



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5650 Name John Payne Corps CofC

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>John Payne</u> |
| 2. What is your full Address? | 2. <u>Winterholme Brook</u>
<u>Bonne Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</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, John Payne do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made
John Payne SIGNATURE OF RECRUIT.
P. R. Power SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Payne 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 10 day of June 1915
P. R. Power 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
 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).....

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5650 Name John Payne Corps CofS

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>John Payne</u> |
| 2. What is your full Address? | 2. <u>Whitehouse Brook</u>
<u>Bonne Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years 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, John Payne do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

John Payne SIGNATURE OF RECRUIT.
Pte R. Power SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Payne 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.

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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 explained 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 10 day of June 1918

Signature of Attesting Officer Asst Dicks Lieut

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

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

Date.....191.....
Place..... } Approving Officer.

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DESCRIPTIVE REPORT ON ENLISTMENT

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

5650.

Name John Payne

Apparent age 18 years months. Height 5 feet 8 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elijah Payne
Bonne Bay | 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>10-6-18</u>									
Joined at <u>Adonis</u> on <u>June 10-1918</u>									
<u>Special duty Home defence 2nd Lt Adonis 24-9-18</u>									
<u>Returned to Headquarters 8-11-1918</u>									
<u>Remobilization Adonis 9-6-1919</u>									
<p>Total Service forfeited as above.....</p> <p>Total Service towards Engagement to <u>9-6-1919</u> (date of discharge) <u>365</u> years <u>365</u> days</p> <p>" " Pensions " " " " " " " " " " " "</p>									

C.R. 8650

**Extract from Medical Board held Wednesday afternoon,
January 8th, 1919.**

S'
#650 Pte. J. Payne.

Recommended Discharge as Permanently Unfit.

C.R. 5650

extract from Daily Orders part 11, Depot
St. John's dated Nov. 11th., 1918.

the Undermentioned returned from special
duty at Bell Island and reported Hdqtrs.
8/11/18.

5650 Pte. J. Payne..

BC.

C.R. 5650

Extract from Daily Orders part 11 Depot St. John's dated Sept. 25/18

~~5650~~ Pte. J. Payne
5650

%%)

The above mentioned soldier proceeded on Special Duty to Bell Island
C. B. on 24/9/18

C.R. 5650

m Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated June 12th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date
2/5/19.

5650, Pte. John Payne.

C.R.

5650

**Extract from Daily Orders part II, Newfoundland
Forestry Corps Depot dated May 31st. 1919.**

**The discharge of the undernoted on demobilization
has been APPROVED by C. C. Discharge depot on
noted date.**

5650 Pte. John Payne.

12-5-19

C.R. 5650

Extract from Daily Orders part II, Unit
St. John's dated May 5th. 1919.

T

5650 Pte. J. Payne.

Discharged from M. I. D. Hospital 3-5-19.

C.R. 5650

Extract from Preliminary Report of a Medical Board held on
Tuesday Evening May 6th, the following was the finding:-

5650, Pte. J. Payne.

2nd Board recommended Discharge
from the Army.

C.R. 5650
Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Jan 3rd 1919.**
To **Mr. Elizah Payne,**
 Bonne Bay.

Beg to inform you that your son No. 5650 Pte. J. Payne, is now Convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 850
Serial No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Dec. 18th, 1918.**

To **Mr. Elizah Payne,
Bonnie Bay.**

beg to inform you that your son No. 5650 Pte. J. Payne, is now convalescent.

**J.R. Bennett,
Minister of Militia.**

FOR TYPEWRITER

C.R. 5650

Extract from Daily Orders part 11, Depot. St. John's dated Nov. 11/19

#5650 Pte/ J. Payne

Admitted M.I.D., Hospital from Bell Is. 8/11/18.

BC.

C.R. 5650
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated Dec. 9th, 1918.

To Mr. Elizah Payne,
Bonne Bay.

