



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5868 Name James Whiffin Corps RC

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>James Whiffin</u> .....      |
| 2. What is your full Address? .....  | 2. <u>Southern Ave. P.O.</u> ..... |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                |
| 4. What is your age? .....   | 4. <u>19</u> Years .....           |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u> .....          |
| 6. Are you Married? .....  | 6. <u>No</u> .....                 |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u> .....                 |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u> .....                |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u> .....                |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                     |
|  | Corps .....                        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u> .....               |

I, James Whiffin 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 Whiffin SIGNATURE OF RECRUIT.

P. de P. Moulton Signature of Witness.

29. 7. 18.

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

I, James Whiffin 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, honesty 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 29 day of July 1918.

Signature of Attesting Officer C. B. 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 compiled with. I accordingly approve, and appoint him to the:

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

Date July 30 18 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

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

Name James W. Hiffin  
 Apparent age 19 years 0 months. Height 5 feet 11 1/2 inches

Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches

Distinctive marks inflicted wound 8080

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John W. Hiffin  
Southern H. O. B. Co. | 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)
	<u>Sept</u>		

### Particulars as to Children

Christian Names	Date and Place of Birth
<u>Sept</u>	

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Time not allowed to reckon for pension		Service Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
									<u>James W. Hiffin</u>
									<u>PC</u>
Service towards limited engagement reckons from									
Joined at									
on									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5868 Name James Whiffin Corps R.C.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>James Whiffin</u>            |
| 2. What is your full Address? .....  | 2. <u>Southern Ave. P.B.</u>       |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>0</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 .....<br>Corps .....      |
| 11. Are you willing to serve upon the conditions as embedded in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, James Whiffin 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 Whiffin SIGNATURE OF RECRUIT.

29. 7. 18. P. D. Moulton Signature of Witness.

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

I, James Whiffin 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 29 day of July 1918

Signature of Attesting Officer P. B. 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 July 30 1918 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**

5868

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

Name James W. Chiffin  
 Apparent age 19 years 0 months Height 5 feet 11 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin John W. Chiffin  
Southern Hs. P.B. | 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>29-7-18</u>									
Joined at <u>M. H. Co.</u> on <u>July 29-18</u>									
<u>Discharged April 1-1919</u>									
		<u>Admitted Barracks Hospital</u>		<u>21-10-18</u>					
		<u>Transferred to W.D. Hospital</u>		<u>25-10-18</u>					
		<u>Transferred to General Hospital</u>		<u>3-12-18</u>					
		<u>Discharged General Hospital</u>		<u>26-3-1919</u>					
<u>Demobilization M. H. Co.</u>									
<u>1-5-1919</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 1-5-1919 (date of discharge) 277 years 277 days  
 " " Pensions " " " " " " " " " " " "

C.R. 5868

Extract from Daily Orders Part II Unit The Royal Newfoundland Regiment, Depot St. John's, dated October 20th 1919.

The discharge of the undernoted on demobilization has been CONFIRMED by Officer i/c Records from noted date

1-5-19.

5868, ~~Sgt.~~ J. Whiffen.

C.R. 5868

Extract from Daily Orders Part II Unit The Royal Wfld.  
Regt. St. John's, April 18th, 1919.

The discharge of the Undernoted on demobilisation  
has been APPROVED by C.C. Discharge Depot from 3-6-19.

3-4-19

5868 Pte. John Whiffen

C.R. 5868

Extract of Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated April 1st 1919.

---

Transferred from Rectory Hospital to M.I.D. Hospital  
26/3/19.

5868 Pte. J. Whiffen.

C.R. 5868

Extract from daily Orders part 11, Depot  
St. John's dated December 5th., 1918.

5868 Pte/ J. Whiffin

Transferred to ~~XXXXXXXXXXXX~~ M.I.D. Hospital to  
Gen'l Hospital 3-12-18.



C.R. 5368  
Count No. 8

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_

Address **Dept. of Militia.**

Line Number	Recd	By	Sent	by	Check
-------------	------	----	------	----	-------

Dated

**Dec. 7th, 1918.**

To

**Mr. John Wiffen,**

~~Southern~~

**Southern Br. P.B.**

**Regret to inform you that your son #5868 Pte. Wiffen,  
is now very dangerously ill.**

**J.R. Bennett,**

**Minister of Militia.**

**FOR TYPEWRITER**

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated **Dec. 5th, 1918.**

To **Mr. John Wiffen,**  
**Southern Harbour, P.B.**

**Regret to inform you that your son #5868 Pte. J. Wiffen,**  
**was admitted to General Hospital Yesterday Dec. 4th, Operated**  
**on to-day for Mumps, very dangerously ill.**

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

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address **Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Check

*Dated* Dec. 2, 1918.

