



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2569 Name James Hubert Mayo Corps Weth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>James Hubert Mayo</u> |
| 2. What is your full Address? | 2. <u>B. w. m. D. B.</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 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. <u>yes</u> |

I, James Hubert Mayo 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.

James Hubert Mayo SIGNATURE OF RECRUIT.
James W. Pitman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Hubert Mayo 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 1 day of June 1918

Signature of Attesting Officer W. S. 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 compiled 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)

Reg. No. 5569 Rank *Pte* Name *Mayo James*
Attested *1-6-18* Address *Burn*
Allotment *50* Allottee *Samuel Mayo (father)*
Date of Allotment *1/5/18* Returned from Overseas
Embarked for Overseas *11/1 22 1918* Cause

<i>36/8</i>	<i>13-6-18</i>	<i>1st</i>	<i>Proc</i>	<i>2nd</i>	<i>Proc</i>	<i>4-9-18</i>	<i>3rd</i>	<i>Proc</i>	<i>11-7-18</i>
<i>H.L. 16 6/2 — 24 6/2 R.L. 28 6/2</i>									

C.R. 5569

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 19th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 8-8-19.

5569, Pte. J. Mayo.

C.R. 5569

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

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 25-7-19.

5569 Pte. J. Mayo.

C.R. 5569

Extract from Daily Orders Part II. Unit The Royal Field. Regt.
St. John's, July 21st 1919.

5569 Pte. J.H. Mayo.

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

C.R.

5569

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

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

#5569 Pte. John Mayo.

C.R. 5569

Extract from Daily Orders part 11, from Unit The Royal Newfoundland
Regt. St. John's, dated June 5th, 1918.

#5569 Pte. J. Mayo.

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

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 Samuel Mayo Address Burin.

Line Number	Rcd	By	Sent	by	Check

Dated May 14th 1919.

To J.R. Bennett,
MINISTER of MILITIA,
C I T Y.

When do you expect Ptes. Fletcher and James Mayo to arrive St. John's please wire reply would like to meet them at St. John's.

*Copy
Inward*

Samuel Mayo.

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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 J.R. Bennett, Address Dept. of Militia,
Minister of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated May 14th 1919.

To Samuel Mayo, Burin.

Draft leaves United Kingdom about May 20th
list of names of those in draft will be published in daily papers as soon as received.

J.R. Bennett,
MINISTER of MILITIA.

J. Mayo.

C.R.

5569

PHO

1
Mays, J

5569

Ray Sept.

August 8th 1919.

#5569, Pte. J. Mayo,

Burin.

Dear Sir:

Enclosed please find Discharge Certificate
3629.

Yours truly,

Capt. &

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5569 Rank Pte Name Mayo J

Intended place of residence Burin

2. Occupation Fisherman

Classification of soldier E Medical Category AI

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 11 1919 L. M. W. H.
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 11 1919 J. H. Mayo
Signature of soldier

J. P. Snow 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 11 1919 James H. Mayo
Signature of soldier

W. J. Keaton Qms
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 1-6-18 No. of days on Military

Discharged from service... JUL 25 1919 Plus 14 days Service... 434

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 20 1919 L. R. Cooper 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 8 1919 M. Stowley Capt
Officer i/c Records
The Royal Newfoundland Regiment

CRS 20491 3629

30
31
2
19

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 *10.7.19*

Regimental No. *5569*

Name *Major James*

Address *Burn*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

..... *R.H. East Major*

O.C. Discharge Depot.

..... *J. Parkinson*

Senior Medical Officer

..... *T. Burden*

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5269 Rank Pvt. Name Maizo J.
 Date of Enlistment 1-6-18 Address Burrows District Burrows
 Occupation Fisherman Classification for Discharge E1 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 10-7-19

Miss H
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

James H. Maizo

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing~~ Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2408 to his home at Burnie and Release Certificate No. 3453 issued.

Date 11-7-19

J.A. Snowcraft
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 8-5-19

Date 11-7-19

J.A. Snowcraft
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	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		

2 Form B

Date 11-7-19

J.A. Snowcraft
Demobilization Officer.

APPROVED.

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

Date JUL 25 1919

K.R. Cooper 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 resumé former Occupation.

J. H. Mayo

Signature of Man.

J. H. Snowlett

Signature of the Vocational Officer or his Representative.

Reg. No. 3569

Place

St Johns

Date

11-7-19

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

MEDICAL HISTORY

OF

Surname Mayo

Christian Name James Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish Burin. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1 st	June	1918	191
Declared Age	19	years		days
Trade or Occupation	Fisherman.			
Height	5	feet	5	inches
Weight	128	lbs.		lbs.
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		5	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	6/6
	L. E.—V=	6/6	L. E.—V=	6/6
(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>Edmund Paterson</u>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. John's.</u>	at	
	on	1 st day of <u>June</u>	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld. Regiment.</u>			
Transferred to		<u>5569.</u>		
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvii. or xviii.), 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 New Zealand Land* Former Trade or Occupation } *Fisherman*
2. Regtl. No. *2369* 3. Rank... *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Mayo* *James* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *20*
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. *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 ? } ✓

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.)

No complaints 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 ?

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.

