



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5330 Name Jeremiah Oliver Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Jeremiah Oliver</u> |
| 2. What is your full Address? | 2. <u>Quee Island, B. det.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>0</u> Months |
| 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, Jeremiah Oliver, 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.

Jeremiah Oliver SIGNATURE OF RECRUIT.
John O'Leary Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jeremiah Oliver, 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 Quee Island on this 20th day of May 1915.

Signature of Attesting Officer Edwards 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 compiled with. I accordingly approve, and appoint him to the rank of Private.

If enlisted by special authority, such will be attached to the original attestation.

Date.....1915 }
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

5330

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

Name Jeremiah Oliver

Apparent age 21 years months. Height 5 feet 7 3/4 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Andrew Oliver
Green Island, Pa. | 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 L'epot	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>22-5-18</u>									
Joined at <u>St. Louis</u> on <u>May 22-1918</u>									
<u>Discharged August 31-1919</u>									
<u>Embarked St. Louis S.S. Colombia to Halifax N.S. 22-7-18.</u>									
<u>To Hqs for demobilization 24-6-19. Arrived Hqs 1-7-19</u>									
<u>Demobilization St. Louis 3-8-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 3-8-1919 [date of discharge] 1 years 74 days

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

C.R. 5330

Extract from Daily Orders part II, from Unit The Royal
Field Reg.t. St. John's, July 25, 1918.

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

#5330 Pte. Jeremiah Oliver.

C.R. 5-330

Extract from Telegram to Synoptical Nov.19th, 1918.

With reference my telegram Sept.16th 5330 Oliver f.2.19.7
payee states this amount not received Please enquire & report
stop

MM.

C.R. 5330

Extravt from Telegram from Synoptical, dated Nov. 21st., 1918

WITH REFERENCE YOUR TELEGRAM NOV. 19th., 5330 OLIVER
NOT INCLUDED IN YOUR TELEGRAM SEPT. 16th., IT
APPEARS IN CONFIRMATION SHALL WE PAY.

C.R. 5330

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 11th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
3-8-19.

5330, Pte. J. Oliver.

Please sir will you give
 Mr McCann a Victory Ribbon
 for me as I lost my own out
 of my coat the ye send me
 this is the fellow I am sending
 for it so ablige me if if you
 can please. I remain yours.

Wm. Jenney Oline

Gull Island
 Bay de Verde
 C.B.

5330

General Sealing

May 19/20

C.R. 5330

Extract from Telegram to Synoptical London, Nov. 26th, 1918.

In answer your telegram Nov. 21st 5330 Oliver pay
earliest opportunity.

M.M.

Extract from Daily Orders part 11, from Unit The Royal
Hqld. Regt. St. John's. dated May 23, 1918.

#5330 Pte. Jeremiah Oliver.

Attested for General Service with the Royal Hqld. Regt.
from 22.5.18.

C.R. 5330

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

5330 Pte. J. Oliver.

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

J. Oliver

C.R.

5330

11/10

EXTRACT OF TELEGRAM.

"Received 27/11/18, (10,207):

"Synoptical. London.

"With reference your telegram 21st November- 5330- Oliver- pay-
"earliest-opportunity- fullstop."

(Sd) MILITARY.

EXTRACT FROM TELEGRAM

SUSPENSE | CLEARED

"Despatched 21/11/18 (1372):

"Military St. Johns.

"Reference your telegram 19th November-5330-Oliver-not included in-
"your telegram 16th September-it appears-in-confirmation-shall we pay-
"fullstop.

(Signed) SYNOPTICAL

N.F.P./90.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~Full stop~~
extract from MINISTER OF MILITIA No. AG72/19/53

Dated 19 / 11 / 18 (10,000), Received 20 / 11 / 18

Decoded by H. H. B. Checked by J.L.

Branch Pay Acted upon (Initial)

Acknowledged per No. dated / /

509.

With reference my telegram 16th September- 5330- Oliver-
£2.19.7.- payee- states that- amount- has not been received-
enquire into- report by telegram- fullstop-

MILITARY.

No. 19564/2197

N.F.P./79.

065670
JFC

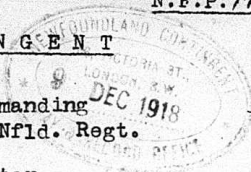
NEWFOUNDLAND CONTINGENT

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.



