



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5349 Name Simeon J. Rowe Corps Meat.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Simeon J. Rowe</u> |
| 2. What is your full Address? | 2. <u>Old Petrean St.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>No</u> Years <u>3</u> Months <u>fisherman</u> |
| 5. What is your Trade or Calling? | 5. <u>No</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>Yes</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, Simeon J. 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.

Simeon James Rowe SIGNATURE OF RECRUIT.

Jim O'Seara Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Simeon J. 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, 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 13th day of May 1915.

Signature of Attesting Officer C. D. Dicks 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 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.

† 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

5349

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

Name Simon J. Rowe

Apparent age 26 years months. Height 5 feet 6 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Elizabeth Rowe
Old Porecan 9B | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-5-18</u>									
Joined at <u>St. Helens</u> on <u>May 23-1918</u>									
<u>Discharged August 21-1919</u>									
Embarked <u>St. Helens</u> <u>St. Columbkille</u> to <u>Wolfer</u> <u>U.S.</u> <u>22-7-18</u>									
to <u>U.S.</u> for demobilization <u>24-6-19</u>									
Arrived <u>to surface</u> <u>land</u> <u>1-7-1919</u>									
<u>Demobilization</u> <u>St. Helens</u> <u>2-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>2-8-1919</u> [date of discharge] <u>1</u> years <u>72</u> days									
Pensions " " " " " " " " " " " "									

S. J. Gove

C.R.

5349

PAID

C.R. 5349

Extract from Daily Orders part II, unit the Royal Newfoundland
Regiment dated July 21st. 1919

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

#5349 Pte. S. Rowe.

19-7-19.

FORM K

N^o 4691



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Simeon James Rowe, Regl. No. 5349
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins. July 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4334	mother	Mrs (Elizabeth) Rowe (Elizabeth) Rowe	Old Perlican 7 Bay	.60
Total Allotment, \$				<u>.60</u>

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.) Watson Ltut
 Officer Commanding
 Company
St. John's
June 12th 1918

(S) Simeon J Rowe
 (Rank) Private

No. B458/1588

N.F.P. /70.

From: NEWFOUNDLAND CONTINGENT

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

11th June 1919

5349, Pte. S. J. Rowe

With reference to the following-telegram from the Minister of Militia / / 19 (223):

"Pay to-

5349 Rowe £3:0:0

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

Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

13th June 1919

Receipt hereunder.

[Signature]
LIEUT. COLONEL,
OFFICER COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
R.N.R.

Received the sum of Three Pounds.

_____ in respect of telegraphic remittance from the Minister of Militia.

D J Rowe
No. 5349 Rank Pte

Witness: WR Hodder

No. 20102/2275.

065774
NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE
58, VICTORIA STREET
LONDON, S.W. 1

N.F.P. /79.

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. R. Newfoundland Regt
Hazeley Down Camp,
Winchester.

5th. December, 1918

Subject: 5349. Pte. S. J. Rowe.

With reference to the following telegram (10476) from the Hon. Minister of Militia, received

Pay to 5349 Rowe = £6:3:0

Draft £6:3:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. H. McNeill
Chief Paymaster & O. i/c Records.

Dec 10th 1918

Receipt hereunder,

Cham
LIEUT. COLONEL,
COMMANDING OFFICER, ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment.

Received the sum of six pounds
three shillings on account of
cable remittance from Newfoundland.

- Simon J Rowe
No. 5349 Rank Pte.

Witness Powlsen
all

1070/161/P&A

2nd. Bn. R. Newfoundland Regt.,
Hazeley Down Camp,
Near Winchester.

16th. January, 9

5349. Pte. S. J. Rowe.

✓
520

Pay to 5349 Rowe - £3:0:0

3:0:0

MM 1070/161/P&A

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd. Bn. R. Newfoundland Regt,
Hazeley Down Camp,
Near Winchester.

16th. January, 1919

Subject: 5349. Pte. S. J. Rowe.

With reference to the following telegram (520) from the Hon. Minister of Militia, received

Pay to 5349 Rowe - £3:0:0

Draft £3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H. Marshall Cash
Chief Paymaster & O. 1/c Records.