Begbt to inform you that your son No. 5650 Pte. J. Payne,
is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender _____ Address **Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Dec. 2, 1918.**
To **Mr. Elizah Payne,**
Bonne Bay.

Beg to inform you that your son No. 5650 Pte. J. Payne, is now improved.

J.R. Bennett,
Minister of Militia.

C.R. 5650
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent by	Check

Dated

Nov. 25th 1918.

To

Ms. Elizabeth Payne,
Bonne Bay.

Reg to inform you that your son No. 5650 Pte. J. Payne, is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C.R. 5650
Counter No.

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(NOT TRANSMITTED)

Signature of Sender _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 18, 1918.

To Mr. Elizah Payne,
Bonne Bay.

beg to inform you that your son # 5650 Pte. J. Payne, is now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____

St. John's Dept. of Militia.
Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **Nov.9th, 1918.**
To **Mrs Elzab Payne,**
 Bonne Bay.

Regret to inform you that #5650 Pte. J. Payne was admitted to Military Hospital Yesterday Nov,9th, suffering from Rheumatic Fever, seriously ill.

J.R. Bennett,
Minister of Militia.

Form No. ...

C.R. 5650

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by Paid by Check

10pd No.

Place from Bonnebay "

To J. R. Bennett
Men of militia

NOV 11 1911

Please inform condition of 5650
pte. John Payne health today
Mrs. Eliza B. Payne

C.R. 5650

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 20th, 1918.

5650 Pte. J. Payne,

Granted leave from 20-8-18 to 30-8-18.

C.R. 5650

Extract from Daily Orders Part II, from unit The Royal Wilt.
Regiment, St. John's, dated 11th June 1918.

5650, Pte. John Payne.

Attended for General Service with The Royal Wilt., Regiment.

10/6/18

Hayne, John

5650

Ray Sept.

6723

5650
or 6014

Bonne Bay
Sept 1st 1/19

W on. Air P.Y. one each K B. E.

W on. Air:-

Would
you please let me know if
I am entitled to a discharged
badge:

Yours Truly:

John Payne

Bonne Bay.



June 10, 1919

#6650 Pte. John Payne,

Winterhouse Brook,

Bonne Bay,

St. Berbe Dist.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2245."

Yours truly

Captain
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5650 Rank Pvt Name Payne J
 Intended place of residence Winterville Brook, Bonaville Bay
 2. Occupation Fishing
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION

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 10/5/19 J. H. [Signature] Comanding 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 and date 10-5-19
ST. JOHN'S
J. Payne Signature of soldier
[Signature] Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date 10-5-19
ST. JOHN'S
J. Payne Signature of soldier
[Signature] Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 10-6-18 No of days on Military
 Discharged from service 12-5-19 plus 28 days Service 365

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date 12.5.19
[Signature] Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place [Signature]
 Date June 9/1919
[Signature] Officer i/c Records
 The Royal Newfoundland Regiment

Rt B2079/2245

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2630 Rank Plt Name James J. Payne
 Date of Enlistment 10-6-18 Address Bay St. District District St. John's
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. permitted by benefit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 10-5-19 for J. Payne O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J. Payne

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 of 700

(b) ~~Clothing~~ Supplied *A. M. Corbett*

Date 10-5-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1373 + 557* to his home at *Woody Point* and Release Certificate No. *2228* issued.

Date *10-5-19* *[Signature]*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *9-6-19*

Date *10-5-19* *[Signature]*
Depot Paymaster.

Discharge approved for *12-5-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *10-5-19* *[Signature]*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

Date *12.1.19* *[Signature]*
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 secure former occupation

J Payne
Signature of Man.

Mullevster St
Signature of the Vocational Officer or his Representative.

