



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5561 Name Donald R. McDonald Corps C of C

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Donald R. McDonald
2. What is your full Address? 2. West-Cot-de-Sea
Burgess + La Poche
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 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, Donald Richard M. Donald 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.

Donald Richard M. Donald SIGNATURE OF RECRUIT.
Pte. R. Power Signature of Witness.

Donald Richard M. Donald OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I 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 1st day of June 1918

Signature of Attesting Officer C. P. Dick's 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

5561

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

Name Donald Richard McDonald

Apparent age 19 years _____ months. Height 5 feet 7 1/4 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 Lucy McDonald
West-Col-de-see | Relationship Mother
Burgos + La Boile, Dis. 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>1-6-18</u>									
Joined at <u>St. Marks</u> on <u>June 1-1918</u>									
<u>Discharged August 8-1919</u>									
<u>Embarked St. Marks St. Catherine to Halifax N.S. 22-7-18</u>									
<u>to RFL for demobilization 24-6-19</u>									
<u>Arrives the embarkment 1-7-1919</u>									
<u>Demobilization St. Marks 8-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 (date of discharge) 1 years 69 days

Pensions " " " " " " " " " " " "

C.R. 5561

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

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

5561, Pte. D. McDonald.

C.R. 5561

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

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

5561 Pte. D. MacDonald,

C.R. 5561

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 3rd, 1919.

5561 Pte. J. MacDonald.

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



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 20 Sent by P. U. Rec'd by 13 13

Place from P. Pascoe 27

To Lieut. Col. W. F. R.

POSTAL TELEGRAPHS
JUN 27 1918
KING'S WHARF

Received message know
nothing of no 5661 Pte.
Thomas Bath did you
mistake.

Moses Burton

C.R. 5561

15534/1614/R. & C.

Chief paymaster & O. i/c Records
Newfoundland Contingent Vice.
London. S. W. 1.

Officer Commanding,
3/Bn. R. Nfld., Regt. Versa/
Hazely Down Camp,
Winchester, Hants.

Ray & Record Office.

Sept. 27th 1918.

26 September 8

REPATRIATION DRAFT NO. 74

With regard to the draft which
embarked 23/9/18 it is observed
that.

- 4171 Pte. E. Lee
- 5561 Pte. D.R. McDonald
- 5662 Pte. T. Verge/

did not proceed. Will you
Please say why and if it
is still your intention to
repatriate them.

Through an oversight
Lee and Verge were
not warned to proceed
with repatriation
draft No. 74, they
will proceed with
the next draft.

Pte. McDonald is
now for repatria-
tion.

Sgd. J.W. MARCH.
Major for
Lieut. Col.,

(In. Ref, No. 8487)

Major.

Chief Paymaster & O. i/c Records.

Copy

C.R.

5561

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

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

#5561 Pte. Donald MacDonald.

C.R. 5561

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

#5561 Pte. D. McDonald.

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

L. J. A. Donald

C.R.

3561

~~1880~~

7

3

No 6619



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John M. Donald, Regl. No. 5561
hereby agree, until further notification by me, and in similar official form to make an Allotment of
5 Dollars and 14 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 1913

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6619	Wife	Lady M. Donald	115 Col. St. St. J.	10
Total Allotment, \$				

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.) J. Murphy Capt.
Officer Commanding
"C" Company
115 Col. St. St. J.
July 1 1913

(Sig.) John M. Donald
Private
(Rank) Private

FORM K

No. 6619



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Mc Donald, Regl. No. 5561
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 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6619	Mother	Lucy Mc Donald	West End St. St. John's	50
Total Allotment, \$				50

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.) W. Knowlton
Officer Commanding
Company
St. John's Regt
July 21st 1918

(Sig.) John Mc Donald
W. Knowlton
(Rank) Private

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No. 5561 Rank Pls. Name R. McDonald Unit R. Newfoundland Rgt. who was repatriated
 to Newfoundland on 25 9 18 Authority R. Newfoundland Rgt. Cause repatriated