Jan 23rd 1919

Receipt hereunder

Cham
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. 2nd Batt'n,
Royal Newfoundland Regiment.

Received the sum of Three pounds

_____ on account of
cable remittance from Newfoundland.

S. J. Rowe
No. 5349 Rank Private

Witness W. Pickett

No. 4475/662

From: NEWFOUNDLAND CONTINGENT

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

20th March 1919

5349 Pte Rowe S. J.

With reference to the following telegram from the Minister of Militia / / (84)

"Pay to- 5349 Rowe,
£5. 0. 0.

Cheque £5. 0. 0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

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

B.



N.F.P./79.

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

March 24th 1919

Receipt hereunder.

R. Owen LIEUT. COLONEL.
Officer Commanding 2nd Batt'n
NEWFOUNDLAND REGT.

Received the sum of Five pounds
in respect of

telegraphic remittance from the
Minister of Militia.

S. J. Rowe
No. 5349 Rank Private

Witness W. Barnes

SEPARATION ALLOWANCE.

Claimant, *Elizabeth Rowe* *Mother*
On account of *Simon J. Rowe* No. *5249* Rank *Pte.*

Decision.....
.....
.....
.....

Date.....

Instructions.....
.....
.....
.....

Allotment of *60[¢]* per day payable to *Elizabeth Rowe*
his *Mother* from *1/7/18* to *2/8/19*.

Discontinued on account of *being discharged.*

R. Brumby
.....
.....

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster
Separation Allowance Branch
St. John's, Nfld.

(1) Name in full of soldier Rank Reg't or Unit Reg't No.

Simson James Rowe Pte. R. 7th B. 5349

(2) Age of soldier Married or single

28 years old 15 November Single

(3) Name in full of mother Age. Occupation Permanent Address

Mrs Elizabeth Rowe 68 all kinds of hard work

(4) Give name of your husband Age. Occupation Where employed

Mr Elknah Rowe 75 fisherman Under Master

(5) If your husband is not supporting you give the reason.

he is dead.

(6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).

(7) If you are a widow, state date and place of death of your husband

*he died 1908
at Old Perlican from the
results of a Broken leg*

(8) Have you married again since death of above mentioned husband?

No never

(9) Names of your other children. Address in full Age. Occupation, Married or single

<i>Mr John Rowe</i>	<i>married</i>	<i>three children</i>	<i>fisherman</i>
<i>Mr William Rowe</i>		<i>37</i>	<i>dead</i>
<i>Miss Julia Ann Rowe</i>	<i>dead</i>	<i>30</i>	<i>fisherman</i>
<i>Mr Elial Rowe</i>		<i>33</i>	<i>fisherman</i>

(10) State amount earned by (a) Yourself (b) Your husband

*my self about 30 cts
+ day
nothing dead*

(11) State amount and source of any other income

*nothing except my sons allotment when
he was over seas*

- (12) State value of real property belonging to you and your husband \$400 worth in three parts
- (13) State value of personal property belonging to you and your husband land \$150 worth
- (14) If husband is dead state value of real and personal property left by him land in his personal property
- (15) Actual amount contributed by soldier during the year prior to his enlistment \$165 total
- (16) Was this amount contributed weekly or monthly monthly
- (17) Did this amount include payment of son's board, etc? it was to support my mother while away
- (18) State your son's trade or occupation prior to enlistment No trade fisherman *Simon James Wood's statement in his own handwriting.*
- (19) State amount of his wages per week 4 dollars 50 cts per week
- (20) State name and address of his last employer He was employed ~~in~~ last time under militia laws in the army
- (21) State amount of monthly support from son since enlistment \$12 per month
- (22) State amount of allotment received by you from son since enlistment \$165
- (23) State from what date did you receive allotment? August 2
- (24) Actual amount contributed by other children nothing Weekly Monthly
- (25) Are any of these children in the employ of you or your husband? nothing
- (26) If not receiving support from other children, state cause. Explain fully. Because a wife and children is enough to support
- (27) With whom are you residing at present? youngest son Simon James Rowe

Did not know separation allowances were made Mrs Wool's statements of separation

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

~~Because I am the only support~~

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

never received a cent in my life

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

None what ever

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

No

(32) In what capacity and in what place?

at old Perlican

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

after coming home discharged No other salary received 70 dollars for 4 months

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant Simon James Rowe

Place of Residence old Perlican

Declared and subscribed before me at Old Perlican this day of March 5th 1920

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

Moses Pursey JP

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant. Edwin Moore. Meli Minister

Signature of member of the Patriotic Fund Committee

Sept. A. March

C.R. 5349.
C.R.