*To* Mr. John Wiffen,  
 Southern Hr. P.B.

Regret to inform you that your son No. 5868 Pte. J. Wiffen,  
 is now dangerously ill.

J.R. Bennett,  
 Minister of Militia

R. 5868  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address **Dept. of Militia.**

Line Number	Rcd	By	Sent	by	Chock

Dated

Nov. 25th, 1918.

To

Mr. John Wiffen,

Southern Hr. P.B.

Req to inform you that your son No. 5868 Pte. J. Wiffen,  
is still dangerously ill.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. Counter No. 5868

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated November 20th., 1918.

To Mr. John Whiffin

Southern Hr.

P. B.,

REGRET TO INFORM YOU THAT YOUR SON # 5868 PTE. J. WHIFFIN IS NOW DANGEROUSLY ILL MILITARY HOSPITAL ST. JOHN'S.

J. R. Bennett,  
Minister of Militia.

FOR TYPEWRITER

1 copy

C.R. 5868

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No.

Sent by

Rec'd by

Place from

To

R  
Bonavista To

Men of Militia



Referring your message  
 to Elias Wiffen some  
 mistake as private  
 Jos Wiffen now here  
 on leave,

C.R.  
 5868 John Roper

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address St. John's, Dept. of Militia

Line Number	Red	By	Sent	by	Check

Dated Oct. 28, 1918.

To John  
Mr. James Whiffin,  
Buller Cove, S.S.

Southern Hill, P. 19,

Regret to inform you that your son #5868 Pte. J. Whiffin is now Dangerously ill at ~~Military~~ Military Hospital St. John's.

J.R. Bennett,  
Minister of Militia.

FOR TYPEWRITER

C.R. 5868  
Counter No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.

## Cable Connection with all the World



### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

St. John's Dept. of Militia.

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Recd	By	Sent	by	Check
-------------	------	----	------	----	-------

Dated Nov. 8th, 1918.

To Mr. John Wiffen,  
Southern Hr. P.B.

Reg to inform you that your son #5868 Pte. J. Wiffen, is now improved.

J.R. Bennett,  
Minister of Militia.

FOR TYPEWRITER



C.R. 5868

EXTRACT FROM DAILY ORDERS PART II. DEPOT  
ST. JOHN'S DATED OCTOBER 24th., 1918.

---

5868 pte. J. Whiffin.

TRANSFERRED TO M. I. D., HOSPITAL 23/10/18.

BO?

C.R. 5868

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. ST, John's, dated August 17th, 1918.

5868 Pte .J. Whiffen.

Returned from Leave and reported at Headquarters for duty

15-8-18.

C.R. 5868

Extract from ~~Salisbury~~ Daily Orders part 11, from Unit  
The Royal Hfld. Regt. St. John's, dated July 29, 1918

#5868 Pte. James Whiffen.

Attested for General Service with the Royal Hfld.  
Regt. from 29-7-18

C.R. 5865

Extract from Daily Orders part 11, Depot St. John's  
dated Oct. 22nd., 1918.

---

ADMITTED BARRACKS HOSPITAL 21-10-18.

---

---

#5865 Pte. J. Whiffin.

BC.

C.R. 2868

Extract of DAILY ORDERS, PART II, Depot St. John's, dated  
March 1st 1919.

---

Discharged from Gen'l Hosp. 26/2/19 adm. to Rectory Hospital  
26/2/19.

#2868 Pte. Jas. Whiffen  
5868

5868 Plt. Whiffen, James

86

3/9/18 ✓ 6 days leave

no Warrant

Special, Death in Family.

3-9-18

J. K. Kinn  
Capt

5868 Pre J. Whiffen is granted  
leave of absence without pay until  
Oct. 15<sup>th</sup>. . . . Pay his own way.

RH Last apt  
10/9/18

Notes  
R.H. L.

---



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

February 27th., 1919.

From:- D. M. S.  
To:- O. C. Depot.