DR.		STATEMENT OF ACCOUNT										CR.				
PARTICULARS		£	£	£	s	d	PARTICULARS					£	£	£	s	d
	Balance Dr. from						Balance Cr. from									
	Allotment 28 days @ .50	14	00	2	17	6	Pay days @ \$									
	Cash Payments:						Field Allce 28 days @ \$ 1.00	28	00							
	Aldershot, N.S.	5	00	1	0	7	28 days @ \$.10		2	80						
	7/9/18				15	0	Other Allces days @ \$		30	80	6	6	7			
	14/9/18				15	0										
	21/9/18				10	0	Other Credits:									
	28/9/18				4	4										
	Other Debits:															
	Clothing & Necessaries				1	3										
	Barack Damages					6										
	Misc. Stoppages				2	5										
	Total Debits						Total Credits									
	Balance due by Paymaster			6	6	7	Balance due to Paymaster				6	6	7			
				6	6	7					6	6	7			



I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place)

(Date)

191

O.C. " " Company.

Made up/checked in accordance with information received in the Pay & Record Office and is therefore subject to amendment if and as may be found necessary.

London 27 9 18

Pay & Record Office, London,

15th. Oct.

191

8

Chief Paymaster & Officer i/c Records.

McDonald, L

556

Ray Sept

August 8th 1919.

#5561, Pte. D. McDonald,
West Cul de Sac. Burgeo & BaPoile.

Dear Sir:

Enclosed please find Discharge Certificate
3602.

Yours truly,

W. apt. &

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5561 Rank Pte Name Mc Donald D
Intended place of residence West End de Lac

2. Occupation Disturber
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
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 of all financial responsibility in my connection.
Place, ST. JOHN'S
Date JUL 11 1919
Signature of soldier J. Mc Donald
Signature of witness W. J. Watney

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 J. Mc Donald
Signature of witness W. J. Watney

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 in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
Place, ST. JOHN'S
Date JUL 11 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
The Royal Newfoundland Regiment

Aug 13 20 7 91 1002

30
31
8

The Royal Newfoundland Regiment

Class for Demobilization: 2/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 10.7.19

Regimental No. 5561

Name Mc Donald, Donald

Address West Cul-de-sac

Present Medical Category A1

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

Members of Board

R.H. Lat Major
O.C. Discharge Depot.

Watson
Senior Medical Officer

Y. W. de
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5561 Rank Plat Name W. Donald D.
 Date of Enlistment 1-6-18 Address West Blvd. for St. Raphael District St. Raphael
 Occupation Fisherman Classification for Discharge E1 Medical Category H1
 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.....
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.

W. Donald D.
West Blvd.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
 (b) Clothing Supplied.....

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9893 to his home
at West-Cull D. Lee and Release Certificate No. 3448 issued.

Date 11-7-19

J. H. Knowlton
Demobilization Officer

4. Pay and Allowances.

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

Date 11-7-19

H. H. [unclear]
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1
E 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 11-7-19

J. H. Knowlton
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, 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.

Alc Donald D

Signature of Man.

J. H. Knowlton

Signature of the Vocational Officer or his Representative.

Reg. No. 3561

Place

St John

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

Surname McDonald OF Christian Name Donald Richard

Table I.—GENERAL TABLE.

Birthplace:—Parish West Col. de Sac. County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1 st	June		
	at	St. John's	at	
Declared Age	19	years		
Trade or Occupation	Fisherman			
Height	5	feet	74	inches
Weight			140	lbs.
Chest Measurement	Girth when fully expanded		35	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Lamm Peterson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St. John's	at	
	on	1 day of May	on	
		1918		191
Joined on Enlistment	Corps.	Regtl. No.	Corps	Regtl. No.
	Royal Nfld.	5561		
	Regiment.			
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

COPIES SENT		
To	No.	DATE
M. of M.	15/11/18	15 SEP 1918
O.C. 1st Bn.		
2nd Bn.		

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 } *Lisherman*
2. Regtl. No. *5561* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *McDonald* *Richard R.* (a) Former Regts. or Corps with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday. *19*
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
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service... .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

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

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.)

The Complaints of the 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.

Repatriation

W. S. Proctor, Capt R.A.M.C.

Medical Officer in charge of case.

Station .. *Hazley Down* .. .

Date .. *8.1.41* .. .

* 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 *McDonald, Donald.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5561*

Intended address *West bul. de - Sac.*

Height on discharge *5* feet *8*

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Brown.*

Descriptive Marks *Scar, Rt. foot.*

Figure on discharge *Medium*

Christian name of Father *(Dead)*

Christian name of Mother *Lucy.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *West bul. de - Sac. July 25. 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) *his Donald McDonald (Rank) [Signature]*

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 _____

McDonald

Old Sea Post.
Receipt to name of Soldier
Rec. for pay & Fort. Co.

