



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4962 Name James D. Tapp Corps 6 of 6

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>James D. Tapp</u>            |
| 2. What is your full Address? .....  | 2. <u>Leape Bay</u>                |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>24</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Seaman</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, James D. Tapp 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.

James D. Tapp SIGNATURE OF RECRUIT.

James D. Tapp Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, James Douglas Tapp 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 Leape Bay on this 7th day of May, 1918.

Signature of Attesting Officer James D. Tapp

### 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 ..... 1918 } Approving Officer.  
Place .....

† 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

4962

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

Name James D Tapp  
 Apparent age 24 years 8 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Tapp, Cape Ray  
 | Relationship Father

### Particulars as to Marriage

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

(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_

### Particulars as to Children

Christian Names

Date and Place of Birth

## STATEMENT OF THE SERVICES

| Corps in which served   | Rgt. or L'epot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension |                 | Service in Reserve not allowed to reckon towards G. C. Pay |      | Signature of Officers certifying correctness of entries |  |
|---|----------------|--|-----------|-------|--|-----------------|--|------|---|--|
|   |                |  |           |       | Years  | Days            | Years  | Days |   |  |
| Service towards limited engagement reckons from <u>7-5-1918</u>                         |                |  |           |       |  |                 |  |      |   |  |
| Joined at <u>St. Omer</u> on <u>7-1-1918</u>  |                |  |           |       |  |                 |  |      |   |  |
| <u>Deserted July 2nd 1919</u>   |                |  |           |       |  |                 |  |      |   |  |
| <u>Embarked St. Omer train to Halifax N.S. 11-6-1918.</u>                               |                |  |           |       |  |                 |  |      |   |  |
| <u>Embarked for B.C. 26-10-18</u>   |                |  |           |       |  |                 |  |      |   |  |
| <u>Disembarked France 26-10-18</u>  |                |  |           |       |  |                 |  |      |   |  |
| <u>Joined Battalion 3-11-1918.</u>  |                |  |           |       |  |                 |  |      |   |  |
| <u>Transferred from Queen 22<sup>nd</sup> Coy. Depot Battalion 23<sup>rd</sup> Coy.</u> |                |  |           |       |  |                 |  |      |   |  |
| <u>to Newfoundland for demobilization 22-5-1919</u>                                     |                |  |           |       |  |                 |  |      |   |  |
| <u>Arrived Newfoundland 11-6-1919</u>   |                |  |           |       |  |                 |  |      |   |  |
| Total Service forfeited as above.....   |                |  |           |       | <u>Demobilization</u>  | <u>St. Omer</u> | <u>25-7-1919</u>   |      |   |  |
| Total Service towards Engagement to   |                |  |           |       | <u>25-7-1919</u> (date of discharge)                         | <u>1</u> years  | <u>80</u> days   |      |   |  |
| Pensions  |                |  |           |       |  |                 |  |      |   |  |

C.R. 4962

Extract from Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated July 29th 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from noted date  
25-7-19.

4962, Pte. D. Tapp.

C.R. 4962

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 14th, 1919.

The discharge of the Undernoted on demobilisation has been  
APPROVED by C.O. Discharge depot with effect from 23-4-19.

4962 Pte. D. Tapp.

C.R. 4962

Extract from Daily Orders Part 21 Depot, St. Johns,

Date

June 18th 1919.

4962, Pte. J. Tapp.

Reported at Headquarters 1/4/19.

which sailed Liverpool May 23/1919.

on "Corsican"

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 Hezeley Down Camp  
23/4/19.

C.R. 4962

#4962 Pte. J. Tapp.

C.R. 4962

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

The following joined the Battn. 3-11-18.

4962 Pte. D. Tapp.

D Coy.

C.R. 4962

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkeston,  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hazelton Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F.

4962 Pte. Tapp, J.D.

MP.



4962

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

#4962 Pte. P. Tapp.

Embarked for overseas with draft 11-6-18

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

#4962 Pte. J.D. Tapp.