5868, Pte. Whiffin. J.

Please note that the marginally  
noted man will be discharged from the St.  
John's General Hospital February 27th., 1919.

*Cluny Macpherson*

Major, D. M. S.

AMB.





DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

January 22nd., 1919.

From:- The Director of Medical Services.

To:- O. C. Depot.

5868, Pte. Whiffin, James

Please note that the marginally  
noted man will be discharged from the St.  
John's General Hospital January 23rd., 1919.

*Cluny Macpherson*  
Major, D. M. S.

AMB.

Whiffen James

5868

Joseph

COPY

Demobilisation Form 2.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5868 Rank Pte Name Whiffen, Jos.  
 Intended place of residence Southern Head

2. Occupation Fisherman  
 Classification of soldier B Medical Category F

3. The above named man is discharged in consequence of DEMOBILIZATION  
~~eligible for War Service Gratuity~~  
 (sgnd) H.M.W.

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 (sgnd) H. Mews, Lt.  
 Date APR 2 1919 for Comanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date ST JOHN'S (sgnd) James Whiffen  
 APR 2 1919 Signature of soldier  
 " J. H. Snow, Lt. 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 ST JOHN'S (sgnd) James Whiffen  
 APR 1 1919 Signature of soldier  
 " W. J. Eaton Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 29-7-18 No of days on Military  
 Discharged from service 5-4-19 plus 28 days Service 277

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST JOHN'S (sgnd) R. H. [Signature]  
 APR 3 1919 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

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

May 1st., 1919

#5868 Pte. James Whiffen,

Southern Harbor, P.E.

Dear Sir:

Please find enclosed "Discharge Certificate  
No. 1973."

Yours truly

Paymaster & <sup>Captain,</sup> i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5868 Rank Pte Name Whiffen Jas.  
 Intended place of residence Southern

2. Occupation Fisherman  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION  
~~Eligible for War Service Certificate~~

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 APR 2 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 and date ST. JOHN'S  
2-4-19  
 Signature of soldier James Whiffen  
 Signature of witness J. B. Snow

### 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 ST. JOHN'S  
1-4-19  
 Signature of soldier James Whiffen  
 Signature of witness W. J. Beaton

### STATEMENT OF SERVICE

7. Enlisted for service 29-7-18 No of days on Military  
 Discharged from service 3-4-19 Plus 28 days Service 277

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
APR 3 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 Nfld  
 Date May 1st 1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2  
31  
30  
31  
30  
31  
31  
28  
31  
30  
276

277 2079/179 1973

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5868 Rank... Whiffen Pte Name Whiffen James  
 Date of Enlistment... 29.7.43 Address... Southern St. District... Placentia  
 Occupation Systronant Classification for Discharge... B Medical Category... E  
 Recommendation S.M.B. Primarily perfect Disability Rating... 20% 3 mos  
 Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	2	do 2nd	" 3	3
B 179	2 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	1			

Date... 1-4-49

H. M. H.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### i. Civil Re-Establishment.

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

James Whiffen

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 AM Johnston

Date... 1-4-49

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. K1141 to his home at Douglas Ave and Release Certificate No. 1936 issued.

Date 1-4-19

*[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 1-5-19

Date 2-4-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 3-4-19

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	<i>[Signature]</i>
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.....	1				

Date .....

Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

APR 3 1919

Date .....

*[Signature]*  
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 Whiffen OF John's Christian Name James

Table I.—GENERAL TABLE

Birthplace:—Parish Southern County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29	July		191
Declared Age	19	years		days
Trade or Occupation	fisherman			
Height	5	feet 11 1/2 inches		
Weight		lbs.		lbs.
Chest Measurement	Girth when fully expanded	37		inches
	Range of Expansion	4		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/12	R.E.—V=	
	L.E.—V=	6/12	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)	<u>James J. [Signature]</u>			
(Rank)	Medical Officer		Medical Officer	
Enlisted	at	John's	at	
	on	29 July	on	day of 191
Joined on Enlistment	Corps	Regtl. No. 5868	Corps	Regtl. No.
Transferred to	Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of Syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
M. S. Hospital	23	10	18	3	12	18	Influenza + Pneumonia	41	Discharged to General Hospital	Geo. Borden
St. Peter's Gen. Ho.	3	12	18	27	2	19	Empyema	36*	Operated on. - Rib resection - wound healed. Recommended. Convalescent Home.	G. Borden



# 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*  
*(Fishing)*

*James Whiffen*

Signature of Man.