NOTE

C. P. No.

7

August 22, 1919

Mr. D. McDonald,
West Cue du Sac,
Hermitage Bay.

o

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.

6240

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..... *John* 2. Surname..... *McDonald*

3. Rank..... *Pte* 4. Regtl. No..... *5561*

5. Address in full to which future payments of gratuity are to be forwarded..... *West Ave du Sag, Hermitage Bay*

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.....
/

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 Mfld. If so, give dates and particulars of such service..... *Overseas*

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

10

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 Res?..... *no* If not give:- (a) Date of discharge. *Feb. 25/19* (b) Reason for discharge. *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service....
..... *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: *John ^{his} McDonald*
 Place of Residence: *Joe West Ave du Sac, Hermitage Bay*
 Declared before me at: *St Johns*
 This *17* day of *July* 1919.....

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

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

ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 5561 Rank Pte. Name R. McDonald Unit R. Newfoundland Rgt. who was repatriated
to Newfoundland on 23/ 9/ 18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d	PARTICULARS	£	s	d	OR.
DR. PERIOD: From 31/8/18 to 27/9/18	Balance Dr. from				Balance Cr. from				
	Allotment 28 days @ .50	14	00	2 17 6	Pay 28 days @ \$ 1.00	28	00		
	Cash Payments:				Field Allce 28 days @ \$.10	2	80		
	Aldershot, N.S.	5	00	1 0 7	Other Allces days @ \$	30	80	6 6 7	
	7/9/18			15 0 0					
	14/9/18			15 0 0	Other Credits:				
	21/9/18			10 0 0					
	28/9/18			4 4					
	Other Debits:								
	Clothing & Necessaries			1 3 8					
Barack Damages			2 8 5						
Misc. Stoppages									
Total Debits			6 6 7	Total Credits			6 6 7		
Balance due by Paymaster			6 6 7	Balance due to Paymaster			6 6 7		

Paid with my
 own money
 R. McDonald
 27/9/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place)

(Date)

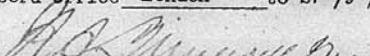
191

O.C. Company.

Made up/Checked in accordance with information received in the Pay & Record Office London to 27/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

15th. Oct. 191 8


 Chief Paymaster & Officer i/c Records.

CHECKED
 CS.
 15/10/18

DUPLICATE COPY
LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 5561 Rank pte Name R. McDonald Unit R. Newfoundland Bgt. who was repatriated to Newfoundland on 27/9/18 Authority Cause

STATEMENT OF ACCOUNT

DR.		STATEMENT OF ACCOUNT						CR.						
PARTICULARS		£	£	£	s	d	PARTICULARS			£	£	£	s	d
Balance Dr. from							Balance Cr. from							
PERIOD: From 31/3/18 to 27/9/18	Allotment 28 days @ .50	14	00	2	17	6	Pay 28 days @ \$ 1.00			28	00			
	Cash Payments:						Field Allice 28 days @ \$.10			2	80			
	A dershot, N.S.	5	00	1	0	7	Other Allices days @ \$			30	80	6	6	7
	7/9/18				15	0	Other Credits:							
	14/9/18				15	0	Total Credits					6	6	7
	21/9/18				10	0	Balance due to Paymaster					6	6	7
	29/9/18				4	4	Total Debits					6	6	7
	Other Debits:						Balance due by Paymaster					6	6	7
	Clothing & Necessaries				1	3	Total Credits					6	6	7
	Barack Damages					6	Balance due to Paymaster					6	6	7
Misc. Stoppages				2	5	Total Debits					6	6	7	
Total Debits				6	6	7	Total Credits					6	6	7
Balance due by Paymaster				6	6	7	Balance due to Paymaster					6	6	7

CHECKED
15/10/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191

Made up & checked in accordance with information received in the Pay & Record Office _____ O.C. Company. _____
and is therefore subject to amendment if and as may be found necessary. London to 27/9/18

Pay & Record Office, London,

15th Oct. 1918

Chief Paymaster & Officer i/c Records.

