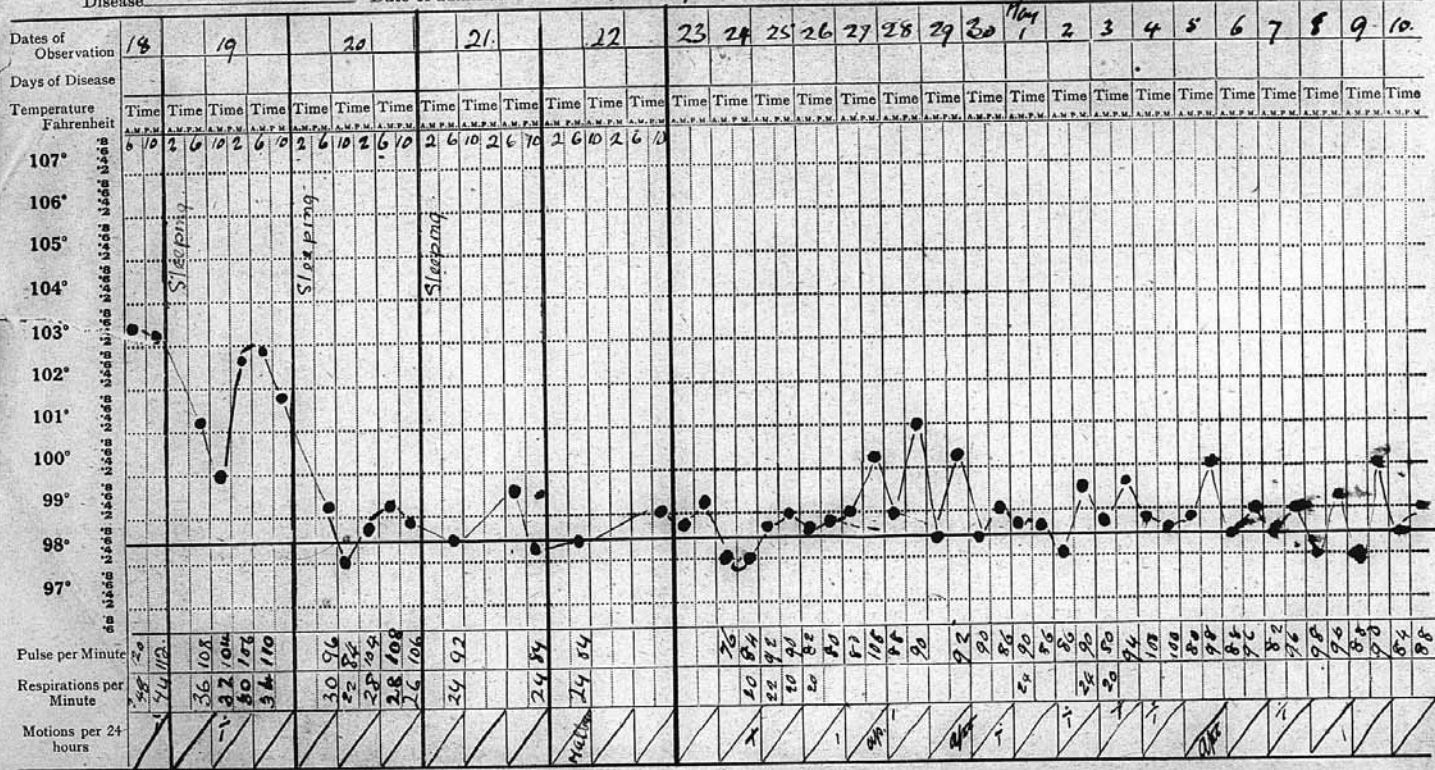
Army Form # 181.

Corps N 7 LD.  
No. 5584.

Rank and Name Private Anah  
Date of admission 8:4:19

Military Hospital Magdalen Camp  
Age 22. Service 11/2.

Disease \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_



Signature

In charge of case.



# CLINICAL CHART.

Army Form B. 181.

