



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5699 Name John McDonald ~~Corp~~ Ric.

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

1. What is your name? ..... 1. John McDonald
2. What is your full Address? ..... 2. Grand River, St. George's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 0 Months
5. What is your Trade or Calling? ..... 5. Farmer
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name ..... Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. Yes

I, John McDonald do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John McDonald  
SIGNATURE OF RECRUIT.  
John McDonald  
Signature of Witness.

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

I, John McDonald 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. George's on this 17th day of June 1915.

Signature of Attesting Officer Asst. Dick-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) .....





30-5-19.

To be Discharged from Hospital ~~to-morrow~~:

Unit.	Squadron, battery, or company.	Regtl. No.	Rank and Name.	
2 Newfoundland.	"B"	5697.	Pte:	McDonald, J.  E. H. Haynes CAPT RANK.  LT. COLONEL, OFFICER IN CHARGE



Ward 4 Magdalen Hospital. No. of Bed 31 Date 10/4/19

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
<u>5697</u>	<u>Pte M. E. Donald</u>	<u>2nd Bn. Royal</u>	<u>L. Foot</u>

## SHORT HISTORY OF CASE.

(To be completed by M.O. if case.)

Fr. 5  
Meta tarsal

## REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate \_\_\_\_\_

Plate show a fracture of  
lower end of 4<sup>th</sup> meta tarsal

Signature of M.O. Phua LeeSignature of Radiographer E. D. HeadDate 10/4/19Date 10-4-19

C.R. 5697

Extract from Daily Orders part II, from Unit The Royal Wilt.

Regiment, St. John's, dated June 18, 1918

#5697 Pte. John McDonald.

Attended for General Service with the Royal Wilt. Regt.

from 17-6-18

C.R. 5697

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

The following, an embark for overseas on H.M.S.  
"Columbellie" July 22, 1918.

#5697 Pte. John MacDonald.

C.R. 5697

Extract from Daily Orders Part II Unit The Royal Field. Regts.  
St. John's, July 24th 1919.

5697 Pte. J MacDonald.

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



C.R. 5697

Extract from Medical Board held on MONDAY  
EVENING July 7th. 1919 the following were the findings.

#5957 Pte. J. McDonald.

5697

Recommended discharge from the army.

C.R. 5697

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Sept Pte. John's dated Aug. 20th 1919.

The discharge of the undernoted on demobilization has been  
CERTIFIED by officer i/c records from noted date 9-8-19.

5697, Pte. John McDonald.

C.R. 5697

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 15th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED <sup>by</sup> O.C. Discharge Depot, with effect from 26-7-19.

5697 Pte. J. McDonald.

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

# MEDICAL HISTORY

OF

Surname McDonald

Christian Name John

Table I. GENERAL TABLE

Birthplace:—Parish

Grand River, St. George's

County

Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	1914	June	191	
	at <u>St. John's</u>		at	
Declared Age	21	years		days
Trade or Occupation	<u>Farmer</u>			
Height	5	feet <u>9 3/4</u>		inches
Weight		<u>114</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded			inches
	Range of Expansion			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>—</u>		<u>1 Scar.</u>	
When Vaccinated	<u>8 years ago.</u>			
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamin Paterson</u>			
(Rank)	<u>Major</u>		Medical Officer.	
Enlisted	at	<u>St. John's</u>	at	
	on	1914 day of <u>June</u>	on	day of 191
		Corps.	Corps	Regtl. No.
Joined on Enlistment	<u>Royal Nfld Regiment</u>			<u>5697</u>
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission or of trauma
	Day	Month	Year	Day	Month	Year			
Hazeley Down	26	12	18	4	JAN	1919	J.C.V. leg right	9	
MAGDALEN CAMP HOSPITAL WINCHESTER.	7	4	19	30	5	19	Fracture of right bone and <del>fracture</del> of left ankle	54	Ceswick

ick list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

*H. H. H. H.*

MAJOR, R.A.M.C.  
OFFICER in MILITARY HOSPITAL.

the left above - w. l. h. h. h.  
- how much becomes

*C. H. H. H.*

[P.T.O.]



J McDonald

CR: 5697

Sept





# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, John Mc Donald, Regl. No. 5697

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins August 1st / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4733	Mother	Mrs J. A. Mc Donald	Searston Grand River. St George's	50	00
Total Allotment, \$				50	00

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.) L. G. James  
Officer Commanding

(Sig.) John Mc Donald

St-John  
July 8<sup>th</sup>  
F Company

(Rank) Pte

No. 19223/2156

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn Royal Nfld. Regt.  
Winchester.