Originals

This space to be left blank
for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	<u>5561</u>	Army Rank	<u>Private</u>																				
Name	<u>McDonald Donald Richard</u> (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)																						
Corps	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>																						
Battalion, Battery, Company, Depôt, &c.	<u></u> (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)																						
Date of discharge	<u></u>																						
Place of discharge	<u></u>																						
1.	Description at the time of discharge.		Descriptive marks.																				
Age	<u>19</u> years _____ months	<table border="1"><tr><td colspan="2">COPIES SENT</td></tr><tr><td>To</td><td>No</td></tr><tr><td>M. or M.</td><td><u>5242/104</u></td></tr><tr><td>Dis. for En.</td><td><u>1/11</u></td></tr><tr><td>Dis. for</td><td><u>1/11</u></td></tr><tr><td>Dis. for</td><td><u>1/11</u></td></tr><tr><td>Dis. for</td><td><u>1/11</u></td></tr><tr><td>Dis. for</td><td><u>1/11</u></td></tr><tr><td>Dis. for</td><td><u>1/11</u></td></tr><tr><td>Dis. for</td><td><u>1/11</u></td></tr></table>		COPIES SENT		To	No	M. or M.	<u>5242/104</u>	Dis. for En.	<u>1/11</u>	Dis. for	<u>1/11</u>	Dis. for	<u>1/11</u>	Dis. for	<u>1/11</u>	Dis. for	<u>1/11</u>	Dis. for	<u>1/11</u>	Dis. for	<u>1/11</u>
COPIES SENT																							
To	No																						
M. or M.	<u>5242/104</u>																						
Dis. for En.	<u>1/11</u>																						
Dis. for	<u>1/11</u>																						
Dis. for	<u>1/11</u>																						
Dis. for	<u>1/11</u>																						
Dis. for	<u>1/11</u>																						
Dis. for	<u>1/11</u>																						
Dis. for	<u>1/11</u>																						
Height	_____ feet _____ inches																						
Chest measure- ment	{ girth when fully expanded _____ ins. range of expansion _____ ins.																						
Complexion	_____																						
Eyes	_____																						
Hair	_____																						
Trade	_____																						
Intended place of residence (To be given as fully as practicable)	{ _____ _____																						
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)																							
2. The above-named man is discharged in consequence of _____ _____ _____																							
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)																							
3. Military character:— _____																							
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____ _____ _____																							
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.																							
Initials of Commanding Officer. _____																							
Army Form B. 2088 has been issued to* _____																							

To be filled in on the soldier quitting the Colours.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Donald R. McDonald

in respect of his service as No. 5561 Rank Pte.

Name D.R. McDonald Royal Nfld. Regt.
~~Mtd. Forestry Corps~~

Receipt of the same should be acknowledged hereon.

Received 14 day of February

Signature Mrs Lucy Mc Donald

Date February 14

Address West Gul de Lac

[P.T.O.]

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

R. D. Rusk

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay							
No.		Age on	years	months	Religion							
<i>5561</i>	<i>Donald R. McDonald</i>	Place and Date of Enlistment	<i>St. John's</i>	<i>17.6.18</i>	<i>C of C</i>							
Joined	Date	Period of	with Colours	/	years.	Place of Birth						
Joined	Date						with Reserve	/	years.	<i>West-Cut-de-Sac</i>		
Joined	Date											
Joined	Date											
Place	Date of Offence	Rank	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS				
<i>St. John's, N.S.</i>	<i>1918</i> <i>July 28</i>	<i>Pte.</i>	<i>Absent from Police Duty 1/2 hr. by pass from 4 pm. to 6 pm.</i>	<i>St. John's</i>	<i>7 Days C.B.</i>	<i>29/7/18</i>	<i>Capt. L. Murphy</i>	<i>See</i>				
			<i>Demobilized St. John's 8 1/19</i>									

To be carried over.

Army Form B. 121.

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

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

- 1. Unit and Corps *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *5561* 3. Rank *plc* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Macdonald* *Ronald R.* (a) Former Regts. or Corps with Regtl. Nos.
- 5. Age last birthday *19*
- 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 (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

- 11. Date of origin of disability. *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. *ny*

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. *1st Coy. 1st New Brunswick Bn.* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5561* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Macdonald* *Ronald R.* (a) Former Regts. or Corps. with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *19*
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 (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *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. *27*

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.)