Corps \_\_\_\_\_

No. \_\_\_\_\_

Rank and Name Pvt. Mahers

Age 21

Military Hospital \_\_\_\_\_

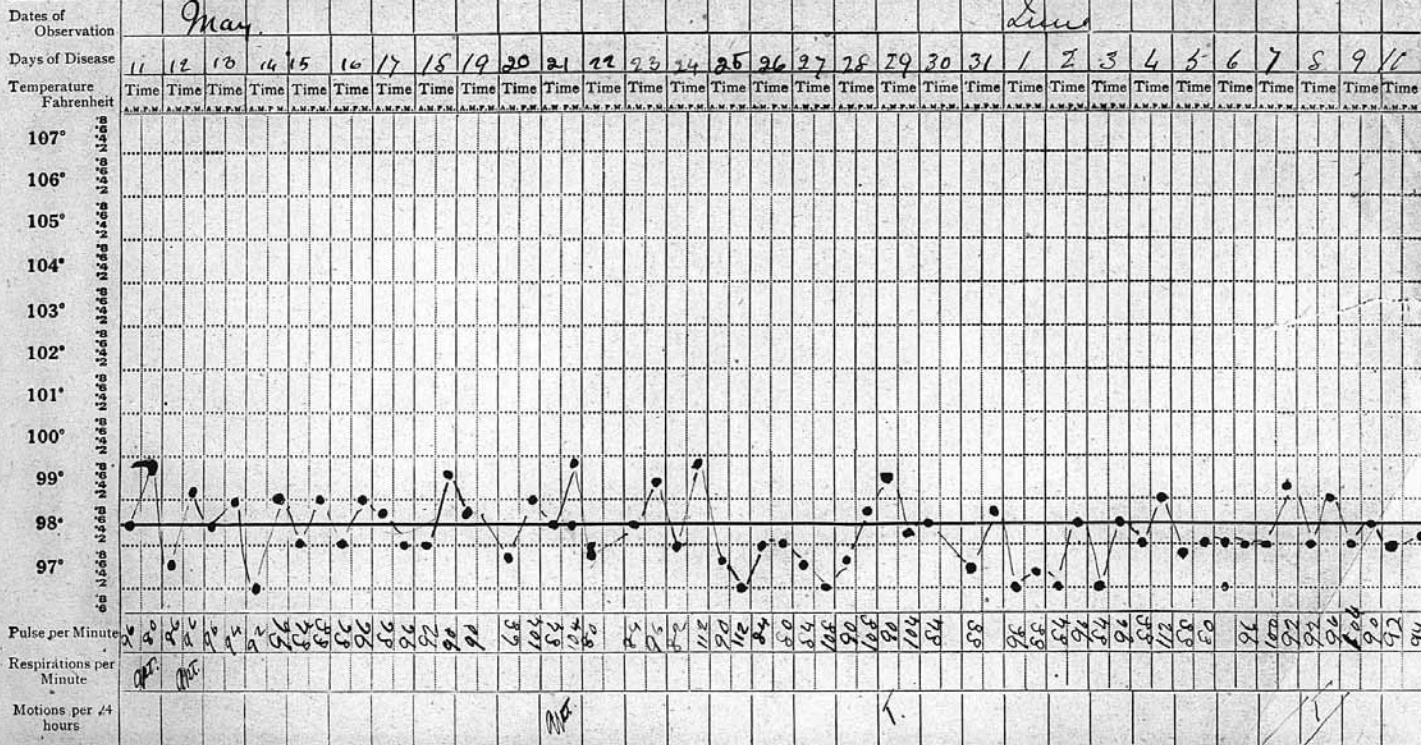
Service \_\_\_\_\_

Disease \_\_\_\_\_

Date of admission 8-4-19

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_



Signature \_\_\_\_\_

In charge of case. \_\_\_\_\_

**CLINICAL CHART.**

(To be attached to Case Sheet.)

Corps N. Y. L. D.

Rank and Name Pvt. Maker.

Age 21.