Attached for General Service with the Royal Nfld. Regt.  
from 7.5.18

D. Tapp

C.R. 4962

1190

## Medical Report on an Invalid.

Station Hazley DownDate 15/19

1. Unit Royal Newfoundland 7. Former Trade or Occupation } Justice man
2. Regimental No. 4962
3. Rank plc
4. Name Jas J. Bouglas
5. Age last birthday 24
6. Enlisted { on May 27/18  
at 0190 hrs
- 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.

nil  
nil  
nil  
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.

nil.

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 no 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.*

*Repetition*

20. Do you recommend—

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

W.E. Procter      Capt Rouse  
Officer in medical charge of case.

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

Station Hozely brown

\_\_\_\_\_  
Officer in charge of Hospital.

Date 1/2/19

\*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

No 4224 a

1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James D Tapp, Regl. No. 4962

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAMR (in full)      | ADDRESS                             | AMOUNT (each person) |
|--------------------------|---|---------------------|-------------------------------------|----------------------|
| 3991                     | Father  | M <sup>r</sup> Tapp | Cape Ray,<br>Port-au-Prince-Bahamas |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
|                          |   |                     |                                     |                      |
| Total Allotment, \$      |   |                     |                                     | 70 <sup>9</sup>      |

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.)

James D Tapp  
Officer Commanding  
Company

St John's  
May 23<sup>rd</sup> 1918

(Sig.)

James D Tapp  
Pte

(Rank)

Witness:

James Arshe  
of Sergt.



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

Sir:-

Please charge the amount set 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 the year.

Commencing on the 1st July 1918.

| Regtl. No. | Rank | Name    | Amount | Signature |
|------------|------|---------|--------|-----------|
| 1962       | Pte  | Lapp T. | \$2.50 | D Lapp    |

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

D Lapp

Date

July 1/18



4962

No. 4962 Name Lapp, P.

Sqn., Batty., or Company

Corps ROYAL NEWFOUNDLAND REG

Date of enlistment

7/18/18

G.C. Badges

Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No.

One

Signature O.C. Company, etc.

W. M. Lunn

Character

| 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     |
|-------|-----------------|------|----------------------|--|--------------------|--------------------|---|-----------------|-------------|
| Fresh | 8/10/18         | Pvt. | -                    | Refusal to march                       | C. H. ...          | 7 days F.P. 2      | 2/9/18  | Major Bernard   |             |
|       | 1/12            |      |                      | Def. Assault; Spoken Claspknife 2/8/18 |                    |                    | 10.1.19   | Major Bernard   | 100 for ... |
|       | 8-3-19          |      |                      | Def. Table Knife - 4/4                 | C. M. ...          | Admonished         |   | Major Bernard   |             |
|       | 8/4/19          |      |                      | Def. 12/6                              | do                 | do                 |   | Major Bernard   |             |

Army Form B. 122

Tapp. Douglas

4962

Sept



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 25, 1919

#4968; Pte. Douglas Tapp,  
Cape May,  
Burgeo.

Dear Sir:-

Please find enclosed Discharge Certificate #3205.

Yours truly,

Captain & Paymaster.

# **DISCHARGE CERTIFICATE.**

---

**ANY PERSON finding this Certificate is  
requested to forward it in an unstamped  
envelope to the Secretary, War Office,  
London, S.W.1.**

NOTE—This Certificate is to be issued without any alterations in the manuscript.

Certificate of discharge of No. 11967 Rank *Plt*  
 Name *Lapp Douglas*  
 Surname Christian Names in full  
 Unit\* and Regiment or Corps *Royal New Zealand Regt*  
 from which discharged  
 \* The unit of the Regiment or Corps such as Field Co. R.E., H.T., or M.T., A.S.C., etc., is invariably to be stated.

Regiment or Corps to which first posted: *Royal NZ Inf Regt*

Also previously served in: \_\_\_\_\_

Only Regiments or Corps in which the soldier served since August 1st, 1914, are to be stated. If inapplicable this space is to be ruled through in ink and initialled.

Specialist Qualifications (Military): \_\_\_\_\_

Medals, Clasps, Decorations and Mentions in dispatches { \* *nil* Wound Stripes\* *nil*  
 To be inserted in words.