Reg. No. *5650*

Place **ST. JOHN'S.**

Date *10-5-19* ~~191~~

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

MEDICAL HISTORY

OF

Surname Payne

Christian Name John

Table I—GENERAL TABLE

Birthplace:—Parish Bonny Bay County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <u>10</u> day of <u>June</u> 191 <u>9</u>	at <u>St. John's</u>	on	day of 191
Declared Age	<u>18</u> years	days	years	days
Trade or Occupation	<u>fisherman</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight		<u>116</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>34</u> inches		inches
	Range of Expansion	<u>2</u> inches		inches

Physical Development	Right	Left	Right	Left
	Vaccination Marks			
Arm				
Number				

When Vaccinated

Vision R.E.—V= 6/6
L.E.—V= 6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) _____ (Rank) _____

Medical Officer. _____ Medical Officer. _____

Enlisted at St. John's on 10 day of June 1919

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

Joined on Enlistment... Royal Nfld 5650

Regiment

Transferred to..

Became non-effective by on _____ day of _____ 191 on _____ day of _____ 191

(Signature) _____ (Rank) _____

at in case of Warrant Officers treated in quarters.

The cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

W. Burden

S E C O N D B O A R D

Form Z179 N. M. D.

Report of Medical Board.

Station St. John's, Nfld.
 No. and Rank *5650*
 Name *Payne John*
 Unit Royal Newfoundland
 Address **BONNE BAY**

Date *May 6 1919*
 Age **20** Height **5'8"**
 Complexion **FAIR**
 Eyes **GREY** Hair **BROWN**

Former Trade **FISHERMAN**
 Enlisted at **ST. JOHN'S** On **10/6/18**
 Disease or Disability Original

(The Board will please note how the soldier's appearance corresponds with above description).

Arthritis

Subsequent

Present Condition (Compare with previous Board)

No pain in ^{elbow} any of the joints. Feels well healthy appearance

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? *nil*

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service? *nil*

Recommendation of Medical Board

Discharge on permanent unfit

Members of Board

Clay Macpherson

Major


J. G. Lane

Spencer Park

P. Peterson

Approving Medical Officer.





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. John's*

Date *7th January 1919*

- | | |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>19 years</i> |
| 2. Regimental No. <i>5650</i> | 6. Enlisted on <i>10th June 1915</i> |
| 3. Rank <i>Private</i> | at <i>St. John's</i> |
| 4. Name <i>Payne John.</i> | 7. Former trade or occupation <i>Fisherman</i> |

8. Disability

Arthritis
L. Knee & R. Ankle.

9. History *Taken ill whilst on guard duty at Bell Island in Nov. 1918. Sent into M. I. D. Hq. 7/11/18. Now acting as orderly at M. I. D. Hq.*

10. What is his present condition?

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

Does not complain of any pain
or swelling in leg now.
General condition fair.

Heart rapid. 120 per min. Cannot walk any
distance. Shortness of breath easily tired.

Medical Report on an Invalid

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

Yes.

STATEMENT OF CASE

Signature

Archie [Signature]
for M.D. Report

Rank or Qualification

Remarks if any by Officer i/c 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.

Left knee still swollen

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(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?

(State in percentage.)

60% in wounds

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance no (b) Misconduct no

18. The refusal of operation in 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 permanently unfit

Remarks if any:—

Signatures.....

President

Place.....

Date.....


APPROVED

Station.....

Date.....



Clayton Knappeson
Administrative Medical Officer



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. John's**.....

Date ..**7th January 1918**.....

- | | |
|-----------------------------------|--------------------------------------|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday 19 years |
| 2. Regimental No 5650 | 6. Enlisted on |
| 3. Rank Private | at |
| 4. Name Payne John | 7. Former trade or occupation |

8. Disability

Arthritis

L. knee & Rt. ankle

9. History **Taken ill whilst on guard duty at Bell Island in November 1918. Sent into M.I.D. Hosp. 8/11/18. Now acting as orderly at M.I.D.**

10. What is his present condition?

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

Does not complain of any pain or swelling in legs now. General Condition fair. Heart rapid 120 per min. Cannot walk any distance

Medical Department

Medical Report on an Incubated

11. Was sanatorium advised and refused?
operation

No

12. Do you recommend discharge as permanently unfit?

Yes

Signature

Arch Tait
for M.O. Depot

Rank or Qualification

Remarks if any by Officer i/c 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.