Reg. No. *5-868*

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

**ST. JOHN'S.**

Place

APR - 1 1919

Date

191

  
**Department of Militia, Newfoundland**  
**Medical Department**

**Medical Report on an Invalid**

NOTES:—

- (a) This report is solely concerned with Pensions.  
 (b) A single copy only is required.  
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.  
 (d) Be as brief as possible compatible with lucidity.  
 (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.  
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

**STATEMENT OF CASE**

Station *St. John's Nfld.*  
 Date *March 31<sup>st</sup> 1919*

1. Unit *Royal Newfoundland*      5. Age last birthday *20 yrs.*  
 2. Regimental No. *5868*      6. Enlisted on *29<sup>th</sup> July 1916*  
 3. Rank *Private*      at *St. John's*  
 4. Name *Whiffen James*      7. Former trade or occupation *Fisherman*

8. Disability

*Influenza Pneumonia  
 Empyema.*

9. History *Admitted Barracks Hq. 21/10/18 to 23/10/18 Transferred  
 to M.D. Hq. 23/10/18 to 31/12/18. In General Hq. 3/12/18 to 27/2/19.  
 Operated on in Gen. Hq. Pub. Resection*

10. What is his present condition?  
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Operation Scar Rt side. Healed.  
In good General health  
No Cough.

Pulse Rapid 120 P.M. but no  
Shortness of breath on exertion.  
Somewhat anaemic

11. Was sanatorium advised and refused? no  
operation

12. Do you recommend discharge as permanently unfit? yes

Signature Archibald  
Rank or Qualification for M.O report

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....  
Date ..... Rank .....

## Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words

13. For pension purposes, the disability x may be considered as ~~aggravated by~~ due to  
(a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service  
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*File setting 80. Voice always hoarse, no cough  
now & nothing in lungs.*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 20%  
(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?  
(State in percentage.) 20% 3 months

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence (b) Misconduct

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital,  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from ~~retention in~~ the Army

Remarks if any:—

*W. H. Shaw*  
.....  
President  
Signatures *Wm. L. Dait*  
.....  
*W. H. Shaw*  
.....

Place *St. Johns* .....

Date *Mar 28/19* .....

APPROVED

Station .....

Date .....



*Clayton H. Peterson*  
.....  
Administrative Medical Officer



## 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 *Whiffen James*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *5968*  
 Intended address *Southern No. 9.75.*  
 Height on discharge *5* Feet *11 1/2* inches  
 Color of hair on discharge *Black*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks *Operation near (right side)*  
 Figure on discharge *Salt (oblique)*  
 Christian name of Father *John*  
 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 *Southern No. 9.75. 10<sup>th</sup> Sept 1895*  
 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)

*James X Whiffen*

*His mark.*

*St*

(Rank)

Station

*St John*

Date

*March 3<sup>rd</sup> 1919*

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.

*Arthur [Signature]*

Medical Officer i/c Hospital,  
Unit, or Command Depot.

Station

*St John*

Date

*March 3<sup>rd</sup> 1919*



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, James W Kiffin, Regl. No. 5868  
 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 <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 1. 9. 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6560	Father	Mr. John W Kiffin	Southern Hr	60
Total Allotment, £				60

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.) A. B. Summers  
 Officer Commanding  
 Company  
St Johns  
2. 8 1918

(Sig.) James Kiffin  
 (Rank) Pte



ROYAL NEWFOUNDLAND REGIMENT.

*Duplicate*

Medical Examination Held at *Headquarters* on *July 29* 191*8*

1. Name *James Whiffin* Age (a) Declared *19*  
(b) Apparent

2. Do you know of anything wrong with you? *No*

What severe illnesses have you had? *None*

*Eyes Brown*  
*Hair Fair*  
*Marks —*

*58 68*

3. Height *5ft 11 1/2* Weight *170*

4. Eyesight (a) Left *1/2* (b) Right *1/2*

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs

Measurement (a) Expiration *35* (b) Inspiration *37*

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth *Attention*

Throat

Nose

Ears—(Otorrhea)

(Deafness)



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

11. Name and address of next of kin *Father John Southern St. R.C.*

REMARKS—

*A II*

*Arthur G. ...*  
*W. ...*

Medical Examiners

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 *Whiffen* ..... 2. Surname *James* .....

