



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4875 Name Joseph Rowe Corps R. I.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Joseph Rowe</u> |
| 2. What is your full Address? | 2. <u>Port au Port</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>—</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, Joseph Rowe 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.

A
15-18

Joseph Rowe SIGNATURE OF RECRUIT.
James Arklie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Rowe 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, loyally 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 as follows on this 15th day of May, 1911

Signature of Attesting Officer Geo. Liberty Ingo

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.....1911
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 Joseph Rowe
 Apparent age 27 years — months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Michael Rowe
Port-au-Port | Relationship Brother

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 not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards which engagement reckons from <u>1-5-18</u>									
Joined at <u>St. Johns</u> on <u>May 1-1918</u>									
Discharged July 1919									
Embarked St. Johns train to Halifax N.S. <u>11-6-1918</u>									
Embarked for B.C. <u>26-10-1918</u>									
Disembarked train <u>26-10-1918</u>									
Joined <u>Battalion 3-11-1918</u>									
Stationed <u>36 C.O.S. Stability 12-12-1918</u> Stationed <u>22 St. John's Memorial Stability 17-12</u>									
Went to base depot <u>Rouen 1-1-19</u> Rejoined unit <u>1-1-1919</u> Transferred from <u>Rouen 22 7/8</u> Arrived <u>Memorial 23-4-19</u> to fill per demerit <u>22 5/9</u>									
Total Service forfeited as above									
Arrived base <u>foundland 1-6-1919</u> Demobilization <u>St. Johns 19-7-1919</u>									
Total Service towards Engagement to <u>19-7-1919</u> (date of discharge)									
Pensions									

C.R. 4875

Extract from Daily Orders Part II Unit The Royal NLI. Regt.
St. John's, July 28th, 1919.

The discharge of the undernoted of demobilisation has been
confirmed by officer I/c Records from 29-7-19.

4875 Pte. Jos. Rowe.

C.R. 4875

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 5-7-19.

4875 Pte. J. Rowe,

C.R. 4875

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

4875, Pte. J. Rowe.

Reported at Headquarters 1/6/19. NZ "Corsican"
which sailed Liverpool May 22/1919.

C.R.I. 4875

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#1875 Pte. J. Rowe.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

CR 4875

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 Militia Dept.

Line Number	Red	By	Sent	by	Check

Dated

June 2nd, 1919.**Augustus Rows, Port-au-Port.****CORSICAN ARRIVED YESTERDAY. 4875 ROWS ABOARD.****A.E. HICKMAN.****MINISTER OF MILITIA.****CHARGE TO DEPT. OF MILITIA.**

C.R. 4875
NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

No. _____

Line No. 67Sent by H

Rec'd by _____

Class BallPlace from St John's Port2To Hon & E. Nick

Please inform me if
4875 private Joseph
Rome on Corsican.

Augustus Rome

yes -

NEWFOUNDLAND**C.R. 4875**
POSTAL TELEGRAPHS.

Counter No. _____

Cable Connection with all the World**All Messages Sent are Subject to the Following Conditions:**

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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 Augustus Rowe Address Port au Port

Line Number	Rcd	By	Sent	by	Check

Dated

June 2nd 1919

To

Hon. A. E. Hickman

Please inform me if 4875 Private Joseph Rowe on
Corsicoan

Augustus Rowe

C.R. 4875

Extract from War Office List No. H. A. 33232.

#4875 Pte. J. Rowe.

ADM. 32 STY. H. WIMEREUX 17 DEC. 1918.

DEBILITY.

C.R. 4875

Extract from Daily Orders Part II Unit The Royal Rif. Regt
By Lt. Col. T.C. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Batta. 3-11-18

4875 Pte. J. Rowe.

D Coy.

C.R. 4875

Extract from Medical Roll Re-Inforcement No. 55: Reburied Falkland,
20/10/19, from 2nd Batta, Royal Newfoundland Regiment, Hamley Down Camp,
St. John's, to 1st Batta, Royal Newfoundland Regiment, S.S.F.

4875 Pte. Rowe, J.

4875

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14th, 1918

#4875 Pte. J. Rowe.

Embarked with ~~the~~ for Overseas with draft June 11th, 1918.

C.R.

4875

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated May 2nd, 1918.

#4875 Pte. Joseph ~~H~~owe.

