



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5589 Name William Mays Corps Meth.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. William Mays
- 2. What is your full Address? } Burton North
- 3. Are you a British Subject? 3. Yes.
- 4. What is your age? 4. 20 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 Yes.
- 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 Mays 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 by me.
William Mays SIGNATURE OF RECRUIT.
R. K. Powell SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Mays 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 3 day of June 1918.
R. Dicks SIGNATURE OF Attesting Officer

†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

57589

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

Name William Mayo
 Apparent age 20 years 0 months. Height 5 feet 3/4 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Albert Mayo
Burrin North | 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 G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>3-6-18</u>									
Joined at <u>St James</u> on <u>June 3-1918</u>									
<u>Discharged August 8 1919</u>									
<u>Embarked Alpha S.S. Colchester to Halifax N.S. 22-7-18</u>									
<u>To Newfoundland for demobilization 24-6-1919</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St James 8-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 (date of discharge) 1 years 67 days
 " " Pensions " " " " " " " " " " " "

C.R. 5589

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 18th 1919.

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

5589, Pte. W. Mayo.

C.R. 5589

Extract from Daily Orders Part II Unit The Royal RFA. Regt.
St. John's, July ^{12.} 25, 1919

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

5589 Pte. W. Mayo.

C.R. 5589

- Extract from Daily Orders Part III Unit The Royal Field. Regt.
St. John's, July 25th 1919.

5589 Pte. W. Mayo.

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

C.R. 5589

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

The following, an emba, ked for overseas on H.M.S.²
"Columbella" July 22, 1918.

#5589 Pte. William Mayo.

C.R. 5589

Extree t from Daily Orders part 11, from Unit The Royal Nfld.
Reg .St. John's, dated June 5th, 1918.

#5589 Pte. W. Mayo.

Attested for General Service with the Royal Nfld. Regt.
from M.6.18

Reg. No. 5589 Rank 9th Name Mayo W.
Attested 3-6-18 Address Burin North Burin
Allotment 50 Allottee Mrs. Eliza Mayo
Date of Allotment 7/8/18 Returned from Overseas
Embarked for Overseas 22-1918 Cause

5/18	1st	Proc.	2nd	Proc	4-7-18	3rd	Proc	11-7-18
13/18	1st							
A.L.	16/18				24/18			

W. Mayo

C.R.

5589

~~1890~~

Moayo, W^{ca}

5589

Ray Sept.

August 8th 1919.

#5539, Pte. W. Mayo,

Burin, North

Dear Sir:

Enclosed please find discharge certificate
3603.

Yours truly,

Capt. #

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5589 Rank Pte Name Mayo W.
 Intended place of residence Burns
2. Occupation Fisherman
 Classification of soldier E Medical Category A1
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
 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
 Signature of soldier
 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
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3.6.18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 432

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S
 Date JUL 25 1919
 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
 Officer in Charge Records
 The Royal Newfoundland Regiment

CMB 20 7915603

28
31
8
1919

The Royal Newfoundland Regiment

Class for Demobilization:

*7
16*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10. 7. 19*

Regimental No. *5599*

Name *Major W. Williams*

Address *Burns North*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Ret. Capt Major
O.C. Discharge Depot.

Members of Board

S. P. Adams
Senior Medical Officer

T. W. Bevan
M. O. Depot

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.

Alago W.

Signature of Man.

Reg. No. 5589

J. H. Snowcraft
Signature of the Vocational Officer or his Representative.

Place

at John

Date

11-7-79

191

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5589 Rank Plt Name Mayo, W
 Date of Enlistment 3-6-18 Address Burrows District Burrows
 Occupation Truckman Classification for Discharge H Medical Category A1
 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 349A	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.

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 W Mayo's wife

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable

(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. **192318** to his home

at **Burns A.** and Release Certificate No. **3455** 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 **8-8-19**

Date **11-7-19**

J. W. H. H. H. H.
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.
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		

L. K. B

Date **11-7-19**

J.A. Snowcraft
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 25 1919**

N.R. Cooper
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

OF

Surname

Mayo

Christian Name

W. Allan

Table I.—GENERAL TABLE.