Has served Overseas on Active Service\*

Enlisted at *St Johns nfld* on *7 May 8* 1918

\*Each space is to be filled in and the word "nil" inserted where necessary.  
 †To be struck out in ink if not applicable.

He is discharged in consequence of *Demobilization*

after serving\* *one* years\* *80* days with the Colours, and

\* *nil* years\* *nil* days in the Army Reserve or Territorial Force† } Strike out whichever inapplicable.

\*Each space is to be filled in and the word "nil" inserted where necessary; number of years to be written in words.

†Service with Territorial Force to be shown only in cases of soldiers serving on a T.F. attestation.

Date of discharge *July 25 1919* Signature and Rank *M. Bowley Capt*

Officer in Charge *St Johns nfld* Records. (Place)

Description of the above-named soldier when he left the Colours.

Year of Birth *1895* Marks or Scars \_\_\_\_\_

Height *5 6* ft. in. \_\_\_\_\_

Complexion *tan* \_\_\_\_\_

Eyes *Blue* Hair *light* \_\_\_\_\_

WARNING.—If this Certificate is lost a duplicate cannot be issued. You should therefore on no account part with it or forward it by post when applying for a situation.

July 25, 1919

#4968 Pte. Douglas Tapp,  
Cape Bay,  
Burgeo.

Dear Sir:-

Please find enclosed Discharge Certificate #3205.

Yours truly,

Captain & Paymaster.

July 25, 1919

#4968 Pte. Douglas Wapp,  
Cape Bay,  
Burgee.

Dear Sir:-

Please find enclosed Discharge Certificate #3205.

Yours truly,

Captain & Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4962 Rank PL Name Tapp D  
 Intended place of residence Cape Ray Bangs  
 2. Occupation Seaman  
 Classification of soldier E Medical Category A L

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 9 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 9 - 1919  
 Signature of soldier Douglas Tapp  
 Signature of witness Wm. [unclear]

### 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 9 - 1919  
 Signature of soldier Douglas Tapp  
 Signature of witness James Newman

### STATEMENT OF SERVICE

7. Enlisted for service 7-2-18 No. of days on Military Service 445  
 Discharged from service 11-7-19 Plus 14 days

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place, ST. JOHN'S  
 Date JUL 23 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place, ST. JOHN'S  
 Date July 25 1919  
 Officer in Charge  
 The Royal Newfoundland Regiment

25  
20  
25  
30



# The Royal Newfoundland Regiment

Class for Demobilization: 8

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 8.7.19 .....

Regimental No. 48962..

Name ..... Lynn Douglas ..... 875 .....

Address ..... Capo Bay .....

Present Medical Category ..... A-1 .....

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

Members of Board {

RJ Last Major  
.....  
O.C. Discharge Depot.

Watson  
.....  
Senior Medical Officer

Swinden  
.....  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 496-1 Rank Pvt Name Tapp D  
 Date of Enlistment 15-19 Address Rapport Bay District Bugden  
 Occupation Plumber Classification for Discharge 16 Medical Category A E  
 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 8-7-19 ..... O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Douglas Hosh*  
*W. J. Newman*

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 .....

*W. J. Newman*

Date 9-9-19 ..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 92287 to his home at Cape Ray and Release Certificate No. 3338 issued.

Date 9-7-19

J.A. Snowcroft  
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 25-7-19

Date 9-7-19

J.A. Snowcroft  
Depot Paymaster.

Discharge approved for 10-7-19

Forwarded with following documents to O.C Discharge Depot.

|           |        |        |   |           |        |   |
|-----------|--------|--------|---|-----------|--------|---|
| N.F. P136 | 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       | " 6    | / |
| B 179c    | B 120  | M 93   | / |           |        | / |

Date 9-7-19

J.A. Snowcroft  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

**JUL 23 1919**

Date .....

R. Cooper  
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.

*Lopp. D.*

Signature of Man.

*J. H. Shawcraft*

Signature of the Vocational Officer or his Representative.

Reg. No. 4961

Place

*at Johns*

Date

*9-7-79*

191



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

# MEDICAL HISTORY

OF

Surname Papp

Christian Name Douglas

Table I.—GENERAL TABLE.