29th November 1918

Nov. 30th 1918

Subject: 5330, Pte. J. Oliver

With reference to the following telegram (8045) from the Hon. Minister of Militia, received

Receipt hereunder.
E. James

LIEUT. COLONEL,
COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment

Pay to 5330 Oliver £2:19:7

Received the sum of Two pounds
nineteen Shillings seven pence amount of
cable remittance from Newfoundland.

Draft £ 2:19:7 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

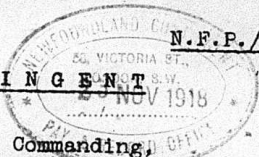
J. H. Maxwell
Chief Paymaster & O. i/c Records.

J. A. Lines
No. 5330 Rank Pte.

R. W. Owen

No. 18602/2068

NEWFOUNDLAND CONTINGENT



N.F.P./79.

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.

19th November 1918

Subject: 5330, Pte. J. Oliver

With reference to the following telegram (9869) from the Hon. Minister of Militia, received

Pay to 5330 Oliver £3:0:0

Draft £3:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

A.A. Minard Maj.
Chief Paymaster & O. i/c Records.

Nov. 20th 1918

Receipt hereunder.

Chambers Capt J. LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding 2nd Bn.,
Royal Newfoundland Regiment.

Received the sum of Three

pounds on account of
cable remittance from Newfoundland.

J. Oliver
No. 5330 Rank Pte.

Witness *A. L. Carter, Pte.*

867132
No 2179/317.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.

2nd/Bn. RFL MILD REGT.

Winchester.

6th February 1919

February 1919

5330. Pte Oliver. J.

With reference to the following
telegram from the Minister of
Militia / / (5)

"Pay to-5330. Oliver.

£4.0.0.

Cheque 4.0.0. is enclosed.
for payment to this Soldier.
Kindly obtain his receipt
hereon.

A. A. ...
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. Seymour
LIEUT. COLONEL,
COMMANDING 2ND BN. RFL MILD REGT.

Received the sum of *Four pounds*

in respect of

telegraphic remittance from the
Minister of Militia.

J. Oliver
No. 5330 Rank *Private*

Witness *M. Rockett*

No 5499/807

N.F.F./79.

From: NEWFOUNDLAND CONTINGENT



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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

P.D. 213 JW
8/11/19

8th April 1919

April 10th 1919

5330 Pte. Oliver J.

With reference to the following telegram from the Minister of Militia / / (124)

"Pay to- 5330 Oliver
£4. 0. 0.

Cheque £ 4. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder

P. Kamm LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. Batt'n.

Received the sum of *Four pounds*

in respect of telegraphic remittance from the Minister of Militia.

J. Oliver
No. *5330* Rank *Private*

Witness *W. Barnes*

Oliver, J

5330

May 2 Sept.

August 4th 1919.

#5330, Pte. J. Oliber,
Gull Island. B.D.V.

Dear Sir:

Enclosed please find Discharge Certificate # 3479.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5330 Rank. Pvt Name. Olewer J
 Intended place of residence. Quill Falls J.B.S.V.
 2. Occupation Industriou
 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 6161 81 700
 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 19 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 18-7-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 27-5-18 No. of days on Military
 Discharged from service. 20-7-19 Plus 14 days Service. 439

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 20 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 3/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Handwritten notes and numbers:
10
30
31
3/4
A-21 B 2079/34179

The Royal Newfoundland Regiment

Class for Demobilization:—

F1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *18.2.48*

Regimental No. *5330*

Name *Oliver Jerry*

Address *Gull Head B.D.V.*

Present Medical Category *A1*

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

Members of Board

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

Robinson
Senior Medical Officer

Dee Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6330 Rank Pvt Name Clarence James York
 Date of Enlistment 22 5 18 Address Spull Bay District Red Bay
 Occupation Fisherman Classification for Discharge 1 Medical Category 1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	UN
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 17 7 19 O. C. Discharge Depot H.M.S. #

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. normal, etc

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2458 to his home at Full 98d and Release Certificate No. 3700 issued.

Date 18-7-19

Albion
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 15-7-19

W. H. [unclear]
Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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		

Form B

Date 18-7-19

Albion
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 20 1919

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.

Ernest A. Chiles

Signature of Man.

M. Johnston Reg. No. 3380

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date 18-7-18 1918

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

MEDICAL HISTORY

Surname Oliver OF Christian Name Jeremiah

Table I.—GENERAL TABLE.

