



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5986 Name William McDonald Corps Col E

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

- |  |                                  |
|--|----------------------------------|
| 1. What is your name? .....  | 1. <u>William McDonald</u>       |
| 2. What is your full Address? .....  | 2. <u>Bank Rd Bay St. George</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                    |
| 4. What is your age? .....   | 4. <u>24</u> Years .....         |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>              |
| 6. Are you Married? .....  | 6. <u>No</u>                     |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                     |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                    |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                    |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                   |
|  | Corps .....                      |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                   |

I, William 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.

William McDonald SIGNATURE OF RECRUIT.

10-8-18 John P. Mouton Signature of Witness.

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

I, William 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. John's on this 10th day of August 1918.

Signature of Attesting Officer Asst. Col. L. H. ...

### †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 12-8 1918

Place St. John's

Signature of Approving Officer John ...

† 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

5986

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

Name William Mc Donald  
 Apparent age 24 years        months. Height 5- feet 6 3/4 inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 { Range of expansion 3 inches  
 Distinctive marks       

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Farrelly  
Great Service A B | Relationship Mother  
 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>10-8-18</u>									
Joined at <u>M. J. H. S.</u> on <u>August 10-1918</u>									
<del>Re-embarked August 1919</del>									
Embarked <u>M. J. H. S.</u> train to <u>Halifax N.S.</u> <u>22.9.18</u>									
Posted to <u>6 Coy</u> <u>New Brunswick</u> <u>10-12-18.</u>									
To <u>Leopoldsdorf</u> for demobilization <u>24.6.1919</u>									
Arrived <u>Leopoldsdorf</u> <u>1-7.1919</u>									
Total Service forfeited as above..... <u>Demobilization M. J. H. S. 5-8-19</u>									
Total Service towards Engagement to <u>5-8-1919</u> (date of discharge) <u>      </u> years <u>361</u> days									
Pensions " " " " " " " " " " " "									

C.R. 5986

extract from daily orders part II Royal Newfoundland  
Regiment Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by Officer i/c Records from 5-8-19.

5986, Pte. Wm. McDonald.



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 B., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. Royal Newfoundland } Former Trade or Occupation } Fisherman  
2. Regtl. No. 5986 3. Rank. PL }  
7a. If the soldier claims previous service in Army, he should state—  
4. Name Mc Donald William } (a) Former Regts. or Corps ;  
(Surname) (Christian Names) } with Regtl. Nos.  
5. Age last birthday 24

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  
(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  
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 }<br>man's part. } | .....               | .....             |

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

*No Complaints of no 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.

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.)

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

*Repatriation*

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

*W. E. Trocunier* *Capt. Rame*  
Medical Officer in charge of case.

Station *Harley Down*  
Date *5/4/19*

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

C.R. 5986

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

The discharge of the unmentioned on demobilization has been  
APPROVED by C.O. Discharge Depot, with effect from 10-7-19  
21-7-19

5986 Pte. W. McDonald.



C.R. 5986

Extract from Daily Orders sent to Unit The Royal Nfld.  
Regt. No. John's, dated August 17th, 1910.

5986 Pte. W. MacDonald.

Granted leave from 17-8-10 to 26-8-10.

C.R. 5986

Extract from Daily Orders part II, from Unit The Royal  
Nfld. Reg. St. John's, dated August 18, 1918.

#5986 Pte. William McDonald.

Attested for General Service with The Royal Nfld.  
Regt. from <sup>10</sup> 2-8-18



C.R. 5986

Extract from telegram from Syn., London to Military.  
dated June 26th 1919.

Remittances received as follows have not been paid - soldier  
reatriated - you can ~~pay~~ adjust.

5986, McDonald. £11. 6. 0.

C.R. 5986

Extract from Nominal Roll Entrained St. John's for Overseas,  
Sept. 22, 1918. "M"

5986 Pte. MacDonald. William.

C.R. 5986

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

5986 Pte. W. MacDonald.

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



W. M. Donald

C.R. 5986

1890







McDonald, W<sup>m</sup>

5986

Joseph

August 5th 1919.

#5986 Pte. Wm. McDonald  
Great Jarvis, H.B.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3385.

Yours truly,

Capt. \*

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5986 Rank Pte Name McDonald Wm  
 Intended place of residence Great Garrison  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of  
**DEMobilIZATION**  
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place, ST. JOHN'S  
 Date JUL 8 1919  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 8 - 1919  
 Signature of soldier  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 8 - 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 10-8-18 No. of days on Military  
 Discharged from service JUL 22 1919 Plus 14 days Service 361

### 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 22 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 5/1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

*Handwritten notes and signatures at the bottom of the page.*



# The Royal Newfoundland Regiment

Class for Demobilization: 26.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 1.7.19

Regimental No 5986

Name Lt. Donald William Rank Pls

Address Bay St Georges

Present Medical Category A-

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

Members of Board

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

H. Watson  
Senior Medical Officer

D.W. Borden  
M. O. Depot

# The Royal Newfoundland Regiment

**DEMOBILIZATION OF**

Reg. No. 5986 Rank Pte Name Mr Donald Wm  
 Date of Enlistment 10-8-18 Address Bay St Georges District St Georges  
 Occupation Fisherman Classification for Discharge 4 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1/36	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	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 7-7-19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*William 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

(b) ~~Clothing Supplied~~

Date 8-7-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2227 to his home at Bay St George and Release Certificate No. 3290 issued.

Date 8-7-19 *J. A. Snowcroft*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-8-19

Date 8-7-19 *H. Mans*  
Depot Paymaster.

Discharged approved for 22-7-19

Forwarded with following documents to O. C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date 8-7-19 *J. A. Snowcroft*  
O. C. Discharge Depot.

**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 22 1919 *N. R. Cooper Capt.*  
for 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.

*W McDonald*

Signature of Man.

*J. J. Shaver*

Signature of the Vocational Officer or his Representative.

Reg. No. 5986

Place

*St Johns*

Date

*8-7-19.*

191

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

# MEDICAL HISTORY

Surname McDonald

OF Wm Christian Name

Table I.—GENERAL TABLE

Birthplace:—Parish

Grand Terrace County Newfoundland

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined on 10 day of Aug 1918 on day of 191

at St. John's at

Declared Age 24 years days years days

Trade or Occupation Yeoman

Height 5 feet 6 3/4 inches feet inches

Weight 138 lbs. lbs.

Chest Measurement { Girth when fully expanded 34 inches inches  
Range of Expansion 3 inches inches

Physical Development

	Right	Left	Right	Left
--	-------	------	-------	------

Vaccination Marks { Arm .....  
Number .....

When Vaccinated R.E.—V=6/8/9 L.E.—V=6/8/9

Vision (a) (b)

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

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

Approved by (Signature) Lammie Paterson Medical Officer

Enlisted at St. John's on 10 day of Aug 1918 on day of 191

Corps	Regtl. No.	Corps	Regtl. No.
-------	------------	-------	------------

Joined on Enlistment Royal Newfoundland Regiment

Transferred

Became ineffective by on day of 191 on day of 191

(Signature)

(Rank)





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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5986* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Macdonald* *William* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday... *24*.....
- 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. *nil*

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

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

*The complainant of no disability*

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

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.)*

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. Proemer. Capt. Rame*

Medical Officer in charge of case.

Station *Hazeley Down*

Date *8.14/19*

\* 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

**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 West Gloucesters* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5466* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Mc Donnell W.*  
(Surname) (Christian Names)
5. Age last birthday... *24*
6. Posted for duty on *Aug 10/18* at *St John*  
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. *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? } na.

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.)*

*He complains 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?

*na.  
na.  
na.  
na.*

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. Procuier, Capt Reme.*  
 Medical Officer in charge of case.

Station *Hopley & Camp*  
 Date *1/4/19*

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

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 } *Sherman*
2. Regtl. No. *5461* 3. Rank... *15* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *McDonald W.*  
(Surname) (Christian Names)
5. Age last birthday... *24*
6. Posted for duty on *Aug 10/15* at *St John's* 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. *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? } *na.*

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 Complaints of no disability*

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
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? *na.*
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? *na.*

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*

*D. E. Procunier .. Cap Rome*  
 Medical Officer in charge of case.

Station *Hazelton D Camp*  
 Date *18/6/19*

\* 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.



Temp.

A.F. B.178

MEDICAL HISTORY of

Regimental No. ....

Region .....

Regimental No. ....

Surname ... *McDonald* ...

Christian Names ... *SW.* ...

TABLE I.—General Table

Birthplace { Parish ...  
County ...

Examined { on ... day of ... 191 ...  
at ...

Declared Age ... years ... days.

Trade or Occupation ...

Height ... feet ... inches. Weight ... lbs.

Colour of Hair ... Complexion ...

" Eyes ...

Chest Measurement { Girth when fully expanded ... inches.  
Range of expansion ... inches.

Physical Development ...

Vaccination Marks { Arm, RIGHT | LEFT  
Number ...

When Vaccinated ...

Vision { R.E.—V = ... With Glasses { R ...  
L.E.—V = ... L ...

Identification Marks, such as Tattoo, Moles, Scars, etc.:-  
...  
...

Defects or Ailments:-  
...  
...

Examined and found—

Fit for Grade { I.  
II.  
III.  
IV.

(Strike out those which do not apply.)

Signature ...  
Chairman of Medical Board.

Re-examined for posting at ...

On ... day of ... 191 ...

Enlisted { at ...  
on ... day of ... 191 ...

Joined on enlistment Corps ... Newfoundland ... Regtl. No. ... 6786 ...

Transferred to ...

TABLE III.—Boards, Courts of Enquiry, 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.

Table with 2 columns: Date, Brief details and Signature. The table body is mostly empty.

Special Remarks: state if a discharged Soldier

...  
...  
...

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. The table body is empty.

Became non-effective by ...

on ... day of ... 191 ...

(Signature) ...

(Rank) ...

**TABLE II.—Only for admissions to Hospital or to the Sick List in Case of Warrant Officers treated in quarters.**

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
O. 1 MILITARY HOSPITAL, KINNEL PARK	14	10	78	29	11	18	Influenza	147	Fit to rejoin Unit	<i>W. Hamilton</i> Capt M.D.

O. 1A. CONVALESCENT DIVISION  
MILITARY HOSPITAL, KINNEL PARK.



## 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, William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *598*

Intended address *Wagon Corp*

Height on discharge *5* Feet

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Liana*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Trinidad 5-11-1897*

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) *McDonald W*

*W*  
(Rank)

Station

Date *JUL 4 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.

Station

Date



Medical Officer i/c Hospital,  
Unit or Command Depot.



August 12, 1919

Mr. William McDonald,  
Bark Head,  
BAY ST. GEORGE.

Dear Sir:-

Referring to your application I enclose cheque for  
seventy dollars (\$70.00), being amount of first payment due  
you on account of the 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... *William* 2. Surname... *W. Donald*  
3. Rank... *Pte* 4. Reg't. No... *5986*  
5. Address in full to which future payments of gratuity are to be forwarded... *Bark Head*  
6. Date of enlistment in the Regiment... *9 Aug 18*  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No*  
8. Relationship of such dependents... *No*  
9. Address in full of such dependents... *No*  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No*  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *England only*  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *10 mos.*  
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?..... *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled..... *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?..... *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *No*

19. Are you now serving in the Regt.? *No*... If not give: (a) date of discharge... *July 1919* (b) Reason for discharge... *Desert*  
*Aug 15/19*  
*Scots*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service,....  
*No England only*

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..... *No*

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.



-3- William McDonald

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Bank Head B.S.W.G.*

*St Johns*

day of

*July*

1919

*John D. Castle*  
*J.P.*

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

POST DISCHARGE PAY.

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

Certified correct.

Registrar

only entitled to 3 payments.  
What back money does he  
mean?

Bank Head  
Office  
7589  
Nov 20<sup>th</sup> - 1919

Dear Sir:

I only received  
three Payments  
since I had  
my discharge.  
and I did  
not get my back  
money.

I should receive  
four cheques  
without my back  
money

Yours truly  
7589  
W. N. Wright  
Bank Head Office

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company C. P. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5986</u>	Age on	<u>24</u> years <u>10</u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>10-10-18</u>	Religion	
Joined	Date			<u>C of E</u>	
Joined	Date	Period of	with Colours <u>36 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date			<u>Grand Jervis HB</u>	

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>Demobilized St John's 5 1/19</u>					

To be carried over.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5986 Rank Pte Name McDonald, Wm  
 Date of Enlistment 10-8-18 Address Bay St George's District St George's  
 Occupation Suberman Classification for Discharge F1 Medical Category F1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 136	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 7-7-19

Wm H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

William 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

(b) ~~Clothing Supplied~~

Wm H. McDonald

Date 8-7-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. B2227 to his home at Bay St George and Release Certificate No. 3290 issued.

Date 8-7-19

*J.A. Howlett*  
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.....

Date 8-7-19

*J.A. Howlett*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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
B179c	B 120	M 93		

*2 Form B*

Date 8-7-19

*J.A. Howlett*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 22 1919

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

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

Date July 27/19

*[Signature]*