



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5892 Name Joseph Way Corps R. N. Regt

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | 1. <u>Joseph Bonavesta</u> |
| 2. What is your full Address? | 2. |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. Years <u>21</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Joseph Way, 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.

Joseph Way SIGNATURE OF RECRUIT.
2-5-15 Alfred W. Way Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Way, 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.....
 on this 2 day of May 1915
 Signature of Attesting Officer Alfred W. Way

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
 If enlisted by special authority, such will be attached to the original attestation.

Date.....1915 }
 Place..... St. John's } 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).....



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No. 5892 Name Joseph Way Corps R. N. Regt

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|--|--------------------------------------|
| 1. What is your name? | 1. <u>Joseph Bonaresta</u> |
| 2. What is your full Address? | 2. |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. Years <u>21</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Joseph Way, 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.

Joseph Way SIGNATURE OF RECRUIT.

Alfred P. D. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Way, 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 on this 2 day of Aug 1915.

Signature of Attesting Officer Alfred P. D. ...

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 2nd Regt.

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

Date 1915

Place St. John's } 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

5892

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

Name Joseph Way
 Apparent age 21 years months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Father Alfred Way
Bonaville | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>2-8-18</u>									
Joined at <u>Ston's</u> on <u>August 2, 1918</u>									
<u>Discharged</u> <u>Jan'y 15, 1919</u>									
<u>Granted leave without pay from</u> <u>10-8-18</u>									
<u>Demobilization</u> <u>15-1-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 15-1-1919 (date of discharge) 28 years 28 days
 " " Pensions " " " " " " " " " " " "

C.R. 5892

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt., St. John's, Jan. 28th, 1919.

The Discharge of the undernoted on demobilization has been
confirmed by Officer i/c Records on noted date.

5892 Pte. Jso. Day.

Jan. 15, 1919.

C.R. 5-892

Extract of Daily Orders Part II, dated Jan.16th 1919.

The discharge of the undernoted man has been approved by
O.C.Discharge Depot on noted date.

5892 Pte.Jos.Way

Discharged 14-1-19

C.R. 5892

Extract from Daily Orders Part 11 Unit The Royal Field.
Regt. St. John's dated August 17th, 1918.

5892 Pte. J. Wade

Granted leave from 17-8-18 to 26-8-18.

2685 C.R.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated August 8, 1918.

#5892 Pte. Joseph Wade,

Attested for Gen. Service with the Royal Hfld. Regt.

2-3-18

Way Joseph

5892

Way Joseph

January 25th., 1919

#5892 Ptel Joseph Way,
Bonavista, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 747."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5892 Rank Plt Name Way Joseph
 Intended place of residence Bonaville
 2. Occupation Barber
 Classification of soldier D Medical Category A
On date Leave without Pay granted.

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

DEMOBILIZATION

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations. **ENLISTED under the MILITARY SERVICE ACT**
 Place and granted leave without pay..... W. H. C. C. C.
 Date 13-1-19 **NOT ELIGIBLE for PAY** 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 therewith. **ENLISTED under the MILITARY SERVICE ACT**
 Place and date and granted leave without pay.....
NOT ELIGIBLE for PAY and ALLOWANCES.
 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 and Date **NOT APPLICABLE**
 Granted Leave without pay at his own request after
 attestation to continue in civilian occupation. Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2.8.18 No of days on Military
 Discharged from service 2.1.19 Service 28 Mths

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty eight days from date.
 Place **ST. JOHN'S**
R. H. C. C. C.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date **JAN 14 1919**

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date January 15/1919
M. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

22B 20791 747

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5892 Rank Pte Name Delany Joseph
 Date of Enlistment 2.8.18 Address Bona Vista District Bona Vista
 Occupation Fisherman Classification for Discharge F Medical Category A.II
On date Leave without Pay granted.
 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 2.1.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

NOT APPLICABLE.

Granted Leave without pay at his own request after
attestation to continue in civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable..... **ENLISTED** under the **MILITARY SERVICE ACT**
and granted leave without pay.
 (b) Clothing Supplied

NOT ELIGIBLE for **PAY** and **ALLOWANCES.**

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 763 to his home at Bonawata and Release Certificate No. 763 ^{marked} issued.

Date 14-1-19

CBDicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herewith ~~enlisted~~ ^{ENLISTED} soldier's account has been duly balanced and all matters in connection therewith settled. ~~Hand granted leave and that pays to~~

Date 13.1.19 NOT ELIGIBLE for PAY and ALLOWANCES.

Debit Bal. 330

Attley Capt.
Depot Paymaster.