Birthplace:—Parish

Parish North, Parish County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>3rd</i> day of <i>June</i> 191 <i>8</i>	on	day of	191
	at <i>Sejohus.</i>	at		
Declared Age	<i>20</i> years	days	years	days
Trade or Occupation	<i>Fisherman.</i>			
Height	<i>5</i> feet <i>3 1/4</i> .	inches	feet	inches
Weight	<i>113.</i>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>35</i> inches		inches
	Range of Expansion	<i>3.</i> inches		inches

Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		

When Vaccinated				
Vision	R.E.—V=	<i>6/9</i>	R.E.—V=	
	L.E.—V=	<i>6/9</i>	L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

[Handwritten scribbles]

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *L. J. Peterson*

(Rank) *Major* Medical Officer.

Enlisted	at <i>Sejohus.</i>	at	
	on <i>3rd</i> day of <i>June</i> 191 <i>8</i>	on	day of 191
	Corps.	Regtl. No.	Corps. Regtl. No.

Joined on Enlistment

Royal Nfld. Regiment. 5589.

Transferred to

Became non-effective by

(Signature) on day of 191 on day of 191

(Rank)



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, William*
 Regiment from which discharged **Royal Newfoundland**
 Regimental number *5589*
 Intended address *Burin North, Burin*
 Height on discharge *5* Feet *4*
 Color of hair on discharge *Dark Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks _____
 Figure on discharge ~~7~~ *Short*
 Christian name of Father *Albert*
 Christian name of Mother *Eliza*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____

Place and date of soldier's birth *Burin North, Aug. 24, 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) *W. Mayo* ^{his} _{mark} (Rank) *Private*

Station **ST. JOHN'S!** Date *7-7-19*

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 } *Fistman*
2. Regtl. No. *389* 3. Rank... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Mayo* *W. J.* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday *23*
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 a (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, 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.)

66 complaints of no usability

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.

Reputation

W.E. Procter, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station *Hazley Barr*

Date *2/4/19*

* 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

Sept. 20, 1919

Mr. William May,
Burin North.

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.

I am also returning your Discharge Certificate.

Yours truly,

Major
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 Mayo*.....

3. Rank. *Private*..... 4. Regt. No. *5539*.....

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

6. Date of enlistment in the Regiment. *May 7th 1918*.....

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

8. Relationship of such dependents. *my mother*.....

9. Address in full of such dependents. *Edna Mayo Burn North*.....

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. *was in training at St John about 2 1/2 months Went to England somewhere August 1918 was in training there ^{of twelve} ~~eight~~ months*.....

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

..... 1. ².....

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

Had only one enlistment

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.

Received £15.00 by mother. Don't know the name of man who

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?

19. Are you now serving in the Rest? If not give - (a) Date of discharge

No

(b) Reason for discharge

Discharged on 8th August 1919 at St. John's the ward being ended

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

No -

21. (a) Are you receiving treatment from the Civil Re-Establishment

No

Committee? (b) If so are you in receipt of full pay and allowances from that Committee?

No. None received nothing

And I, also, 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:

Wm
William + Mary
mark

Place of Residence:

Burien North

Declared before me at:

Burien

This *9th* day of *September* 19*17*.....

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

J. Wray S. M.

POST DISCHARGE PAY.

Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent:	Gratuity.	due

.....

.....

.....

Certified correct.

Registrar

October 31, 1919

Ex Pte. W. N. Mayo,
Burin.

Dear Sir:

With reference to your telegram of 30/10/'19, I beg to inform you that cheque for \$70.00 has been mailed you on 29/10/'19. please , also one on 25/10/'19. Both were addressed to Burin, North.

Yours truly,

Lieut.
Paymaster.