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted man demobilization has been
CONFIRMED by Officer i/c Records from noted date
2-8-19.

5349, Pte. S. Rowe.

C.R. 5349

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

5349 Pte. S. Ross.
W.

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

C.R. 5349

Extract from Daily Orders part 11, from Unit The Royal
WFL Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 23, 1918.

#5349 Pte. Simeon Rowe.

C.R. 5349

Extract from Daily Orders part 11, from Unit/The Royal
Nfld. Regt. St. John's, dated May 25.1918.

#5349 Pte. Simeon Rowe.

Attested for General Service with the Royal Nfld. Regt.
from 23.5.18

Rowe, S. J.

5349

Ray sept.

August 2nd 1919.

#5349, Pte.S.J?Rowe,
Old Perlican.

Dear Sir:

Enclosed please find Discharge Certificate
3465.

Yours truly,

Capt.& Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

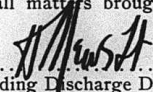
1. No. 3349 Rank Pvt Name Rowe S. J.
 Intended place of residence Old Pulican

2. Occupation fisherman
 Classification of soldier E Medical Category A 1

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.

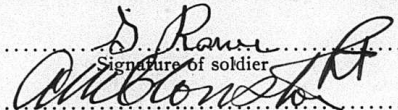
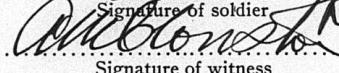
Place, ST. JOHN'S
 Date JUL 17 1919


 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S
 Date JUL 17 1919


 Signature of soldier

 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S
 Date JUL 17 1919


 Signature of soldier

 Signature of witness

 9
 30
 31
 2
 2

STATEMENT OF SERVICE

7. Enlisted for service 23-5-18 No. of days on Military
 Discharged from service JUL 19 1919 Plus 14 days Service 437

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, ¹⁴twenty-eight days from date.

Place, ST. JOHN'S
 Date JUL 19 1919


 Officer in Charge Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S
 Date August 2/1919


 Officer in Charge Records
 The Royal Newfoundland Regiment

Handwritten: 13207 9/3465

The Royal Newfoundland Regiment

Class for Demobilization:—

1
1

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 17.7.19

Regimental No. 5349.

Name Rowe. S.

Address Old Perlican. P.B.

Present Medical Category A¹

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

Members of Board {

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

H. ...
Senior Medical Officer

G. ...
M. O. Depot

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 3349 Rank Plt Name Rowe J J
 Date of Enlistment 23-3-18 Address Wd. Parham District St. John's
 Occupation Fisherman Classification for Discharge 17 Medical Category F1
 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.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

James J Rowe

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 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2444 to his home at Gld Terlican and Release Certificate No. 3681 issued.

Date 17-12-19 [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 2-8-19

Date 17-7-19 [Signature]
Depot Paymaster.

Discharge approved for 19-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1
F 178.....	W 3494.....	B 122.....	1	Board 1st.....	" 2.....	1
B 178a.....	D 400A.....	B 1915.....	1	do 2nd.....	" 3.....	2 Form B
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 [Signature]
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 18 1919 [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 resume former Occupation,

Simon J. Rowe

Signature of Man.

Reg. No. 0349

W. B. Brown

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

12-7-19

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

MEDICAL HISTORY

Surname

Rowe

OF

Christian Name

Simon J.

Table I.—GENERAL TABLE.