Refracted

W. E. P. Grewier . Capt. R.M.C.
 Medical Officer in charge of case.

Station *Mazeley Down*

Date *2/14/17*

* 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



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 *Mayo, Jas. Hubert.*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *5569*
 Intended address *Burin*
 Height on discharge *5* Feet *5*
 Color of hair on discharge *Light Brown.*
 Complexion *Fair*
 Color of eyes *Blue.*
 Descriptive Marks *—*
 Figure on discharge *Medium.*
 Christian name of Father *Samuel*
 Christian name of Mother *James*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*

Place and date of soldier's birth *Burin, Nov. 29. 1899*

Nature and locality of civil employment required

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

(Soldier's signature in full) *James Hubert Mayo*

(Rank) *Rto*

Station *ST. JOHN'S.*

Date *7-7-09*

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

August 16, 1919

Mr. James H. Mayo,
Burin.

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 & 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..... *James A* 2. Surname..... *Mayo*

3. Rank..... *Pte* 4. Regtl. No..... *5369*

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

6. Date of enlistment in the Regiment..... *June 1/18*

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..... */*

9. Address in full of such dependents..... */*

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

11. Were you on active service only in field. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in field 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.

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

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Reserves? no If not give:- (a) Date of discharge July 25/19 (b) Reason for discharge Demob

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: *James Hubert Mayo*

Place of Residence: *Bain*

Declared before me at: *St Johns*

This *11* day of *July* 19*19*.....

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

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Number of Sheet One
Signature of O. C. Company C. D. W. J. / Lieut

Royal Newfoundland

Regimental Number and Name	
No.	<u>5569. James Albert Mayo</u>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<u>19</u> years <u>1</u> months
Place and Date of Enlistment	<u>St John's 7-6-18</u>
Period of	with Colours <u>69</u> years.
	with Reserve <u>3 1/2</u> years.

Trade
<u>Bohemian</u>
Religion
<u>Methodist</u>
Place of Birth
<u>Meru</u>

Good Conduct Badges, Service pay or proficiency pay

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>Hayley Barr Camp 2/10/18</u>		<u>Pte.</u>		<u>Drunk on Parade</u>	<u>Sgt. Cox</u>	<u>2 days CB.</u>	<u>4/10/18</u>	<u>W. S. Knight</u>	<u>NSK</u>
				<u>Demobilized</u>	<u>St John's</u>	<u>5/19</u>			

To be carried over.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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.

- | | |
|---|---|
| <p>1. Unit and Corps. <i>1st B. Rifles</i></p> <p>2. Regt. No. <i>5569</i> 3. Rank. <i>plc</i></p> <p>4. Name <i>Mayo</i> <i>Geo H</i></p> <p style="margin-left: 20px;">(Surname) (Christian Names)</p> <p>5. Age last birthday. <i>20</i></p> <p>6. Posted for duty on at</p> <p style="margin-left: 20px;">in category (or grade)</p> <p>8. If the disability is an injury was it caused</p> <p style="margin-left: 20px;">(a) in action (b) on field service</p> <p style="margin-left: 20px;">(c) on duty (d) off duty ?</p> <p>9. If a Court of Inquiry was held on an injury state :—</p> <p style="margin-left: 20px;">(a) When</p> <p style="margin-left: 20px;">(b) Where</p> <p style="margin-left: 20px;">(c) Opinion of Court</p> | <p>7. Former Trade } <i>Fisher</i>
or Occupation }</p> <p>7a. If the soldier claims previous service in Army, he should state—</p> <p style="margin-left: 20px;">(a) Former Regts. or Corps ;
with Regt. Nos.</p> <p style="margin-left: 20px;">(b) Date of Discharge ;</p> <p style="margin-left: 20px;">(c) Cause of Discharge.</p> <p style="margin-left: 20px;">(d) Particulars of Pension or Gratuity
(if any)</p> |
|---|---|

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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii.) Previous active service.. .. . | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iii.) Climate in pre-war service | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv.) Ordinary military service before the war | <input type="checkbox"/> | <input type="checkbox"/> |
| (v.) Serious negligence or misconduct on the man's part. } | <input type="checkbox"/> | <input type="checkbox"/> |

- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

The complainant of no disability

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.)

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.

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?

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. E. Troemner. Capt. Rdme
Medical Officer in charge of case.

Station *Mazzy Bay Down*

Date *2/11/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

5569
Demobilization Form

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5569 Rank Plt Name Mayo J.
 Date of Enlistment 1-6-18 Address Burwood District Burwood
 Occupation Gasheerman Classification for Discharge Fy Medical Category H.I.
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
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 10-7-19 O. C. Discharge Depot Mrs H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

James H. Mayo

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2408 to his home at Burnie and Release Certificate No. 3453 issued.

Date 11-7-19

J.A. Snowless
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 8-5-19

Date 11-7-19

Depot Paymaster

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	2. Form B
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 11-7-19

J.A. Snowless
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date JUL 25 1919

L.R. Cooper Capt
O. C. Discharge Depot.

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

Date Aug 7/19

W.H.

Reg. No. 5569 Rank. 7th Name. Mayo, Jas.

Attested Address. Austin

Allotment..... Allottee ..

Date of Allotment..... Returned from Overseas. JUL 1 1919

Returned on S S. Cassandra Cause. Discharge

11-7-19
25-7-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.