Military Hospital Magdalen Camp

Service \_\_\_\_\_

No. \_\_\_\_\_

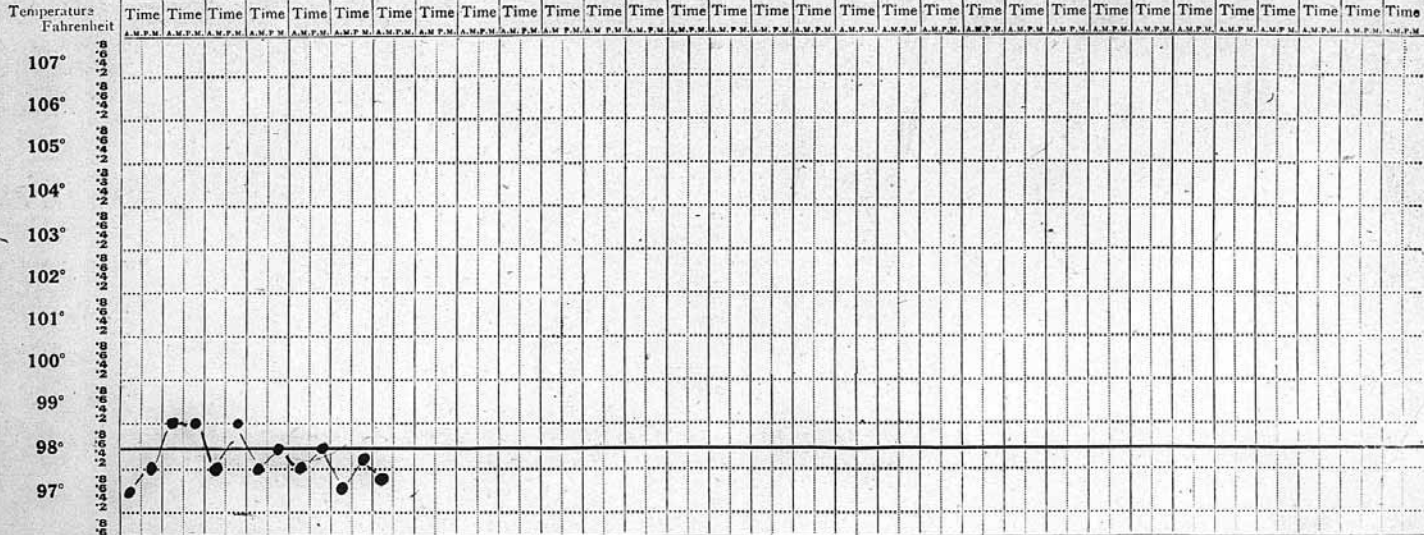
Date of admission 8-11-19.

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Disease \_\_\_\_\_

Dates of Observation	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Days of Disease														



Pulse per Minute	100	94	92	95	98	94	88	88	90	88	84	87	86
Respirations per Minute													
Motions per 24 hours													

Signature \_\_\_\_\_ In charge of case.

118125.

Valleyfield  
January 1-30-21

Dear Sir.

Received your letter  
last mail asking me  
for my regimental number.  
I am sending it now.

Hoping you will get my  
badge for me.

Very so doing you will  
oblidge

No.

8-3-824.

Yours truly,  
John Mahan.

Reg. No. 5584 Rank *Pte* Name *Mahar, John*  
Attested *1-6-18* Address *Badgers Quay, B. B.*  
Allotment *50* Allottee *Mr. Sophie Mahar*  
Date of Allotment *1/8/18* Returned from Overseas.....  
Embarked for Overseas **JUL 22 1918** Cause.....

*56/8 Dec 1918*  
*13-6-18 1st Dec 2nd Dec 4-7-18 3rd Dec 11-7-18*  
*17-6-18 to 25-6-18.*

C.R. 5584

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED <sup>by</sup> O.C. Discharge Depot with effect from 24-7-19.

5584 Pte. J. Maher.

C.R. 5584.

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, Aug. 16th, 1919.

The discharge of the underm~~ed~~ ted on demobilization has been  
CONFIRMED by Officer i/c Records from 7-8-19.

5584 Pte. J. Maher.

C.R. 5584

Extract from Medical Board held on July 5th. 1919.

The following were the findings.

5584 Pte. J. Maher.

Recommended discharge from the Army.

C.R. 5584

Extract from Casualties received from P.&R?Office London,  
Aug. 20th, 1918.

The undermentioned man was admitted to Central Hospital,  
Chatam, (from Major Carty's draft from Hfld.) and discharged  
from Hospital on 19-8-18, reported at this office same date  
and was sent direct to Depot, Winchester.

5584 Pte. MaHar, J.

Authority:- Officer i/c. Records Hfld. Regt.



C.R. 5584

Extract from Daily Orders Battalion Unit The Royal Nfld.  
Regt. St. John's, July 3rd, 1919.

5584 Pte. J. Maher.

Reported at Headquarters 1-7-19 on "Cassandra" which  
sailed Glasgow June 24th, 1919.