Birthplace:—Parish

Old Parish 10

County

Mea

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	<i>23rd</i>	<i>May</i>		<i>1918</i>
at	<i>St. John's</i>		at	
Declared Age	<i>26</i>	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i>	feet	<i>6 1/2</i>	inches
Weight	<i>140</i>	lbs.		lbs.
Chest Measurement	Girth when fully expanded		<i>36</i>	inches
	Range of Expansion		<i>3 1/2</i>	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<i>/</i>	<i>/</i>		
When Vaccinated				
Vision	R.E.—V=	<i>6/15</i>	R.E.—V=	
	L.E.—V=	<i>6/18</i>	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)	<i>Samuel [Signature]</i>			
(Rank)	<i>Major</i>			
Enlisted	at	<i>St. John's</i>	at	
	on	<i>23rd</i>	on	<i>1918</i>
		day of <i>May</i>		day of
				<i>191</i>
Joined on Enlistment	Corps.	<i>Royal Mea</i>	Corps	
	Regtl. No.	<i>Regiment</i>	Regtl. No.	<i>5349</i>
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)		<i>191</i>		<i>191</i>
(Rank)				



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. Dimson.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5549*

Intended address *Old Perlican. N.B.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown.*

Complexion *Dark.*

Color of eyes *Brown.*

Descriptive Marks _____

Figure on discharge *H.S.*

Christian name of Father _____

Christian name of Mother *Martha.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Old Perlican. 15 Nov. 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) *Dimson J Rowe.*

(Rank) *Pls.*

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 i/c 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 F., 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 2nd Buffs* } Former Trade or Occupation } *Soldier*
2. Regtl. No. *2349* 3. Rank... *Pvt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rowe* } *James* }
(Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *26*
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? } ✓

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

15. What is his present condition ?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

no complaint of 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 ?

Refractive

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

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

Station *Horsley Down*

Date *2/14/19*

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

August 9th 1919.

Mr. S. J. Rowe,
Old Merican.

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 Simeon James 2. Surname Rome

3. Rank Pte 4. Regtl. No. 1349

5. Address in full to which future payments of gratuity are to be forwarded. Red. Peruvian

6. Date of enlistment in the Regiment. May 27/18

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.

no

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

no

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

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 R.C.A.F.? If not give:- (a) Date of discharge.

July 31/19

Demob

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.

Ireland

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: *Simon J. Rowe*

Place of Residence: *Old Perrecon,*

Declared before me at: *St John's*

This *17* day of *July* 19*19*....

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

POST DISCHARGE PAY.					
Date paid	paid	paid	War Service		Net amount
	Soldier.	Dependent.	Gratuity.		due
.....
.....
.....
Certified correct.				Paymaster

me the Balance of my
money you will oblige
me very much by
doing so I would be
very proud if you will
forward it has quick
has you can. my
name S J Raue

Old Perlican
Trinity Bay

and my regimental
number was 5349.

my mother name
Mrs E Raue

Old Perlican
Trinity Bay

Yours truly S J Raue
Send form Mother Raue

8379

Old Perlican

Jan 12th
1920

Dear Sir

I am sending to
you to see what about
my money ~~synter~~
because that cut out
for me I think I am
so watty if it has
any Body Else I risk
my life far to fight
for my king and
Country the only son
of a mother father
his Dead and I
leaved her to weep
and morn after me
But has god should
Have it I returned
safe again and I am
sending to you to.

Feb. 26, 1920

S.J. Rowe,
Old Perlican
T.B.

Dear Sir:

With reference to your letter of Jan. 12th. I enclose form for Separation Allowance, which have your mother complete in the presence of a Magistrate or a Justice of the Peace, and return to this Office.

Yours truly,

Lieut.
For Paymaster

LM-
Enc.

Old Terbean

April 11th

1920

1045.

Dear Sir

with reference to your letter I received yesterday asking me to send my office number will I send my regimental number is . 5349. and the number on my discharge paper is . 3465. and you want to know who filled out my papers I filled out myself because my mother was blind and could not see and she was corrected by the Methodist minister

and J P of the place and the paratatic man sergeant march the Methodist minister to me my money was due to me in such a case of me hoping to get an early reply yours truly
Dimean James Rowe

July

Old Perlican

9834

Feb 16th
1920

Dear Sir

5349

I am writing to you
concerning my reparation
allowance to send me
my papers you
will oblige me
very much By
Dairy so I am
a soldier of the
royal N. H. L. D.

regiment I am the
only support of a
mother father Dead
and I am the only
support yours truly
Simeon James Rowe

Old Perlican

Seaform Trinity Bay

5349

February 24, 1920

Simon J. Rowe,
Old Perlican,
T.B.