Attested for General Service with the Royal Wfld. Regt.
from 1/8/18

No. 4874 Name Rowe J.

Sq. Batty.
or Company

C

Corps

Newf.

Date of
enlistment

1917

G.C.
Badges

Service or
Proficiency Pay }
Character

Date of last entry in
Company Conduct Sheet }

No. and date
of last drunk }

Period not reckoning towards
freedom from extra fine }

Sheet No.

Temporary

Signature O.C.
Company, etc. }

Army Form B. 122.

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
Rover	29/3/19	PL		Def of kit	Chms Watson	pay for same	1-4-19	May Bernard	W. Smith



C.R. 4875

WOUNDED & SICK N.C.O.'s. & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

1ST ILL BERY - ROYAL HORSE & ROYAL FIELD.

LIST NO.H.A. 33700.

DIS TO BASE DEP HAVRE EX 32 STY HOS. 1ST JANUARY 1919.

97454 S/S. Waite C	RFA. Bty. 74 Bde.....	Strain Lumbar
29899 RSI. Bray H.	RFA. 33 Bde.Hq.	Influenza.
105257 Dvr. Geever J.	RFA. 407/96.	-do-
701661 Gnr. Morrissey T.H.	RFA. c/330 Bde.	Diarrhoea.
8276 Dvr Duxbury R.....	RFA. 47 Bty.41 Bde.....	F.U.O.

ADMITTED 40 STY HOS HARFLEUR 1ST JANUARY 1919.

4251 Dvr. Brighton S.....	RFA.Hq.24 Bde.....	Bronchitis Mild.
48778 BSI. Rooney T.B.	RFA. Base Depot.	-do-
622354 Dvr. Deadman E.A.	RFA. Details.	? Pott's Fract. Mild.
620375 Dvr. Cersley W.	RHA.1/1 Warwick. ^{TR}	Diphtheria Mild...Adm. 14 Sty.H.Wimereux 30 Dec.18.
94856 Gnr. Farnes W.	RFA. A/15 Bde.	Burs.L.Knee.Mild...Adm. 14 Sty.H.Wimereux 30 Dec.18.
60999 Gnr. Feeny P.	Army Fd.Arty.	ClinicalDis. to duty Cl.A.ex 52 Sty.H.Havre 1 Jan.19.
	64/5 Bde.	Dysentery.

53

ROYAL ENGINEERS (TRANSPORTATION BRANCH)

LIST NO.H.A. 33700.

16853 Pte. Bisland R.	No.1 Lt.	Influenza.Dis. to duty Cl.Biii ex 52 Sty.H.Havre 1 Jan.19.
	Rly.Uper.Coy.	
	1 R.Engrs.	

SOUTH AFRICAN - RECORD OFFICE.

LIST NO.H.A. 33700.

10617 L/C. Kroukamp J.W.	4/8.Afr Inf.	Mumps.Mild.....Adm. 14 Sty.H.Wimereux 30 Dec.18.
20849 Pte. Walsh L.R.	2/ -do-	Ger.Measles Mild..Adm. 14 Sty.H.Wimereux 30 Dec.18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 35700.

4875 Pte. Rowe J.	1/R.Mfld.	Influenza.....Dis. to Base Dep.Rouen ex 32 Sty.H.Rouen 1 Jan.19.
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J. Lowe

C.R.

48p

~~1180~~

Medical Report on an Invalid.

Station HazeltonDate 30/4/19

1. Unit Royal Newfoundland
2. Regimental No. 4875
3. Rank plc
4. Name Bowe Joseph
5. Age last birthday 28
6. Enlisted $\left\{ \begin{array}{l} \text{on } \text{May } 11/18 \\ \text{at } \text{St Johns} \end{array} \right.$
7. Former Trade } Tradesman
or Occupation }
- 7A. If with previous service in Army, state—
- (a) Former Unit ;
- (b) Regimental No. ;
- (c) Date of Discharge ;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nilnilnil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

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.

He complains of 20 disability

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

na.

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

na.

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?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—

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

Repatriation

W.E. Proemier. Capt Rame

Officer in medical charge of case.

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

Station Hazeley Barr

Officer in charge of Hospital.

Date 30/1/19

*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.

† Delete this word if no exceptions are to be made.