3. Rank *Pte* ..... 4. Regt. No. *5868* .....

5. Address in full to which future payments of gratuity are to be forwarded, *Southern St. Placentia Bay* .....

6. Date of enlistment in the Regiment. *July 29/18* .....

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 dependants. *—* .....

9. Address in full of such dependants. *—* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No* .....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas No* .....

12. Give total length of time which you served on active service whether in Nfld. or Overseas. *From July 29/18 to Apl. 2/19 in Nfld only.* .....

*Inc*

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.

*Clothing allowance 60 -  
P.S.P. 70 -*

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

*No*

16. Have you, during the present war, served in the Imperial Forces?

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*No*

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

19. Are you now serving in the Regt.? If not give - (a) date of discharge

*Sept 2/19  
Temporary*

*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.

*No*

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

*No*

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

-3-

Signature of Applicant: *James Whiffen*  
 Place of Residence: *Southern St. P. B.*  
 Declared before me at: *H. John's, N. J. Cd*  
 This *2nd* day of *April* 19*19*  
*John McCarthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

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

Southern Star

June 8 1919

5486

Department Inhibition

Dear general men  
please would you kindly  
oblige me to let me know  
how com this 60 cents to be  
sent to me or wath is for  
I have no ide in what it for

please send a repley  
yours truly  
John Whiffen

5868. Jas Whiffen

Discharged 1/5/19. Allot 60<sup>¢</sup> pay

This accounts for the 60<sup>¢</sup>.

C.B.H.





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5868 Rank Whiffer Name Whiffer James  
 Date of Enlistment 29.7.08 Address Southern St. District Placentia  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Permanently unfit Disability Rating 20% 3 mps.  
 Passed to Demobilization Officer with following documents:—

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

Date 1.4.19.....

*H. M. W. H.*  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*James Whiffer*

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 Am. Johnston

Date 1-4-19.....

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1121 to his home at Southampton and Release Certificate No. 1936 issued.

Date 1-4-19

J. H. Lawrence  
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 1-5-19

Date 2-4-19

H. Mews  
Depot Paymaster.

Discharge approved for 3-4-19

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	<u>from B</u>
B 178a	D 400A	B 1915	2	do 2nd	" 3	7	
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	1				

Date 1/4/19

Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

APR 3 1919

Date

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

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

Date 12/4/19

A. H. Brown  
for Officer i/c Records

Reg. No. 1868. Rank 16 Name Whiffen James.  
 Attested 29.7.18. Address Southern Cr.  
 Allotment 604 Allottee Mr John Whiffen (Father)  
 Date of Allotment 10.9.18. Returned from Overseas.....  
 Returned on S.S. .... Cause.....

Jan. 1.4.18.	15 <sup>th</sup> Dec. 2.9.18.
Leave 3.8.18 to 12.8.18. returned 15.8.18.	
Leave W.I. 10.9.18. to 15.10.18. returned from L.W.I. 18.10.18.	
21.10.18. Adm. to barracks Hosp.	
23.10.18. transferred to M.I. 5 Hosp.	
Discharged from ..	
Adm. to General Hospital	
26.2.19. Discharged from General Hospital & admitted to Leith Hospital	

28.3.19. Recd. Dis. from the Army.

1.4.19. PASSED TO DEMOBILIZATION OFFICER.

2.4.19. DISCHARGE APPROVED ON DEMOBILISATION.

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. FILE

Attention of

NAME WHIFFEN, James.

Dept. of Veterans Affairs  
War Service Records

AUG 13 1962

Referred to \_\_\_\_\_

Charged to SERVICE 5868 ROY. NWLD C.P.C. No. 260913  
NUMBER REGT. WW-1 W.V.A. No.

Ottawa Ont  
Date Aug 10/62

NAVY  
ARMY X  
R.C.A.F.

The DEPARTMENT has received information from

Mrs. Anne Whiffen, 665 Centre St., Ottawa, Ont, July 20/62

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death July 5/62  
Cause of Death  
Place of Death Chicago Illinois.

Name and Address of next of kin (if known)

Copies to: W.S.R.  
V. I.  
~~PAK~~  
~~DO~~  
H.O.

Destroy form if advice of death already received.

for  
Chief, Central Registry

*M. J. Wyll*