25th November 1918

Subject: 5697, Pte. J. MacDonald B

With reference to the following telegram (10080) from the Hon. Minister of Militia, received

Pay to 5697 MacDonald £2:1:0

Draft £2:1:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. L. Carter*  
Chief Paymaster & O. i/c Records.

Nov. 28th 1918

Receipt hereunder.

*J. Barton*

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commanding 2nd Bn. Royal Newfoundland Regiment

Received the sum of Two pounds one shilling on account of cable remittance from Newfoundland.

J. P. Donald  
No. 5697 Rank Pte.

Witness: *A. L. Carter, Pte.*

McDonald, J

5697

Hay sept

August 14, 1919

#5697 Pte. John McDonald,  
Grand River,  
ST. GEORGE'S DIST.

Dear Sir:-

Please find enclosed Discharge Certificate #3676.

Yours truly,

Captain & Paymaster.

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 697 Rank Plt Name McDonald  
 Date of Enlistment 17-6-18 Address Grand River District St. George's  
 Occupation Farmer Classification for Discharge B Medical Category F1  
 Recommendation S.M.B. Physically Unfit Disability Rating Nil

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		

356-1  
3 172-1

Date 11-7-19O. C. Discharge Depot. M. McDonald

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am McDonald 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 \$60.00

(b) Clothing Supplied .....

Date 12-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2450 to his home at Grand River and Release Certificate No. 3534 issued.

Date 12-7-19

*J. J. Shauloff*  
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 9-8-19

Date 12-7-19

*J. J. Shauloff*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	2
B 178a	D 400A	B 1915	1	do 2nd	" 3	2
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				

*2.25-5-1*  
*31.72-1*

Date 12-7-19

*J. J. Shauloff*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 26 1919

Date .....

*L. 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.

Signature of Man.

Reg. No. 5697

*J. H. Shawloft*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

12-7-19

191

August 16, 1919

Mr. John McDonald,  
Grand River,  
ST. GEORGE'S.

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..... *John* ..... 2. Surname..... *McDonald* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *5697* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Grand River St Georges* .....
- .....
6. Date of enlistment in the Regiment..... *June 14/19* .....
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 Nfld. If so, give dates and particulars of such service..... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months* .....
- ..... 1.2 .....

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

*no*

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

*no*

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

*no*

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*no*

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

*no*

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

*no*

19. Are you now serving in the Res? If not give:- (a) date of discharge, *July 26/19* (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.

*J W Donald*

Signature of Applicant:

Place of Residence: *Grays River, St George's,*

Declared before me at: *St John's*

This *17* day of *July* 19*19*....

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

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



6511

Searston  
Sept 14/19

Dear Sir

I beg to inform  
you that I had no  
leave home before getting  
my discharge and I  
want to know if  
I am not intitled to  
a month leave and my  
board and pay if so  
I received no pay for it  
up to this date so I  
will be expecting to  
hear from you soon  
with the good results  
I am yours faithfully

5677 John McDonald

When paid at the dept  
then man was paid  
two week pay &  
his ~~the most~~ ~~best~~  
Dillon & Co. Advance

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of The Royal Newfoundland

Number of Sheet One  
Signature of O. C. Company R. B. Drake Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5697 John M. Donald</u>	Age on	years	months	
Joined		Place and Date of Enlistment		Trade	
Joined		Period of		Religion	
Joined		with Colours		Place of Birth	
Joined		with Reserve		Trade	

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>Hazelby Camp</u>	<u>16-18-18</u>	<u>Pte</u>		<u>Not answering roll call at 21-30.</u>	<u>Sgt Piercey</u>	<u>2 days C.B.</u>	<u>18/1/18</u>	<u>Sr W. Stanger</u>	<u>W.S.</u>
"	<u>5/11/19</u>	"	<u>I</u>	<u>in Parachute St about 3300</u>					
			<u>II</u>	<u>Disorderly Conduct 1/2 taking part in a fight in Parachute about 3300.</u>	<u>Documentary</u>	<u>14 days C.B.</u>	<u>5/15/19</u>	<u>Al B. J. Barton</u>	<u>W.S.</u>
			<u>III</u>	<u>Assisting the escort</u>					
				<u>Demobilized St John's</u>		<u>9 8/19</u>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5697 Rank Plt Name J. McDonald  
 Date of Enlistment 17-6-18 Address Grand Falls District St. George's  
 Occupation Farmer Classification for Discharge B Medical Category F1  
 Recommendation S.M.B. Physically Unfit Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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		256 1	" 6	
B 179c	B 120	M 93		3 172-1		

Date 11-7-19 O. C. Discharge Depot J. McDonald

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

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 AMC [Signature]

Date 12-29-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above has been provided with Travelling Warrant No. B2450 to his home  
at Grand River and Release Certificate No. 3534 issued.