Birthplace:—Parish Pape Bay County Nfld

|   | SPECIAL RESERVE           |                   | REGULAR ARMY |                  |
|---|---------------------------|-------------------|--------------|------------------|
|   | on                        | at                | on           | at               |
| Examined  | 7 day of May 1918         | St Johns          | day of       | 191              |
| Declared Age  | 24 years                  | days              | years        | days             |
| Trade or Occupation   | Seaman                    |                   |              |                  |
| Height  | 5 feet                    | 6 inches          | feet         | inches           |
| Weight  | 135 lbs.                  |                   |              | lbs              |
| Chest Measure-ment  | Girth when fully expanded | 37 inches         |              | inches           |
|   | Range of Expansion        | 5 inches          |              | inches           |
| Physical Development  |                           |                   |              |                  |
| Vaccination Marks   | Right                     | Left              | Right        | Left             |
|   | Scar                      |                   |              |                  |
| When Vaccinated   | 27 Dec 1910               |                   |              |                  |
| 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)   | James Peterson            |                   |              |                  |
| (Rank)  | Major                     |                   |              |                  |
|   | Medical Officer.          |                   |              | Medical Officer. |
| Enlisted  | at                        | St Johns          | at           |                  |
|   | on                        | 7 day of May 1918 | on           | day of 191       |
|   | Corps.                    |                   | Corps.       | Regtl. No.       |
| Joined on Enlistment  | The Royal 4962            |                   |              |                  |
|   | Nfld Regt                 |                   |              |                  |
| Transferred to  |                           |                   |              |                  |
| Became non-effective by   | on                        | day of 191        | on           | day of 191       |
| (Signature)   |                           |                   |              |                  |
| (Rank)  |                           |                   |              |                  |



**Medical Report on an Invalid.**

Station Hazelton Down Camp  
 Date 1 - 5 - 19

- |  |   |
|--|---|
| 1. Unit <u>Royal Newfoundland</u>                        | 7. Former Trade } <u>Tradesman</u><br>or Occupation } |
| 2. Regimental No. <u>4968</u>                            | 7A. If with previous service in Army, state—          |
| 3. Rank <u>Pte</u>                                       | (a) Former Unit;                                      |
| 4. Name <u>Tap Douglas</u>                               | (b) Regimental No.;                                   |
| 5. Age last birthday <u>24</u>                           | (c) Date of Discharge;                                |
| 6. Enlisted { on <u>May 27/19</u><br>at <u>St John's</u> | (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.

*nil*  
*nil*  
*nil,*  
*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?

*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?

*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?

*Reparation*

*W.E. Prosser*

*Sgt. W.E.M. Coy R.A.M.C.*  
Officer in medical charge of case.

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

Station *Hazley Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1 - 5 - 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.





## 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 *Tapp, Douglas*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4962*

Intended address *Long Bay,*

Height on discharge *5'* Feet *6*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue eyes*

Descriptive Marks *no*

Figure on discharge *medium*

Christian name of Father *William*

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 *Long Bay*

Nature and locality of civil employment required *Aug: 17/1896*

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) *Douglas Tapp* *pte* (Rank)

Station *St Johns* Date *4/7/19*

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



July 26th 1919.

#4962. Pte. Douglas Tapp,  
Cape May, west shore.

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..... *Douglas* ..... 2. Surname..... *Lapp* .....
3. Rank..... *Pte* ..... 4. Regtl. No..... *4962* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Cape Roy, West Shore* .....
- .....
6. Date of enlistment in the Regiment..... *Nov. 11 1918* .....
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 field. If so, give dates and particulars of such service..... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in field, or Overseas..... *Three months* .....
- ..... *3 weeks* ..... *1 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.....

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 Rest?..... *no* If not give:- (a) date of discharge *July 23/19*..... (b) Reason for discharge.....

..... *Demobilization* .....

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 and Germany* .....

..... *England* .....

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

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

Signature of Applicant: *Douglas X Dapp* <sup>his</sup> (Witness) *Dapples*  
 Place of Residence: *Cape Roy West Shore*  
 Declared before me at: *St Johns*  
 This *10* day of *July* 19*19*....