Left knee still swollen

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **60%**
(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? **60% six months**
(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence **NO** (b) Misconduct **NO**

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 the Army **Permanently unfit**

Remarks if any:—

..... **H. S. Fraser**
President

Signatures **J. Sinclair Tait**

..... **L. Paterson, Major**

Place **St. John's**

Date **Jan. 8th 1919**

APPROVED

Station

Date



(Maj) **CLUNY MACPHERSON, MAJOR**
Administrative Medical Officer

The Royal Newfoundland Regiment

Class for Demobilization:—

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7. 1. 19*

Regimental No. *5650*

Name *Sayre John*

Address *10 some way*

Present Medical Category *E*

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

(b) Standing Medical Board

Members of Board {

R. H. Lant Capt.

O.C. Discharge Depot.

W. Peterson

Senior Medical Officer

Archibald

M. O. Depot



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 *Payne John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5650*

Intended address *Borne Bay*

Height on discharge *5* Feet *6* in

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks */*

Figure on discharge *Slight*

Christian name of Father *Wright*

Christian name of Mother *Sarah*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Borne Bay 5th Nov 1899*

Nature and locality of civil employment required

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

(Soldier's signature in full) . *John Payne* . *PLC* (Rank)

Station *St. John's* Date *Jan 7*

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.

A. C. [Signature]
Medical Officer i | c Hospital.
Unit, or Command Depot.

Station *St. John's* Date *4th January 1919*

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters JUN 10 1918

1. Name John Payne Age (a) Declared 18
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

eyes Blue
hair Fair
mark

5650

3. Height 5' 8" Weight 116

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
Measurement (a) Expiration 32 (b) Inspiration 34

7. Examination of Heart n

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness) n

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Sister Elijah Bonome Bay

REMARKS--

A11

Arthur H. Bonnell
Archibald

15650

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5650 Rank Plt Name Jayme J. Payne

Date of Enlistment 10-6-18 Address Bay St. West District St. Bon's

Occupation Truckman Classification for Discharge B Medical Category 1

Recommendation S.M.B. permanently unfit Disability Rating Nil

Passed to Demobilization Officer with following documents:—

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

Date 10-5-19 O. C. Discharge Depot J. News Jt.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

J. Payne

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00 of 100

(b) Clothing Supplied nil

J. H. M. Lester

Date 10-5-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1373 + 9.537* to his home

at *Woody Point* and Release Certificate No. *2225* issued.

Date *10-5-19*

for A. M. Lovelock
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *9-5-19*

Date *10-5-19*

H. M. ...
Depot Paymaster.

Discharge approved for *12-5-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *10-5-19*

J. A. Snowling
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date *12-5-19*

R. H. ...
O. C. Discharge Depot.

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

Date *June 9, 1919*

James ...
for records

Reg. No. 5650 Rank Pvt Name Payne John 6 boy
 Attested 20-6-18 Address Borneo Bay
 Allotment 60 Allottee Elizabeth Payne (Father)
 Date of Allotment 1-8-18 Returned from Overseas.....
 Embarked for Overseas..... Cause.....

11/18 Vacc, 1st Inoc 6-7-18, 2nd Inoc 15-7-18
 3rd " 21-8-18
 G.H. 20-8-18 to 30-9-18
 24-9-18 Special Duty Bell Island. Left 8-11-18
 8-11-18 Admitted to M. S. S. Hoop. from Bell Island.
 8.1.19 Rec. Discharge permanently unfit
 2.5.19 Discharged from M. S. A. Hospital
 6.5.19 Ltn C. Rec. Discharge

PASSED TO DEBILITATION OFFICER
 DISCHARGE APPROVED ON DEMOBILIZATION.