Burien Wash
Jan 30th 1920

G. G. Crawford Esq
Lieut Paymaster
Department Alaska
Dear Sir

With reference to your letter No 7353 stating you were mailing Cheques on the 20th November, I beg to say I have not received it, up to date I have only received two Cheques of \$70⁰⁰ each, when I am entitled to four.

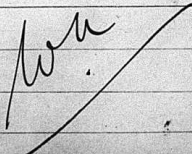
Please look up this matter and send me balances due, as the rest of the Boys who served the same time as I did have received their Cheques long ago

Obliged

Yours Truly

Ex Pte William Mayo

No 5589



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

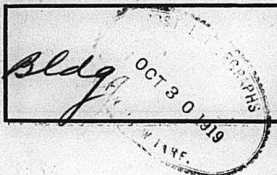
Line No. 127710

Rec'd by _____

Check 1/2d

No. _____

Place from _____

Burin 30To Paymaster Militia Bldg

Have received no gratuity since
discharge please look in to
this matter

5589 Pte William
Mayo

Sept 20 - 7000 to Burin post
Oct 25 7800

Burin Novich
Aug 27th/20

Dept of Militia
St Johns

Dear Sirs

I received a letter
from you about a
separation allowance
on account of my
son Albert E Brinton
You say you cant
grant it But about
my sons Albert E.
War Service gratuity
money I have only

Received one cheque
as yet I should get
3 or 4 more yet I
want this money
as I have no one to
keep me. my husb-
and is sick in bed
this last 3 years
But I want this
money that is due
me on account
of my son Albert
Yours Truly
Mrs Frances Brinton

?

Burin North
Aug 14th 1920

Dept of Militia
St Johns

Dear Sir

In reply to your
letter of July 9th you
say you sent me
four Gratuity Cheques
I only received
Three Please send
the other one that
due me as it is
indeed only right
that I should get
it

Yours Truly
William Mayo

11215

Brim North
July 15/20

Dept of Militia
St Johns

Dear Sir

in referance to you letter
of July 9th informing me that
four gratuity cheques have
been mailed to me I
have only received three.
I would have been in
town my self only other
business have kept me
detained here as it is.
I wait a long time since
I have received the other three
I would be much obliged
if you will kindly look
the matter up for me if
I had ~~have~~ received that
fourth cheque I would not
have been writing about

I know there is other Puratis
by name of Mayo and they
might have got mislaid
So please oblige me
No. 5589. William Mayo

all cheques mailed
Rfb

Burn North
June 25/20

Office of J/c Record
St John's

Dear Sir

I have to inform
you about my ~~son's~~
Gratuity Cheque of
\$7000 last payment
which I have not received
Please send me this
as quick as possible
as it is due me I
have only received
three cheques yet
all the rest have received
four yours truly
no 5589. Ple William Magee
Four gratuity cheques
have been mailed to Burn North

HAM/LM.

July 9, 1920

William Mayo,
Burin, North.

Dear Sir:

With reference to your letter of June 25th,
please be advised that four Gratuity cheques have
been mailed to you at Burin, North.

Kindly advise us how many you have received.

Yours truly,

Capt.
For Paymaster.

HMM/LM.



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 9, 1920

William Mayo,
Burin, North.

Dear Sir:

With reference to your letter of June 25th.
please be advised that four Gratuity cheques have
been mailed to you at Burin, North.

Kindly advise us how many you have received.

Yours truly,

Capt.
For Paymaster.

He Recd 3 Cheques
one more due.
Last cheque he received in May.

11 3 93

Burin North

~~9 11 20~~
Sept 11th 1920

Dept of Militia
St Johns

Dear Sir

I am writing again about this last Cravity cheque of \$7000 that due me I like for ye to send it to me as I am in need of it. I wrote to ye about this now several time but I received a letter from ye saying ye sent me four cheques But I only received three yet so I want the other one please send it by return mail

Yours Truly

No 5589 William Mayo

sent

Burrin Apr 8/19

The Dept of Publica

Sir

Re Pde W H Mayo 3389
 referred to in your Letter of Oct 31/19
 he haent received either of those
 cheques referred to of Dates of
 Sept 29/10/19 or 31/10/19
 in fact haent received either cheque
 from the Dept untill today
 he met the Best Mayo
 on the Street & he gave him
 a cheque of Date Sept 10/19 for 70
 whether this was done through the
 carelessness of the Postals Dept
 I cannot say but for him to receive
 a cheque from that source after 2
 months is quite wrong Please give
 this matter your best attention

Yours W H Gallett

OK cheque in today Nov 10/11

7353

Bum North
Nov 6th

Dear Sir

Received your
letter but sorry to say I did
not get any money yet to date.
Hoping to get it next mail

~~Remain~~
Yours truly
P. H. Tompkins
Bum 2

Check mailed Nov 20/19

February 28th. 1922

John Cheeseman "Sgt., M.H.A.,

Burin.

Dear Sir:-

I enclose cheque for \$70.00 payable to William Mayo, and his discharge certificate.

This is the cheque concerning which we have had considerable correspondence. I have just come across it amongst a number of returned letters.

In explanation of my former letters I may say that on one of our monthly bank statements, a cheque of this number and amount was shown as paid (in error), and although, as stated in a previous communication, I could not locate the paid cheque, I had marked it off from the bank statement as paid. Then Mayo's affidavit regarding receipt of cheques was so unreconcilable with the dates of payment of the cheques which I could locate that I was under the impression that he was not quite clear as to what he did receive.

I trust that you will accept and convey to him my sincere regrets for this misunderstanding, and for any inconvenience caused him.

Yours truly,

Major
Paymaster



May 25. 1922 .

Major J. M. Howley,
Paymaster Militia Dept.
City.

Dear Sir:-

Your letter of Feb. 28th. together with cheque for the sum of \$70.00 in favor of Pte. Wm. Mayo has been duly received. The cheque was handed over by me to Mayo. I thank you very much for the interest you have taken in this matter and assure you that it was very much appreciated by Mayo.

I am sorry to have overlooked your letter for such a long period. The fact is that it got filed away with other papers and it is only just recently that I discovered it.

Yours truly,

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet

One

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. B. Drick
lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>1889</u> <u>Major William</u>	Age on	<u>20</u> years <u>3</u> months	<u>Fisherman</u>	
Joined		Place and Date of Enlistment	<u>St Johns</u> <u>1886-18</u>	Religion	
Joined		Date	<u>1886-18</u>	<u>Meth</u>	
Joined		Date	Period of } with Colours <u>167</u> years. with Reserve <u>36 1/2</u> years.	Place of Birth	
Joined		Date		<u>Burns North.</u>	

Place	Date of Offence	Rank	Cause of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized 8/19</u>					

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5589 Rank Plt. Name Mayo, W.
 Date of Enlistment 3-6-18 Address Burton St. District Burton
 Occupation Tailor Classification for Discharge F1 Medical Category A1
 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 Miss H.

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 £2.00
- (b) Clothing Supplied As above

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192318 to his home at Burnham and Release Certificate No. 3455 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

J.A. Snowless
Depot Paymaster

Discharge approved for 25-7-19

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.	<i>L. Farn B</i>
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 i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919

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

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

Date Aug 7 1919

Reg. No. 5580 Rank. Yt Name. Mayo W

Attested ... Address. Bussia North

Allotment..... Allottee ..

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

Returned on S Cassandra Cause. Discharge

10-7-19
25-7-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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 } Fisherman
- 2. Regtl. No. 5589 3. Rank... Pls 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Mays (Surname) Wms (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday 23
- 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?
- 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 a (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? }

The complaint 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?

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

W.S. Poemmer. (Capt. RMC)

Medical Officer in charge of case.

Station *Mazeley Barron*

Date *2.1.46*

* 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