Signature of Barrister of the *John M. McCarthy*  
 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.  |               |                 |                       | Paymaster      |



FORM K

No 4224



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James D Tapp, Regl. No. 4962

hereby agree, until further notification by me, and in similar official form to make an Allotment of                      Dollars and seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS                      | AMOUNT (each person) |
|--------------------------|---|----------------|------------------------------|----------------------|
| 3991                     | Father  | Mr Tapp        | Cape Ray<br>Post aux Basques |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
|                          |   |                |                              |                      |
| Total Allotment, \$      |   |                |                              | 70 <sup>9</sup>      |

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.) [Signature]  
Officer Commanding  
a Company  
St Johns  
May 23rd 1918

(Sig.) James D Tapp  
Private  
Witness:  
James Arkhe  
at Sergt.

July 25, 1919

Officer Commanding,  
Discharge Depot.

Dear Sir :-

The undermentioned man has been discharged on account  
of Demobilisation, on this date:-

✓ 4962 Pte. Douglas Tapp, ✓

Yours truly,

*over*

Captain & Paymaster.



Receipt for Army Book 64

No. *4962* Name *Joe Zapp*

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

Name *Douglas Zapp*

Date *August 6<sup>th</sup> 1920*

Place *Cape Ray*

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

*102*

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 28 1921.

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

**James C. Tapp**

in respect of his service as No. **4962** Rank **Pte.**

Name **J.C. Tapp** **Royal Nfld. Regt.**

Receipt of the same should be acknowledged hereon.

Received *D. K.*

Signature *James C. Tapp*

Date *Oct. 10<sup>th</sup> 1921*

Address *Cape Ray, Newfoundland*

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39

Number of Sheet \_\_\_\_\_

Regiment of \_\_\_\_\_

Signature of O. C. Company \_\_\_\_\_

*J. J. James*

| Regimental Number and Name |               | Enlistment                   |  | Trade          | Good Conduct Badges, Service pay or proficiency pay |
|----------------------------|---------------|------------------------------|--|----------------|---|
| No.                        |               | Age on                       | years months                                       | Seaman         |   |
| 8962                       | 10pp. Douglas |                              | 24   | Religion       |   |
| Joined                     | Date          | Place and Date of Enlistment | 7.5.18   | CofR.          |   |
| Joined                     | Date          | Period of                    | with Colours, 10 years.<br>with Reserve 365 years. | Place of Birth |   |
| Joined                     | Date          |                              |  | Cape Horn      |   |

| 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 Johns           | 25                 | 7   |                 |         |
|       |                 |      |                       |             |                    |                    |   |                 |         |

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 496-1 Rank Pvt Name Lapp D  
 Date of Enlistment 15 18 Address Kapuskay District Burns  
 Occupation Alaman Classification for Discharge 16 Medical Category 19  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

|           |        |        |           |        |
|-----------|--------|--------|-----------|--------|
| N.F. P136 | B 288  | 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 8-7-19 O. C. Discharge Depot H. News H.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation

*Le*  
*Douglas + Toth*  
*mark*  
*Neil Newman*

Particulars passed to Vocational Officer for information and action.

Date 8-7-19

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied \_\_\_\_\_

*W. Colvill*

Date 9-9-19 o/c. Re-clothing \_\_\_\_\_

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192287 to his home at Baye Ray and Release Certificate No. 3338 issued.

Date 9-7-19 *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 5-21-19

Date 9-7-19 *J.A. Snowball*  
Depot Paymaster

Discharge approved for 11-7-19

Forwarded with following documents to O.C Discharge Depot.

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

*2 Form B*  
*P.F. 8*

Date 9-7-19 *J.A. Snowball*  
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 23 1919 *J.P. Cooper Capt.*  
for O. C. Discharge Depot.

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

Date July 21 1919 *[Signature]*

Reg. No. *4962* Rank *PLC* Name *Japp Jas.*

Attested ..... Address *Cape Ray*

Allottr at ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsecan* Cause *Descharge*

*9.7.19*  
*11.7.19*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION**