



FIRST NEWFOUNDLAND REGIMENT

Re

ATTESTATION OF

No. *3003*

Name *Jas. Jos. Hevle*

Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <i>James Joseph Hevle</i> |
| 2. What is your full Address? | 2. <i>39 St. John's</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>39</i> Years <i>5</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Railroading</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name
Corps <i>Yes</i> |
| 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. <i>Yes</i> |

I, *James Joseph Hevle* 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *James Joseph Hevle* 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 fully 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 *2nd* day of *August* 191*6*.

Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the *1st* *Regt.* 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

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

Name James Joseph Neville
 Apparent age 24 years 5 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Neville, 39 Young St., St. John's | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-8-16</u>									
Joined at <u>St John's</u> on <u>August 1st 16</u>									
<u>Embarked St John's St. John's for HMS 28th 16</u>									<u>Signature (after pension for disability) 23-2-18</u>
<u>Arrived Liverpool 25-2-18.</u>									
<u>Discharged Medically unfit 11-4-18</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-4-18</u> (date of discharge) <u>1</u> years <u>252</u> days									
Pension									



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of James J. Reville
aged 24 conducted at C. L. B.
Date: 6/20/17 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no
10	n
11	n
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	6/16 6/30 nt.
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	no
34	5-7
35	138 lbs
36	37-37
37	\$ 45 per month
38	parents Michel Reville 59 years old
39	now

No report June 1st 17
 3003

30
21.7°

24

Signature of Medical Examiner:

Sw. Burden

Young St.

Duplicate

Medical Report on an Invalid



Station Hazley Down Winchester

Date 3 - 1 - 18

- 1. Unit 2nd ROYAL NEWFOUNDLAND
- 2. Regimental No. 3003
- 3. Rank PTE
- 4. Name NEVILLE. JAMES. J.
- 5. Age last birthday 25 years
- 6. Enlisted { on at St John's Newfoundland
- 7. Former Trade or Occupation) Railroader.

8. Disability.

Haematuria after operation for Calculus 693.

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. About middle of Nov. 1916
- 10. Place of origin of disability. Ayr (Scotland)
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Reported blood in urine, pain in left side, and frequent passing of water — 27-11-16 sent to Stobhill Glasgow, stayed there 2 months. Then back to Ayr 3 weeks back to Stobhill 26 Feb 1917. Operated on Aug 16. pain again 1 month after this date and Blood in urine stayed there till Jan. 30th, 1918 Came here Hazley Down on 30-1-18

- 12. (a) Give your opinion as to the causation of the disability. Constitutional
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). 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.

has a scar
well healed steel has pain in left
side, frequent urination, with
blood. after exercising — see attached
report from 4th Scottish Gen Hospital.

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

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

} *Y/a.*

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

If so—(a) When?

(b) Where?

(c) Opinion?

} *Y/a.*

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

Yes

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

Y/a

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?

Y/a

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Discharged as permanently unfit
R. H. M. C. R. & P. 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.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalidated, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (*see* Articles 1162 and 1165, Pay Warrant, 1913.)

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

no vide sect 12.

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*Werne you free from blood & albumen.
States has pain in left side occasionally.*

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

(c) Any of the conditions mentioned in question 20, and if so, which?

no

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

20%

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

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

26. Do the Board recommend

(a) Discharge as permanently unfit,
or

yes

(b) Change to England?

Signatures:—

H. J. Jones _____ President.

Station *St Johns* _____
Date *Mar 28/18* _____
Pender _____
Pateron _____ Members.

Approved
DIRECTOR OF MEDICAL SERVICES
MAR 28 1918
No. _____
NEWFOUNDLAND.

Cluny Macpherson _____
Administrative Medical Officer
D. M. S. NEWFOUNDLAND.

Copy



4th Scottish General Hospital
Jan'y 19th 1918. RAMC(T)

Pte Jas. Neville, 3003, 2/ Newfoundland Regt was admitted here on 26/2/17 suffering from pain in and frequency of micturition. He'd pain also in left loin, with tenderness over left kidney.

Was eventually found to have Calculus in bladder and the stone was removed on 18/8/17. The bladder symptoms have practically disappeared but patient still has occasional pain in left loin, with the occurrence of a small amount of blood in the urine. Repeated X Ray examinations has not shown the presence of a Calculus but does not of course exclude such.

Tubercle of kidney, which was at one time suspected, seems now unlikely. Repeated examinations of urinary sediment for TB have been negative.

As the man's condition precludes any prospect of his being useful as a soldier, his discharge from the Army is recommended.

(Sgd) D. Russell Capt RAMC(T)

4th Scot. Gen. Hosp.
Stobhill.
18/1/18



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station..... *St Johns.*

Date..... *June 7th 1919.*

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>36</i> |
| 2. Regimental No. <i>6335</i> | 6. Enlisted on <i>May/18</i> |
| 3. Rank <i>S/Pl</i> | at <i>St Johns.</i> |
| 4. Name <i>Murphy A.</i> | 7. Former trade or occupation <i>motorman</i> |
| | 8. Disability - <i>flat feet.</i> |

9. History. *about Dec/18. felt feet Pain, when standing attention. & very painful on both marches.*

10. What is his present condition?

well nourished

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

*Heart & lungs normal.
Left foot very flat. Rt
not so bad.*

Department of Military Medicine

Medical Department

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

No

Signature

S. J. Keen

Rank or Qualification

Capt

Remarks if any by Officer in Charge Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by:—
due to
- (a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Yes both feet very flat, painful when walking

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 20%
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? 15%
- (State in percentage.)

Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

[Signature]
.....
President

Signatures..... *[Signature]*
..... *[Signature]*
.....

Place St. John's
Date June 9/19

APPROVED

Station
Date



[Signature]
.....
Administrative Medical Officer.

J. J. Kessler

3008

P.R.O.

2

Originals

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.

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

No. <u>3003</u>	Army Rank <u>Private</u>
Name <u>Hewille James J</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>25</u> years _____ months Height _____ feet _____ inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes _____ Hair _____ Trade <u>Railroader</u> Intended place of residence { _____ (To be given as fully as practicable)	Descriptive marks. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> COPY SENT TO O.C. H.Q. ST. JOHNS. N.F.L.D. No. <u>2911/12</u> FEB 1918 </div>
<small>(The measurements and description should be carefully taken on the day the man leaves his unit. 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. 489 was awarded in this case.	
Initials of Commanding Officer. _____	

To be filled in on the soldier quitting the Colours.

Army Form B. 2088 has been issued to*

* Strike out if not applicable.



Mr J. J. Neville, 3003, 2/1, Newmarket Regt, was admitted here on 26/2/17 suffering from pain in the region of micturition. Had pain also in left loin, with tenderness over left kidney.

Was eventually found to have calculus in bladder & the stone was removed on 18/8/17. No bladder symptoms have practically disappeared but patient still has occasional pain in left loin with the occurrence of a small amount of blood in the urine. Repeated X-ray examination has not shown the presence of a calculus, but does not, of course, exclude such. Tubercle of kidney, which was at one time suspected, does not appear likely; repeated examinations of urinary sediment for T.B. have been negative.

As the main condition precludes any prospect of his being useful as a soldier his discharge from the Army is recommended.

St. John
Capt. R.A.M.C., T.

4th Dist. Gen. Hosp.
St. John
18/1/18

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
DATED 29/1/18
22/2/18

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P.S. No. _____
DATED 18 FEB 1918

Medical Report on an Invalid.

Station Hazelton Down Camp Vancouver
 Date 3 — 1 — 18

- | | | | |
|-------------------|-------------------------------|-------------------------------|-------------------------------|
| 1. Unit | <u>2nd ROYAL NEWFOUNDLAND</u> | 5. Age last birthday | <u>25</u> |
| 2. Regimental No. | <u>3003</u> | 6. Enlisted | <u>April 1916</u> |
| 3. Rank | <u>PTE</u> | at | <u>St Johns Newfoundland.</u> |
| 4. Name | <u>NEVILLE JAMES J.</u> | 7. Former Trade or Occupation | <u>Railroader</u> |

8. Disability.

Haematuria after operation for calculus - 693

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. About middle of Nov 1916
10. Place of origin of disability. Ayr (Scotland)
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
- 27/11/16 Reported blood in urine pain in left side and frequent passing of water sent to Stabhill Glasgow. stayed there 2 months. Then back to Ayr 3 weeks, back to Stabhill 26 Feb. 1917 operated on Aug 16. pain again in month after this date and blood in urine stayed there till Jan 30th 1918. came here Hazelton house on 30/1/18.

12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

Constitutional
R.A.

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 W.F.S. No. 20112
 DATED 20 FEB 1918

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.

Has a scar, suprapubic lithotomy well healed, still has pain in left side. frequent urination, with blood, after exercise. See attached reports from 4th Scottish General Hospital

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

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

} n/a

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

If so—(a) When?

(b) Where?

(c) Opinion?

} n/a

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

yes suprapubic lithotomy

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

n/a

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?

n/a

19. Do you recommend

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Discharged as permanently unfit

A. M. O. R. & M. C.

Officer in medical charge of case.

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

Station _____

Date _____

Officer in charge of Hospital.

* 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.



3 1ST. NEWFOUNDLAND REGIMENT / 3

ALLOTMENTS

I, Geo. Geo. Neville, Regl. No. 3009
hereby agree, until further notification by me and in similar official form to make an Allotment of
60 Dollars and Sixty 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 Aug 1st 16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2807</u>	<u>Mother.</u>	<u>Mr. Michael (Alice)</u>	<u>39 Young St.</u>	<u>60</u>
		<u>Neville</u>	<u>St John's</u>	
		<u>Commencing</u>		
		<u>19/16</u>		
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.) Chas. H. Aye Capt.
Officer Commanding
Aug. 10th Company
St John's 1916

(Sig.) James Joseph Neville
(Rank) Pte

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. 3003 Rank Pte Name Genico, J. J. Unit 2nd Royal Newfoundland Rifles who was Sent
to Newfoundland on 23/2/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT OR.

	PARTICULARS										
	£	s	d	£	s		d	£	s	d	
To	Balance Dr. from					Balance Cr. from					
	Allotment 8 days @ .60	4	80		Pay 8 days @ \$1.00	8	00				
	Cash Payments:				Field Allowance 8 days @ \$1.10	8	80	1	16	2	
	<i>Det. 42 Casual</i>			16	5	Other Allowances days @ \$					
From	Other Debits:				Other Credits:						
	Total Debits				Total Credits						
	Balance due by Paymaster				Balance due to Paymaster						
				1	16	2				1	16

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

J. J. Genico
Horsley Down Camp 23/2/18
(Place) (Date) 1918

J. J. Genico
O.C. "S" Company

Made up/Checked in accordance with information received in the Pay & Record Office _____ t5 // and is therefore subject to amendment if and as may be found necessary.

CHECKED
Pay & Record Office, London,
26 FEB 1918
26.2.18

Chief Paymaster & Officer i/c Records.

C.R. 5003

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 16, 1918.

#3003 Pte. H. J. Neville.

Having been found Medically Unfit is discharged from
11/4/18.

C.R. 3003

Extract from list of men of the Royal Newfoundland Regiment discharged on various dates.

3003 Pte. J. J. Neville,

Discharged 11 - 4 - 18, medically unfit

C.R. 3003

Extract from preliminary Report from The Director of
Medical Services. To Officer Commanding, Depot, March 30/18.

#3003 Pte. J.J.Neville.

Recommended Discharge as Permanently Unfit.

C.R. 3003

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, March 26, 1918.

The following men reports to Depot on 25/3/18 from
Overseas:-

#3003 Pte. J. Neville.

C.R. 3003

Extract from Hospital Roll of repatriation Draft No. 57
received from Pay and Record Office, London dated
25th., February, 1918.

#3003 Pte. J. J. Neville.

FROM REPORT
FOR DISCHARGE.
B.C.

Embarked South Liverpool 23/2/18.

C.R. 3003

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/16.

3003 Pte. J.J. Neville,

Heisee pp.

3003

Ray Dept

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>3003</u>	Army Rank	<u>Private</u>	
Name	<u>Deville James Joseph</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, Depôt, &c.	<u></u> <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	<u>April 11th 1918</u>			
Place of discharge	<u>St. John's, Nfld.</u>			
1.	<u>Description at the time of discharge.</u>			
Age	<u>26</u> years <u>3</u> months	Descriptive marks.		
Height	<u>5</u> feet <u>6</u> inches			
Chest measurement	girth when fully expanded _____ ins.			
	range of expansion _____ ins.			
Complexion	<u>fair</u>			
Eyes	<u>blue</u>			
Hair	<u>dark brown</u>			
Trade	<u>railroader</u>			
Intended place of residence <small>(To be given as fully as practicable)</small>	<u>59 Young St. St. John's.</u>			
<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 <u>being no longer physically fit for war service</u>			
<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>				
To be filled in on the soldier quitting the Colours.	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*				

8. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

{ _____

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battrn. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's Hotel _____ (Signature of Soldier.)

(Date) April 11th 1918 _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

(Date) _____

Signature _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations!

A. Thwill

C. W. Oke SSM

27/12/16

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

MEDICAL HISTORY

Surname Keefe

OF

Christian Name James J.

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 30 day of April 1916	on	day of	191
	at St John's Nfld	at		
Declared Age	24 years	max 5	years	days
Trade or Occupation				
Height	5 feet	7 inches	feet	inches
Weight	138 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 37 inches		inches	
	Range of expansion... 3 inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V==		R.E.—V==	
	L.E.—V==		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 Patterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St John's	at		
	on 20 day of April 1916	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	Newfoundland	3003		
Transferred to	Rgt.			
Became non-effective by				
	on	day of	191	on
	day of		191	day of
(Signature)				
(Rank)				



Nfld. Vx 7.8

Table II.—Only for admission 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 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				
4TH SCOTTISH GENL HOSPITAL, GLASGOW	30	10	16	20	11	16	Gonorrhoea 20.	21.	fit for duty w/o without discharge	J.D. Under M.D. C.M.P.
4TH SCOTTISH GENL HOSPITAL, GLASGOW	27	NOV	1916	27	12	16	Gonorrhoea 20	30	Transferred to Brighton Grove Military Hospital Newcastle-on-Tyne.	J.D. Under M.D.
BRIGHTON GROVE MILITARY HOSPITAL NEWCASTLE-ON-TYNE.	27	12	16	1	2	17	Gonorrhoea	36		h.w. [Signature] CAPTAIN R.A.M.C. (T)

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

Date	Brief Details, and Signature	
7-7-16	1st Inoculation	LP
15-8-16	2nd "	LP
21-8-16	3rd "	LP
30-8-16	Vaccination	LP

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

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 question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *James* 2. Surname *Kealla*

3. Rank *Private* 4. Regtl. No. *3003*

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded.....

39 Young Street

6. Date of enlistment in the Regiment *Aug 1st 1916*

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

Not applicable

8. Relationship of such dependents.....

Not applicable

9. Address in full of such dependent.....

Not applicable

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

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

No Overseas

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

Seventy one months

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

No

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

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.....

Not applicable

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?.....

Not applicable

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

No

*11 April 1918
Physically unfit*

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

No

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

Signature of Applicant: *Gas Anille*

Place of Residence: *39 Young Street*

Declared before me at: *St. John's Nfld.*

This *22nd* day of *March* 1919

[Signature]
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
.....	<i>1.40</i>	<i>70.00</i>
.....
.....
Certified Correct.			Paymaster.	



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 *Revelle James J.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *3003.*
 Intended address *39 Young St St. Johns*
 Height on discharge *5* Feet *6 in*
 Color of hair on discharge *Dark Brown.*
 Complexion *Fair*
 Color of eye: *Blue*
 Descriptive Marks *None*
 Figure on discharge *Medium*
 Christian name of Father *Michael*
 Christian name of Mother *Alice*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth. *St. Johns Jan 20 1892*
 Nature and locality of civil employment required _____

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

(Soldier's signature in full)

James Joseph Phillips

Pte (Rank)

Station

St. Johns

Date

March 27/18

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.

W. C. S. S. S.

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

Station

St. Johns

Date

Mar. 27. 18

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. 3003 Rank Pte. Name Reville, J.J. Unit 2nd Royal Arty Regt who was sent
to Newfoundland on 23/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT OR.

	PARTICULARS										
	\$	£	£	s	d		\$	£	£	s	d
PERIOD: FROM	Balance Dr. from					TO	Balance Cr. from				
	Allotment 8 days @ .60 / 4 80						Pay 8 days @ \$1.00 / 8 00				
PERIOD: FROM	Cash Payments:					TO	Field Allowance 8 days @ \$1.10 / 8 80				
	Feb. 22. Casual / 1 16 5						Other Allowances days @ \$				
PERIOD: FROM	Other Debits:					TO	Other Credits:				
	Total Debits						Total Credits				
PERIOD: FROM	Balance due by Paymaster					TO	Balance due to Paymaster				
	1 16 2						1 16 2				

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

Nazley Camp. Feb 22nd 1918
(Place) (Date)

J. Layman
O.C. "2" Company.

Made up/Checked in accordance with information received in the Pay & Record Office 26-2-18 to 15/3/18 and is therefore subject to amendment if and as may be found necessary.

CHECK Pay & Record Office, London,
26 FEB 1918
26-2-18

191

Chief Paymaster & Officer i/c Records.

LAST PAY CERTIFICATE

DUPLICATE
N.F.P. 794.
MAIL COPY
1 MAR 1918
Posted



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. 3003 Rank Pte. Name Reville, J.J. Unit 2nd Coy. Royal Ed Regt. who was capt
 to Newfoundland on 23/2/18 Authority _____
 DR. STATEMENT OF ACCOUNT OR.

PERIOD: From	TO	PARTICULARS					£	s	d	OR.						
		\$	p	£	s	d				\$	p	£	s	d		
		Balance Dr. from							Balance Cr. from							
		Allotment 8 days @ 6/	4	80					Pay 8 days @ \$ 11/80	8	00					
		Cash Payments:							Field Allow 8 days @ \$ 11/	80		1	16	2		
		Feb. 22 nd basal						16	5							
		Other Debits:							Other Allowes days @ \$.							
		Other Credits:							Other Credits:							
		Total Debits							Total Credits							
		Balance due by Paymaster							Balance due to Paymaster							
						1	16	2						1	16	2

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

J. J. Reville
Hazley Camp (Place) Feb. 22nd 1918 (Date)

J. J. Reville
 O.C. "2" Company.

Made up/Checked in accordance with information received in the Pay & Record Office 26-2-18 to 15/3/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
26 FEB 1918 191

J. J. Reville
 Chief Paymaster & Officer i/c Records.

CHECKED
1918 190
26.2.18



3 1ST. NEWFOUNDLAND REGIMENT 13

ALLOTMENTS

I, James Joseph Neville, Regl. No. 3003
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
60 Dollars and Sixty 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 Aug 1st 16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2807</u>	<u>Mother.</u>	<u>Mr. Michael (Allice)</u>		<u>60</u>
		<u>Neville</u>	<u>39 Young St. St. John's</u>	
Total Allotment, \$				

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.) Chas. Aye Capt.
 Officer Commanding
Aug. 10th Company
St. John's 191

(Sig.) James Joseph Neville
 (Rank) Sgt

N.F.P./54

No.62

From Pay & Record Office, London

To Minister of Militia, St. John's. ~~Bfd.~~

#3003 Pye J. Neville

Advances whilst at 4th Scottish General Hospital
as per voucher 3689 4s.0d.

H.F.P./54

No.62

From Pay & Record Office, London

To Minister of Militia, St. John's, ~~W.F.A.~~

#3003 Pte. J. Neville

Advances whilst at 4th Scottish General Hospital
as per voucher 4132 8s.0.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰/₁₀₀

Mar. 25th 1915

Received from the First Newfoundland Regiment
the sum of Fifteen 00 Dollars.
 on account of Pay.
 balance

Cheque mailed April 22nd. 1918.