Discharge approved for 14.1.19

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.....	2
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	2
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....	2			

Date 14.1.19

CBDicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JAN 14 1919

Date

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

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

Date

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

MEDICAL HISTORY

Surname Way

Christian Name Joseph

Table I.—GENERAL TABLE

Birthplace:—Parish Bonavista

County Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>2</u> day of <u>August</u> 191 <u>8</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>5 1/4</u> inches	feet		inches
Weight	<u>120</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>34</u> inches		inches
	Range of Expansion	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V= <u>4/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)		Medical Officer		Medical Officer
Enlisted	at <u>St. John's</u>	at		
	on <u>2nd</u> day of <u>August</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps <u>Royal</u>	Regtl. No. <u>5892</u>	Corps	Regtl. No.
	<u>NFLD</u>			
Transferred to	<u>Regt</u>			
Became non-effective by				
(Signature)	on	day of	191	on
(Rank)				day of

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signatures
3-8-18	Vac.

TABLE IV.—SERVICE TABLE

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination held at Imperial

Date _____ 191_____

1. Name Joseph Way. Age (a) Declared 24.
(b) Apparent
2. Do you know of anything wrong with you?
Headache.
What severe illnesses have you had? 5892 ✓

3. Height 5' 6" Weight 120.
4. Eyesight (a) Left 6/6 (b) Right 6/6
5. Physical Defects (Examine after strenuous exercise)

Infected hand - Temporary

6. Examination of Lungs Normal
Measurement (a) Expiration 32 (b) Inspiration 35²

7. Examination of Heart Normal

8. Examination of Urine "

9. Examination of Mouth—(Defective Speech)

Teeth Bad.Throat normal

Nose "

Ears—(Deafness, Otorrhea) "

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

11. Name and address of next of kin Mrs. J. Way. Cape Shore.

REMARKS—

We consider this man { Fit
Temporarily unfit for Military Service
~~Permanently unfit for Military Service~~

(If unfit, Form M.S.B., 10 A, should be filled and attached).

Ca Forbes
Medical Examiners.

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. John's on Aug 25 1918

1. Name Joseph Way Age (a) Declared 21
 (b) Apparent

2. Do you know of anything wrong with you? Subject to headaches

What severe illnesses have you had? none

Eyes Blue
Complexion Fair
Mouth —

5892

3. Height 5-5 1/4 Weight 120
 4. Eyesight (a) Left left (b) Right left
 5. Physical Defects (Examine after strenuous exercise) n

6. Examination of Lungs n
 Measurement (a) Expiration 30 (b) Inspiration 34

7. Examination of Heart n

8. Examination of Urine —

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

10. Have you been successfully vaccinated, and when? n

11. Name and address of next of kin Father Alfred Bonavista

REMARKS—

A II

Archibald
W. Burden

Medical Examiners.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5892 Rank Ote Name Delany Joseph
 Date of Enlistment 2.8.18 Address Bonaparte District Bonaparte
 Occupation Fisherman Classification for Discharge D Medical Category Att
On date Leave without Pay granted.
 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 2.1.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

NOT APPLICABLE.
 Granted Leave without pay at his own request after
 attestation to continue in civilian occupation

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable..... **ENLISTED** under the **MILITARY SERVICE ACT**....
 and granted leave without pay.

(b) Clothing Supplied **NOT ELIGIBLE** for **PAY** and **ALLOWANCES**.

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 16300 to his home at Bombay and Release Certificate No. 16300 issued.

Date 14-1-19 16300
Demobilization Officer

4. Pay and Allowances.

The herein named **ENLISTED** under the **MILITARY SERVICE ACT** and all matters in connection therewith settled. He has received pay and granted leave without pay.

Date 13-1-19 **NOT ELIGIBLE for PAY and ALLOWANCES.**
Debit Bal. 330 Depot Paymaster.

Discharge approved for 14 1 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		Board 1st	" 2	1
R 178a	D 400A	B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	2			

Date 14/1/19 16300
Demobilization Officer.

APPROVED. h.

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

Date **JAN 14 1919** R.H. Jait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Jan 17th 19

Reg. No. 5892 Rank - Pto Name Way Joseph
Attested 2 Aug 18 Address Bailey Stodge S.B. 7
Allotment 60 Allottee Alfred Way (Father)
Date of Allotment 1-9-18 Returned from Overseas
Embarked for Overseas Cause

Vacc 3-8-18

S. leave 17-8-18 to 28-8-18.

S. leave without pay 29-8-18 to 15-10-18 held 30-8-18

14-1-19 PASSED TO DEMOBILIZATION OFFICER

14-1-19 DISCHARGE APPROVED ON DEMOBILISATION.