Dear Sir:

In reply to your
letter of Feb. 16th. I enclose form of claim
for your mother, which kindly have her com-
plete in the presence of a Magistrate or
a Justice of the Peace and return to this
Department.

Yours truly,

Capt.
Per Paymaster

ST. JOHN'S, JUL 17 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte. S. Rowe

Billeting Soldiers as undermentioned

from July 1st 19 to July 25th 19

5349 - Pte. S. Rowe 18 80

ACCOUNT	<u>105m</u>	INITIALS	
CH. NO.	<u>3193</u>	INITIALS	
REGIMENT		INITIALS	
COY. LEDGER	<u>80</u>	INITIALS	
REG. LEDGER		INITIALS	

Certified correct for \$

A. J.

[Signature]
Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

Royal Newfoundland

Signature of O. C. Company

Number of Sheet

1 of 1
C. S. D. K. S. Hunt

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5349 Howe Street</i>	Age on <i>26</i> years <i>0</i> months	Trade <i>Fisherman</i>		
Joined _____ Date _____		Place and Date of Enlistment <i>St. John's 23 5 18</i>	Religion <i>Method</i>		
Joined _____ Date _____		Period of } with Colours <i>17 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth <i>Old Peruvian NB</i>		
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	2	5		19

To be carried over.

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5349 Rank Plt Name Rowse J. J.
 Date of Enlistment 2.5.18 Address 111 St. Johns St. St. John's District St. John's
 Occupation Fisherman Classification for Discharge F1 Medical Category F11
 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 St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Samson J Rowse

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 17-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2444 to his home at Old Terkian and Release Certificate No. 3681 issued.

Date 17-7-19 Albston
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 2-8-19

Date 17-7-19 Miss A
Depot Paymaster.

Discharge approved for 19-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
B 178	W 3494	B 122		Board 1st	" 2	1	
B 178a	D 400A	B 1915	1	do 2nd	" 3	2	Form B
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 Albston
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUL 19 1919 K.R. Cooke Capt.
O. C. Discharge Depot.

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

Date Aug 11 19 Albston

Reg. No. 5349 Rank Plt Name Howe S.G.

Attested Address Old Persson

Allotment Allottee

Date of Allotment Returned from Overseas

Returned on S.S. Cause

17.7.19
19.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

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 Newformed Tans* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5349* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Rowe* *Simeon*
(Surname) (Christian Names)
5. Age last birthday. *26*
6. Posted for duty on at
in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

The complaint of the disability

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

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

Repatriation

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

W.S. Procuier, Capt. R.D.M.C.
 Medical Officer in charge of case.

Station *Hazleydown*
 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

April 28, 1920

Mrs. Elizabeth Kowe,
Old Perlican.

Dear madam:-

An application for separation allowance has been completed by Simeon J. Rowe on your behalf, but as this is not satisfactory, I am enclosing new form to be signed by yourself.

In forwarding this form kindly send the marriage Certificate of your son John, Certificate of death of your son William, and please state whether your son Elial is married or single, if married, please furnish me with his Marriage Certificate, if single, please advise if he enlisted, if so, in what Corps, on what date, and what is the number of his Rejection Badge if he has one

Yours truly

Major

Raymaster.

C.R. 5349

Old Perlicon

January 24

W F Rendell Lieut Col

Dear Sir

Mrs Elizabeth — Rowe came to me & asked me if I would write to you concerning her son Lemmon she saw on one of our Papers you were making enquiries for him as well as others she would like to let you know he is up in Cape Breton she says he sent him a letter some time ago to go to St Johns he think there was some mon-ney due to him if there is any thing mess Rowe his mother would be verry glad to here from you again or if you wish you can write to me I will be willing to gave you all Information

Yours truly

MOSES PURVEY JP

His sons W F Rendell Lemmon Rowe