Ch. No. <u>509</u>	Initials <u>[Signature]</u>
Pay Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

Regtl. No. Rank [Signature]

No. 3003

Rank Pte

Name J. J. Neville

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 50 ⁸⁸/₁₀₀

April 19 1911

Received from the First Newfoundland Regiment
the sum of Fifty 100 Dollars.
on account of Pay when Discharged.
balance

J. Smith

Ch. No. 2512	Initials EW
Pay Ledger 117	Initials [Signature]
Gen. Ledger [Signature]	Initials [Signature]

Regtl. No. Rank

[Signature]

No. 3002 Rank Pte

Name J. J. Neville

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.



PAY VOUCHER.

\$ ^{35.00}
~~24.00~~
x

Mar 25. 19 19

Received from the First Newfoundland Regiment
the sum of Thirty Five Dollars.
on account of Pay. Clothing
balance

Ch. No. <u>14787</u>	Initials <u>[Signature]</u>
Pay Ledger <u>353</u>	Initials <u>[Signature]</u>
Gen. Ledger	Initials

Regtl. No. [Signature] Rank [Signature]

J. Muir

No. 3003

Rank

66

Name

J. J. Neill

1508

1508



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

James J. Neville

in respect of his service as No. 3003 Rank Pte.

Name J. J. Neville Royal Nfld. Regt.
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received _____

Signature J. Quille

Date Oct 26/21

Address 39 Gung St

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.


W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (698) W-017/2121 1000m 6/15ss 03 56

Forms
B. 121.
39.

Regiment of Newfoundland.

Number of Sheet First

Signature of O. C. Company J. H. Cunningham
Captn

Regimental Number and Name <u>3003 Neville J. D.</u>		Enlistment Age on <u>24</u> years <u>5</u> months		Trade <u>Head roader</u>		Good Conduct Badges, Service Pay or Proficiency Pay		PAY SENT TO O. C. H. Q. ST. JOHNS, N.F.L.D.	
Joined <u>Sept</u> Date <u>5/9/16</u>		Place and Date of Enlistment <u>St. John's</u>		Religion <u>R.C.</u>				DATED <u>AFB27</u> No. <u>4254/20</u> 1 MAR 1918	
Joined _____ Date _____		Period of { with Colours <u>1 25/2</u> years.		Place of Birth <u>St. John's</u>					
Joined _____ Date _____		with Reserve <u>3/6</u> years.							

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<p style="font-size: 1.5em;">Discharged, Medically Unfit 11 ⁴/₁₅</p>					
				<p style="font-size: 0.8em;">To be carried over</p>					

OR. 3003

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B 121.

Copy
 W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (1454) W6937/M2539 250m 7/17k 23 59

Forms
 B. 121.
 41.

Regiment of *Newfoundland*

Number of Sheet *First*
 Signature of O. C. Company *Ed. J. Ledingham Capt*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>3003 Reville Sgt</i>	Age on	<i>24 years 5 months</i>	<i>Railroadier</i>	
Joined	<i>Depot</i>	Date	<i>15/4/16</i>	Religion	
Joined		Date		<i>RC</i>	
Joined		Date		Place of Birth	
Joined		Date		<i>St Johns</i>	
		Period of			
		with Colours	years.		
		with Reserve	years.		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial.	By whom awarded	REMARKS

To be carried over

Army Form B 121.

23003

March 30th. 1918.

From Officer Commanding,
Depot.

To Paymaster and Officer i/o Records,
Department of Militia.

138 L/C. Thompson, W.
990 Pte. Taylor, C.A.
2292 Pte. Dooley, T.R.
3003 Pte. Neville, J.J.

Marginally noted men were recommended for discharge as permanently unfit by Medical Board held on March 29th. 1918.

I am sending them herewith for your attention and necessary action, please.

C.R. 3003

Jas. J. Neville

was attested for General Service

with the NEWFOUNDLAND REGIMENT on **..August. 1st. 1916**

Regimental No. **3003** was allotted to Pte **J. J. Neville**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