Birthplace:—Parish Free Islands Dist. County Mex.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at	<u>May</u> 191 <u>8</u>	at	191
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation	<u>1/2 Sherman</u>			
Height	<u>5</u> feet	<u>7 3/4</u> inches	feet	inches
Weight	<u>123</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>35</u> inches		inches
	Range of Expansion	<u>7 1/4</u> inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	<u>1 Scar.</u>		
When Vaccinated	<u>8 years ago.</u>			
Vision	R.E.—V=	<u>6/24</u>	R.E.—V=	
	L.E.—V=	<u>6/24</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>[Signature]</u>			
(Rank)	<u>Major</u>			
Enlisted	at	<u>Sky John's</u>	at	
	on	day of <u>May</u> 191 <u>8</u>	on	day of 191
Joined on Enlistment	Corps.	<u>Royal Mts. Regiment.</u>	Corps	
	Regtl. No.	<u>5330</u>	Regtl. No.	
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 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 case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazelton	16	1	19	21	2	19	Broncho-pneumonia	35	Pt. is now much stronger & takes his food & sleeps well. Chest now free from physical signs.	B. S. P. V. I. a. CAPT. R. A. M. G.

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 Signatures
23-579	Vacc. 40
13-6-18	TAB 50
20-6-18	" " 50

NO. & RANK 5330 PL- NAME <i>W. J. Blair</i> CORPS <i>R. Med. Dep.</i>				DATE OF EXAM: <i>4-10-18</i>	
				DATE OF ISSUE: <i>11-10-18</i>	
VISION W/O SLE		SPH	CYL	AXIS STIGMAD SYSTEM	VISION WITH SLE
R	<i>60</i>	<i>+2.50</i>	<i>-4.00</i>	<i>15</i>	<i>6-120</i>
L	<i>64</i>	<i>+2.50</i>	<i>90</i>	<i>12</i>	
SIGNATURE OF M.O. <i>W. J. Blair</i>				OPTICIAN'S INITIALS <i>W. J. Blair</i>	
				OPHTH. CENTRE: <i>71</i>	
				FRAME NO: <i>11</i>	
				ORANGE: <i>11</i>	

*This is hereby certified that this soldier has been before a Trial Medical Board and has been recommended for discharge on medical grounds. Medical category *11*.*
13-7-19
Date of T.M.B.

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



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 Office 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 *Oliver, Jeremiah*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5330*

Intended address *Hull House Bay de Verde*

Height on discharge *5 Feet 13/4*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue (dark)*

Descriptive Marks *Medium*

Figure on discharge *Andrew*

Christian name of Father *Andrew*

Christian name of Mother *Julia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Hull House 25-5-1892*

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) *Jeremiah Oliver* *Al*
(Rank)

Station **ST. JOHN'S.** Date *17-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer of Hospital.
Unit, or Command Depot.



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 E., or P. (T), of the Reserve.

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Colliver* (Surname) *J* (Christian Names) (a) Former Regts. or Corps; 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 (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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- nil*
nil
nil

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

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

No complaint 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?

Repatriation

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

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

Station *Hazley, Linn*

Date *2/4/19*

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

NO. & RANK 5330 <i>Plt.</i>				DATE OF EXAM: 4-10-18	
NAME <i>Oliver J.</i>				DATE OF ISSUE: 11-10-18	
CORPS <i>R. Field Art.</i>				OPHTH. CENTRE: 171	
VISION WITHOUT GLS	SPH	CYL	AXIS STANDARD NOTATION	VISION WITH GLS	FRAME NO: (OR MEASUREMENTS)
<i>R</i> 60	+2.50	-4.00	15	6 12	<i>H.</i>
<i>L</i> 60	-	+2.50	90	6 12	
SIGNATURE OF M.O. <i>R. Lockhart Capt m.c.u.s.a.</i>				OPTICIAN'S INITIALS <i>llk</i>	

" OPHTHALMIC DEPARTMENT "

Military Hospital,
Winchester.

4-10-18

To :-

Medical Officer i/c.

R F W S D

Rte 5330 Oliver J

Please cause this man to attend here in six days' time (Sunday excepted) for spectacle fitting. He should bring with him Army Form 64 and Medical History Sheet for the necessary entries to be made therein.