FORM K

N^o 4415



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Rowe, Regl. No. 4875
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Eighty 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4181	Uncle	Mr Augustus Rowe	Port au Port Bay St. George	80
			Total Allotment, \$	80

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.) W. Summers. A.
 Officer Commanding
"B" Company
St. John's
8-6-1918

(Sig.) Joseph Rowe
 (Rank) Private

FORM K

No 4415



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Rowe, Regl. No. 4875
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Eighty 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4181	Uncle	Mr Augustus Rowe	Portau Port Bay St. George	80
Total Allotment, \$				80

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.) W. Summers

Officer Commanding B Company

St. John's

8-6-1918

(S) Joseph Rowe

(Rank) Private

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount not opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4875	Lt	Rowe J	\$250	J Rowe

I have the honour to be, Sir,
Your obedient Servant.

Date

July 1/18

J Rowe

Rowe, J

4875

Ray Sept.

July 22, 1919

#4875 Pte. Joseph Rowe,
Port au Port.

Dear Sir:-
Please find enclosed Discharge Certificate #3172.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4875 Rank. Pte Name Rowe, J.
 Intended place of residence Port-aux-Port.
 2. Occupation Fisherman
 Classification of soldier H Medical Category A.I.

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 3 1919

J. M. H.
 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 3 - 1919

Joseph Rowe
 Signature of soldier

J. A. M. H.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 3 - 1919

Joseph Rowe
 Signature of soldier

J. W. Chauncey
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 445

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 JUL 5 1919

R. H. Lait Major
 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 July 19/1919

J. M. Howley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

Q J B 207 91 3172

31
30
1919

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 27.19

Regimental No 4875

Name Russell Joseph

Rank Pte

Address Port au Port

Present Medical Category Ai

Recommended for: (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

W. Paterson
Senior Medical Officer

T. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

No. 4875 Rank pltr Name Joseph Proulx
 Date of Enlistment 1-5-18 Address Porter Bay District St. George
 Occupation Fisherman Classification for Discharge E Medical Category H
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

B 268	B 121	N.F. Med.	D.F. 1		
B 3094	B 122	Board Ist.	" 2		
B 400A	B 191.5	do 2nd	" 3		
B 1002	Form L	do 3rd	" 4		
B 100C	Form K	do 4th	" 5		
B 1003	ME 2		" 6		
B 120	M 93				

Date 2-7-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Joseph Proulx

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60

(b) Clothing Supplied _____

W. H. H.

Date 3-7-19 O. C. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 12234 to his home at Portsmouth and Release Certificate No. 3144 issued.

Date

3-7-19

J.A. Snowball
Demobilization Officer

4. Pay and Allowances.

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

Date

3-7-19

14-7-19
H. H. H.
Depot Paymaster.

Discharged approved for

5-7-19

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

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date

3-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date

JUL 5 1919

R.H. Sait MAJOR
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.

Joseph Rowan
Signature of Man.

Reg. No. 4875

J. H. Crowl apt.
Signature of the Vocational Officer or his Representative.

Place

St. Johns.

Date

JUL 3 - 1919

191

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

MEDICAL HISTORY

OF

Surname

Rome

Christian Name

Joseph

Table I. GENERAL TABLE.

Birthplace:—Parish

Port-au-Port

County

Mflea

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1st	St John's, Mflea	day of	191
Declared Age	27	years	years	days
Trade or Occupation	Fisherman			
Height	5 feet	9 inches	feet	inches
Weight	138 lbs.			lbs
Chest Measurement	Girth when fully expanded	36 1/2 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	—		One	
When Vaccinated	6 years ago			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	L. J. ...			
(Rank)	7. ...			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's, Mflea	at	
	on	1st day of	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment	The Royal Mflea Regt.			
		4875		
Transferred to				
Became non-effective by	on	day of	on	day of 191
(Signature)				
(Rank)				

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
2.5.18	Vac. no
17-5-18	Dise. no
16.6.18	do. no
10-7-18	TAB 3 no

*It is hereby certified that this soldier has been before a Travelling Medical Board, and has been classified as 6 for Discharge on Demobilisation. Medical category MAIJK
2.7.19
 Date of T.M.B. Dr. [Signature]*

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
2					

The Royal Nfld. Regiment

DEMOBILIZATION

No. L 875 Rank _____

Name Rowe P _____

Warned for demobilization on

JUL 3 1919



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 *Rowe Joseph*

Regiment from which discharged **Royal Newfoundland**

Regimental number *21875*

Intended address *Port au Port St George's*

Height on discharge *5* Feet *11*

Color of hair on discharge *Dark*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks *Plat on Rt Foot*

Figure on discharge *Tall*

Christian name of Father _____

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Port au Port 24 Oct. 1891*

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) *Joseph Rowe*

(Rank) *Private*

Station *St John's*

Date *2-7-19*

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.