Date 12-7-19

*J. A. Howcroft*  
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 9-8-19

Date 12-7-19

*H. M. ...*  
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 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		

*1/2 Form B*

Date 12-7-19

*J. A. Howcroft*  
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 26 1919

*H. R. Coe*  
O. C. Discharge Depot.

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

Date Aug 7 1919

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. 5697.....

Name Mr. Donald John.....

Address Grand River.....

Present Medical Category E.....

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

(b) Standing Medical Board.....

Members of Board {

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

J. P. Atkinson  
Senior Medical Officer

See Berdeu  
M. O. Depot

**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**.....
2. Regtl. No. **5697**.. 3. Rank... **Pte.**.....
4. Name **McDonald John**.....  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade }  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
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  
(b) Where  
(c) Opinion of Court
- (d) Particulars of Pension or Gratuity  
(if any)

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

### Statement of Case.

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

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

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

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

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

**Fract. 4 Metatarsal bones & sprain of L. Ankle at Winchester. treated Magdalen Hp 54 days; Vide A.F. 6176. Makes no complaint of disability now. Complains of Dyspnoea on exertion. ~~EMPHYSEMA~~ diminished expansion. with pain at end of expiration. Pulse weak**

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

20. Do you recommend— **Repatriation.**

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

RECOMMENDATION.

**(SGD) W.E. Procmier.**

Medical Officer in charge of case.

Station .....

Date .....

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

**OPINION OF THE MEDICAL BOARD.**

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

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

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

21. Give diagnosis and particulars of :—

SYMPTOMS OF DYSPNOEA:

(a) Any disability claimed or discovered. **Dyspnoea on exertion.**

(b) The present condition thereof.

**Pulse 80. states that when walking has to stop to catch his breath. Felt the same way a year & a half ago. Before enlistment. . General condition Good. Weight 171 Lbs.**

22. State whether the disabilities are :—

(a) Attributable to

(b) Aggravated by

- |                                                                          |       |       |
|--------------------------------------------------------------------------|-------|-------|
| (i) Service during the present war .. .. .                               | ..... | ..... |
| (ii.) Previous active service.. .. .                                     | ..... | ..... |
| (iii.) Climate in pre-war service .. .. .                                | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. .                   | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | ..... | ..... |

Give details :

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

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

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures). **Nil.**
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade FV. only? **Yes.**
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement

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

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

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

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

(SGD) N. S. FRASER ..... } President or Chairman.

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

Date ..... JULY 7/19 ..... " L. PATERSON, MAJOR.

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

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

Date ..... No. .... OR Officer in charge, Central Hospital.

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

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

Station ..... O.C. Discharge Centre.

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 } *Farmer*
2. Regtl. No. *5697* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Macdonald J.* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *22*
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. *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?

*No 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, &c., 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 invaded at Foreign Stations.

*Repatriation*

*W. E. Proenier, Capt. Name*

Medical Officer in charge of case.

Station *Aozelay, Bourm*

Date *27.7.19*

\* 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



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3697 Rank Pvt Name Mc Donald J  
 Intended place of residence Grand River  
 2. Occupation Farmer  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

### DEMobilIZATION

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 12 1919

[Signature]  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 12 1919

J Mc Donald  
 Signature of soldier  
[Signature]  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date

J Mc Donald  
 Signature of soldier  
James O Newman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 17-6-18 No. of days on Military  
 Discharged from service JUL 26 1919 Plus 14 days Service 419

### 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

[Signature]  
 Officer in Charge  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date

[Signature]  
 Officer in Charge  
 The Royal Newfoundland Regiment

CRB 2019/3676

14  
31  
9  
511



# Descriptive Return of a Soldier Discharged on Account of Disability

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *John McDonald*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5697*

Intended address *Grand River*

Height on discharge *5* Feet *10 1/2*

Color of hair on discharge *Dark Brown*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Fair*

Christian name of Father *Joseph*

Christian name of Mother *Mary*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Grand River 16-5- age 22-1898*

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)

(Rank) *R/C*

Station *John McDonald*

Date *July 7th 1919*

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