*Pres for pay
Book please*

*R Lockhart
Capt m.c.u.s.a.
Ophthalmic Surgeon.*

From : Ophthalmic Surgeon. Central Military Hospital.

To : Medical Officer in Charge R. Med. Regt

Hazely Down

Oct 4th 1918.

" REPORT OF VISION "

No. 5330 Pte. Oliver J.

H.S. V.A. R.E. $\frac{6}{60}$

" " L.E. $\frac{6}{24}$

With correct-
ing lenses.

R.E. $\frac{6}{12}$

L.E. $\frac{6}{12}$

Mixed astigmatism, rt. Hyperopic astigmatism, left.

R. Lockhart
Capt. M.C.

Ophthalmic Surgeon.

Note ... This Report should be attached to this man's
Medical History Sheet for future reference please.

August 9th 1919.

Mr. J. Oliver,
Gull Isld. B.D.V.

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 ser-
vice gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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... *Jeremiah* ... 2. Surname... *Oliver*
3. Rank... *Pvt* 4. Regtl. No... *5370*
5. Address in full to which future payments of gratuity are to be forwarded... *Gull Island* *B. D. N.*
6. Date of enlistment in the Regiment... *May 29/18*
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.....
/
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.....
fourteen 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.

.....
.....

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

.....
.....

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

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

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

.....

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

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

19. Are you now serving in the Regt.? ^{No} If not give? - (a) Date of discharge July 31/19 (b) Reason for discharge Discharged

.....

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

England
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: - *Jermiah Oliver*
 Place of Residence: *Suez Island, B.W.V.*
 Declared before me at: *St John's*
 This *18* day of *July* 19*48*.....

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

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependents.	War Service Credit.	Net amount due
.....
.....
.....
Certified correct.				Registrar

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To *St. J. Oliver*

Billeting Soldiers as undermentioned

from *July 1st /19* to *July 20th /19*

J. Oliver
5330 - *St. J. Oliver* 21 00

ACCOUNT	
CH NO	<i>3333</i>
IND LEDGER	
PAY LEDGER	
GEN. LEDGER	<i>21 00</i>

Certified correct for \$ *21*

M. Blouch

A-7

Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet 011

Signature of O. C. Company Edwards

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No. <u>5330</u> <u>Oliver Terry</u>		Age on <u>21</u> years <u></u> months	<u></u>	<u>fisherman</u>	
Place and Date of Enlistment } <u>St. John's</u>		Period of } with Colours <u>174</u> years. with Reserve <u>36⁵</u> years.	Religion	<u>R.C.</u>	Place of Birth <u>St. John's N.F.</u>
Joined _____ Date _____	_____				
Joined _____ Date _____	_____				
Joined _____ Date _____	_____				

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
				Demobilized St John's 3 8/19					

To be carried over.

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 } *Soldier*
2. Regtl. No. *5330* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Shew* *J. J. J. J.* (Surname) (Christian Names) (a) Former Regts. or Corps; 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 (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? } ✓

No complaints of no usability

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.

perpetuation

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

Station *Hazely Bourn*

Date *23/4/19*

* 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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5330 Rank Plt Name Alfred J. ...
 Date of Enlistment 22.5.19 Address Gull Bay District Bd/1
 Occupation Houseman Classification for Discharge F Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 17.7.19 O. C. Discharge Depot H. News H

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. former to Alford

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2458 to his home at April 9th 1919 and Release Certificate No. 3700 issued.

Date

18-7-19

Ambleton
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 3-8-19

Date

15-7-19

Paymaster
Depot Paymaster.

Discharge approved for

20-7-19

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
F 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		

2 Form B

Date

15-7-19

Ambleton
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 20 1919

Date

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date

Aug 11/19

[Signature]

Reg. No. *0330* Rank *1st Lt* Name *Oliver J.*
Attested Address *Gull Island*
Allotment # Allottee
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S S. *Cassandra* Cause *Discharge*

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

Reg. No. 5330 Rank Pte Name Oliver, J.
Attested 22-5-18 Address Gull Island B.D.V.
Allotment 6005 Allottee Mr A. Oliver (Father)
Date of Allotment 15/7/18 Returned from Overseas
Embarked for Overseas 111 22 1918 Cause

23-5-18 Vaco

HL 30/8-9 58
106/8 1st 100

Discharged from Jensen camp reported at Depot. 20/6/18