Station

Date



Medical Report on an Invalid.

Station

Hazel D. Camp

Date

30-4-19

1. Unit

Royal Newfoundland

2. Regimental No.

4875

3. Rank

5th

4. Name

Rowe Joseph

5. Age last birthday

28

6. Enlisted

on

May 1/18

at

St. Johns

7. Former Trade
or Occupation

Fisherman

7A. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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.

nie

10. Place of origin of disability.

nie

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

nie

nie

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

(b) constitutional or hereditary, and not aggravated by service during the present war.

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition? *He complains of no disability*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

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

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

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

- If so—(a) When?
(b) Where?
(c) Opinion?

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

h a

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

h 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?

h a

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

h a

Repatriation

20. Do you recommend—

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

Sgt. [Signature]

W E [Signature] Capt RA MC
Officer in medical charge of case.

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

Station *Doanby D Camp*

Officer in charge of Hospital.

Date *30-4-19*

*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.

† Delete this word if no exceptions are to be made.

Casualty Form - Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte Surname Low Christian Name Joseph
 Religion R. C. Age on Enlistment 27 1/2 years 0 months
 Enlisted (a) 1/1/18 Terms of Service (a) DURATION Service reckons from (a) 1/1/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended () Re-engaged () Qualification (b)
 or Corps Trade and Rate
 Occupation Soldier P.O. in Cavalry Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...	<u>26 OCT 1918</u>		
		Disembarked...	<u>3 NOV 1918</u>		
		Joined Battalion			
	<u>3 Ccs.</u>	<u>Ad: Deblaty</u>	<u>- do.</u>	<u>12/1/18</u>	<u>SD 738.</u>
	<u>2 Pte's of</u>	<u>Ad "Deblaty"</u>	<u>Winnereux</u>	<u>17/1/18</u>	<u>W/3034 No. 3372</u>
<u>3.1.19</u>	<u>d.</u>	<u>Dis: to B. Depot</u>	<u>Rouen.</u>	<u>1.1.19</u>	<u>Pro 254</u>
<u>4.1.19</u>	<u>O.G. 10, 2 B.D.</u>	<u>Joined.</u>	<u>- do.</u>	<u>2.1.19</u>	<u>Roll</u>
		<u>Re-joined unit 14/1/19</u>			<u>B.213 15/1/19.</u>
		<u>Arrived in UK</u>		<u>13/4/19.</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shipping-Smith, &c. (17591). Gt. W 1887-P 1134/1,000,000. 6/18. D. G. S. Form B/103. (2.1915.)

Int
 Next of kin Brother, Michael Low, Jordan Port, St. Peter

July 24, 1919

#4875 Pte. Joseph Howe,
Port au Port.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due you
on account of the war service gratuity.

Yours truly

Captain & Kaymaster

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 20th. 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 *Joseph* 2. Surname *Rowe*
3. Rank 4. Regtl. No. *4878*
5. Address in full to which future payments of gratuity are to be forwarded..... *Port au Port, Bay St George*
6. Date of enlistment in the Regiment..... *May 1/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
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 Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld or Overseas..... *From May 1/18 to July 3/19*

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.

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

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

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

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

19. Are you now serving in the Regt. *No* If not give? - (a) Date of discharge

July 21/19 (b) Reason for discharge *Severely injured*

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.

France, Belgium & Germany - from Oct 28/18 to January 1919

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.

J. Rowe

Signature of Applicant:

Place of Residence:

Declared before me at:

This

3rd

day of

July 19, 1919

*Port au Port Bay St George's
St. John's, Nfld.
John M. McCarthy*

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

POST DISCHARGE PAY.

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

Certified correct.