No Complaint 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.

Repatriation

W. E. Proctor *Act Rame.*

Medical Officer in charge of case.

Station *Hayleydon*

Date *1/4/18*

* 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.

The Royal Newfoundland Regiment

Dr. 61

DEMobilIZATION OF

Reg. No. *5561* Rank *Plt.* Name *J. McDonald*
 Date of Enlistment *1-6-18* Address *Whitfield, St. John's* District *3*
 Occupation *Postman* Classification for Discharge *F* 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*

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

His
D. McDonald
Wife

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 *[Signature]*

Date *11-7-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9893 to his home at West. Coll. D. Lee and Release Certificate No. 3448 issued.

Date 11-7-19

J. H. Snowcliff
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 11-7-19

Date 11-7-19

J. H. Snowcliff
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	
B 178a	D 400A	B 1915	do 2nd	" 3	<i>E. F. ... 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. H. Snowcliff
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

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

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

Date Aug 7/19

[Signature]

Reg. No. *5561* Rank *Pvt* Name *MacDonald D.*

Attested Address *West. Cut-de-Sac,*

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 DEMOBILIZATION

COPY.

Q. 5561

This space to be left blank for the Chelsea Number.

[Empty box for Chelsea Number]



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>5561</u>	Army Rank <u>Private</u>
Name <u>McDonald Donald Richards</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>19</u> years _____ months Height _____ feet _____ inches Chest measure- ment { girth when fully expanded _____ ins. { range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade _____ Intended place of residence { _____ (To be given as fully as practicable) { _____	Descriptive marks.
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of _____ _____ _____	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:— _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 459 was awarded in this case.	
Initials of Commanding Officer.	
Army Form B. 2088 has been issued to* _____	

To be filled in on the soldier quitting the Colours.

Medical Report on an Invalid.

Station Haystack Down Camp
 Date 10/9/18

1. Unit Royal Wfla Regt.
 2. Regimental No. 5861
 3. Rank Pte
 4. Name McDonald Richard
 5. Age last birthday 19
 6. Enlisted { on 12 May 1918
 at St John's Wfla.
7. Former Trade or Occupation } Fisher man
 7A. If with previous service in Army, state—W.A.
 (a) Former Unit ;
 (b) Regimental No. ;
 (c) Date of Discharge ;
 (d) Cause of Discharge.



8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Old scar dorsum of foot with stiff great toe life

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
 10. Place of origin of disability.
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

He states that whilst in the lumber woods he was cut with an axe.

Scar received prior to enlistment therefore not attributable to military service
W.A.
W.A.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Scar over tendons on dorsum of right foot
Great toe stiff.
Inability to walk without a limp
Unfit for active service

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
(b) Where?
(c) Opinion?

na

16. Was an operation performed? If so, what?

na

17. If not, was an operation advised and declined?

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Discharge as permanently unfit
for military service

Mr. C. R. C.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.

COPY

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname McDonald Christian Name Donald Richard

TABLE I.—GENERAL TABLE.

Birthplace ... Parish West Col de Sac County Newfoundland

Examined ... { on 1 day of June 1918.
at St Johns

Declared Age ... 19 years ... days.

Trade or Occupation ... Fisherman

Height ... 5 feet, 7 1/4 inches.

Weight ... 140 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches.
Range of Expansion 3 inches.

Physical Development ...

Vaccination Marks { Arm ... Right Left
Number

When Vaccinated ...

Vision ... { R.E.—V = 4/6
L.E.—V = 4/6



(a) Marks indicating congenital peculiarities or previous disease ...

(b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) Majr J. Lanouet Paterson
(Rank) Majr Medical Officer.

Enlisted ... { at St Johns
on 1 day of May 1918.

Joined on Enlistment ...
Transferred to ...
Table with columns: Corps, Regtl. No. (5561), ROYAL NEWFOUNDLAND REGIMENT.

Became non-effective by ...
on ... day of ... 191 ...
(Signature) _____
(Rank) _____

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

Date	Brief details, and signature
4-6-18	Vacc LP
10-9-18	<p>Boards Hazelby Down Camp. Marked F Category Old Scar dorsum of foot (Authy W. J. M. Carter) = Stiff great toe R foot (Sgt) J. S. P. Knight Capt. [Signature]</p>

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