C.R. 5584

Extract from Daily Orders part 12, from Unit The Royal Field Artillery  
Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.  
"Columbella" July 25, 1918.

#5584 Pte. John Maher.

CR 5584

Extract from Daily Orders part II, from Unit The Royal  
Hfld. Regt. St. John's, dated June 5, 1918.

#5584 Pte H. Maher.

Attested for General Service with the Royal Hfld. Regt.  
from 1.6.18

*S. S. S. S.*  
Demobilization Form 7

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5584 Rank Plt Name Maheo J  
 Date of Enlistment 1.6.18 Address Bangers Bay District Bonaville  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93	181 2 <del>3</del>		

Date 10.7.19 O. C. Discharge Depot Mess H

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

*John X Maheo*  
*with Newman*

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Philbrick

Date 10-7-19

O i/c Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R2400* to his home at *Badger Quay* and Release Certificate No. *3436* issued.

Date *10-7-19*

*J.A. Snowcroft*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *7-31-19*

Date *10-7-19*

*J.A. Snowcroft*  
Depot Paymaster.

Discharge approved for *24-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	<i>1</i> <i>2</i> <i>3</i> <i>4</i> <i>5</i> <i>6</i> <i>Form B</i>
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	<i>18131</i>		

Date *10-7-19*

*J.A. Snowcroft*  
Demobilization Officer.

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 24 1919*

*H.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date *July 31 1919*

*[Signature]*

Reg. No. *5584* Rank *PL* Name *Walter John*

Attested ..... Address *Badgers Quay*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *1919*

Returned on S.S. *Cassandra* Cause *Discharge*

*8.7.19* Rec discharge from the Army

*10.4.19* PASSED TO DEMOBILIZATION OFFICER

*24.7.19* DISCHARGE APPROVED ON DEMOBILISATION:

August 15, 1919

Mr. J. Maher,  
Poals Island, B.B.

Dear Sir:-

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

Yours truly,

Captain & raymaster.

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..... *Pre J* ..... 2. Surname..... *Maker* .....

3. Rank..... *Private* ..... 4. Regtl. No..... *5584* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Poole's Island B. B.* .....

6. Date of enlistment in the Regiment..... *June 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..... *no* .....

9. Address in full of such dependents..... *no* .....

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..... *Thirteen months* .....



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

*No*

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

*No*

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

*No*

16. Have you, during the present war, served in the Imperial Forces...

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.? If not give - (a) Date of discharge (b) Reason for discharge.

*July 24/18*

*Went on*

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.

*England*

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.

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: *J. J. Maher*  
 Place of Residence: *Paul Jones B.R.*  
 Declared before me at: *St Johns*  
 This *10* day of *July* 191*5*.....

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

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



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *John Maher*, Regl. No. *5584*

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 *August 1<sup>st</sup>/18.*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4583</i>	<i>Mother</i>	<i>Mrs Sophie Maher</i>	<i>Valley field B. B.</i>	<i>50.</i>
			Total Allotment, \$	<i>50<sup>c</sup></i>

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.) *W.A. James 2/11*

Officer Commanding  
*F* Company

(Sig.) *John Maher*  
*his mark.*

(Rank)

*St. John's*

*July 2<sup>nd</sup> 1918.*

Witness: *W. L. Randell*  
*4283. W. L. Randell.*

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

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*One*

Signature of O. C. Company

*W. S. Dicks*  
*Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5354</i>	Age on	<i>21</i> years <i>0</i> months	<i>Fisherman.</i>		
Name		Place and Date of Enlistment	<i>St Johns</i> <i>7. 6. 18</i>	Religion		
Joined	Date	Period of } with Colours } with Reserve }	<i>1 1/2</i> years <i>3/4</i> years	Place of Birth		
Joined	Date			<i>Bodys quay B.N.</i>		
Joined	Date					

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
				<i>Demobilized</i>	<i>St Johns</i>	<i>7</i>	<i>8/19</i>		

To be carried over.

C.R. 5584

July 23rd. 1919.

No. 5584 Pte. J. Maher

Bagder Quay.

B. B.

Dear Sir:-

I am forwarding to you by Registered mail, one kit bag addressed to you which arrived by the S. S. Sachem on July 10th. 1919.

I enclose herewith receipt, will you kindly sign same and return to this Department at your earliest convenience.

Yours faithfully,

Staff Sergt. Major.  
Casualty Officer.

BC.

ENCLOS. I.