Examiner

FORM K

No 4415



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Joseph Rowe, Regl. No. 4875

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Eighty 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.:

1-6-18

Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4181	Uncle	Mr Augustus Rowe	Port au Port Bay St. George	80
Total Allotment, £				80

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.) McKinnens A.
 Officer Commanding
 "B" Company
St. Johns
 8-6-1918

(Sig.) Joseph Rowe
 (Rank) Private

ACCOUNTS
 CH. NO. 4399
 PAID LEGER
 PAY LEGER
 G. LEGER

Port au Port
 July 8th 1919

Department of Militia # 4875 D 25 1919
 To Private Joseph Rowe, Port au Port

- June 3rd To Amount paid John Benoit for Carriage hire from Stephenville crossing to Stephenville - \$1.00
 - " 4th To Amount paid Frederick Thomas Stephenville for Carriage hire from Stephenville to Port au Port 2.00
 - June 24th To Amount paid Michael Leary for Carriage hire from Port au Port to Stephenville on his way to St. John's 3.00
 - " " To Amount paid John March from Stephenville to Stephenville crossing on his way to St. John's 1.50
- \$ 6.50

Correct for the sum of six dollars fifty cent

Notary
 DISTRICT CLERK
 NEW BRUNSWICK
 JUL 26 1919
 COMMANDING

A. S. D. Saunders
 CERTIFIED CORRECT.
 J. W. Cochrane

August 9, 1919

Pte. Joseph Rowe,
Fort au Fort.

A. C. S.

Enclosed please find cheque
for \$6.50, amount of refund due you on
account of travelling expenses to
your home.

Capt.
Paymaster

IM/

Enc. 1.

ST. JOHN'S, JUL 3 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt J Rowe

Billeting Soldiers as undermentioned

from June 1 / 19 to June 30 / 19

4875 Plt J Rowe 31.00

ACCOUNT	<u>2141</u>	INITIALS	<u>AW</u>
GR. NO.		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Certified correct for \$ 31.00

McBlond
Billeting Officer.

AW

Joseph Rowe

C.R.

4875

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

DATE. *Feb. 6. 1920.*
PLACE. *Port. in Port.*

NO. *4876*... NAME. *W. J. Rowe*...

Receipt for Army Book 64

No. 4875 NAME J. Rowe

To Certify that I have received the AB 64 of the above named soldier.

NAME 4875 J. Rowe

Date Apr 10

Place Port au Port

H.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

WJ
16/11/10

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

SEP 23 1921

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Joseph Rowe

in respect of his service as No. **4855** Rank **Pte.**

Name **J. Rowe** **Royal Nfld. Regt.**
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received **Nov 1. 1921**

Signature **H. J. G. for Joseph Rowe**

Date **Nov 1. 1921**

Address **Port au Port**

Nfld.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
36Number of Sheets 5Regiment of Royal New ForestSignature of O. C. Company James Dent

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>4875 Rowe. J. J.</u>	Age on	<u>27</u> years <u>0</u> months	<u>fisherman</u>		
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>11.5.14</u>	Religion		
Joined	Date	Period of	with Colours <u>1/80</u> years. with Reserve <u>3/36</u> years.	Place of Birth		
Joined	Date			<u>N. C.</u>	<u>Port au Port</u>	
Joined	Date					

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
-------	-----------------	------	----------------------	---------	--------------------	--------------------	---	-----------------	---------

Demobilized St John's 19⁷/₁₉

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

411
516G

DEMOBILIZATION OF

Reg. No. 1875 Rank Pvt. Name Joseph Proulx
 Date of Enlistment 15-18 Address St. John's District St. John's
 Occupation Submarine Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 349A	B 122	/	Board 1st	" 2	3
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 27-19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Joseph Proulx

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied _____

Date 3-7-19 O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 112234 to his home at Portsmouth and Release Certificate No. 3144 issued.

Date 3-7-19 *J.A. Snowball*
Demobilization Officer

4. Pay and Allowances.

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

Date 3-7-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 5-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.P. 136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3404	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 3-7-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date JUL 5 1919 *R.H. Sait MAJOR*
O. C. Discharge Depot.

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

Date July 21 1919 *[Signature]*

Reg. No. *4875* Rank *Pfc* Name *Rowe, Jos*
Attested Address *Port au Port*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

3-7 19
57 19

PASSED TO DEMOBILIZATION UNIT
DISCHARGE APPROVED ON DEMOBILIZATION