



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1602 Name David Whiteway ~~corp~~ metk

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>David Whiteway</u> |
| 2. What is your full Address? | 2. <u>Jobs Cove</u>
<u>Bay de Verde</u> <u>Stio</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>24</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, David Whiteway 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.

David Whiteway SIGNATURE OF RECRUIT.
Jose W. Pittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, David Whiteway 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 answered as replied to and the said recruit has made and signed the declaration and taken the oath before me at Jobs Cove on this 4th day of June 1915.

Signature of Attesting Officer Edwards

†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 1915 } 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

5602

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

Name David Whiteway
 Apparent age 24 years 0 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 41 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address next of kin William Whiteway Jones
Cove C.B. Post. Str. 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>June 6-18</u>									
Joined at <u>St. John's</u> on <u>June 4-1918</u>									
<u>Discharged Capt 22-11-1919</u>									
<u>Embarked St. John's N.S. to St. Columella to Halifax N.S. 22-7-18</u>									
<u>Left for Demobilization 13-8-1919</u>									
<u>Arrived Newfoundland 24-8-1919</u>									
<u>Demobilization St. John's 22-9-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>22-9-1919</u> (date of discharge) <u>1</u> years <u>111</u> days									
" " Pensions " " " " " " " " " " " "									

Reg. No. 5602 Rank Pte Name Whiteway, D. J. Hoop

Attested 4-6-18 Address Jaks Cove B.B.

Allotment 60 Allottee Rosanna Whiteway Mother

Date of Allotment 1-8 Returned from Overseas

Embarked for Overseas JUL 22 1918 Cause

24/6/18 reported from leave
2nd Dec 11-6-18
50 16-6-18 to 24-6-18. H/7/18 Ince

C.R. 5602

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Nov.13th,1919.

The discharge of the Undernoted on Demobilization has been
CONFIRMED by Officer i/c Records.

5602 D. Whiteway.

22-9-19.

C.R. 5602

Extract from Nominal Roll of Repatriation Draft #94

Per S.S. "Galtie," Liverpool to Halifax. 12/8/19

Due to sail 13-8-19.

From Depot.

5602 Pte. D. Whiteway.

C.R. 5602

Extract from List of soldiers embarked August 13th 1919
for Halifax.

5602, Pte. David Whiteway.

COPY

NEWFOUNDLAND CONTINGENT
MEMORANDUM.

C.R. 5602

No. 2409 / R. & C.

From
PAW & Record Office,
58 Victoria Street,
London, S.W.

To
Officer Commanding
Hilsea Mil. Hospital,
Hilsea, Hants.

6th July, 1919.

10th July 1919.

REPATRIATION.

It being desirable to repatriate the remainder of this Contingent so soon as possible and opportunities being uncertain, will you kindly state, so far as may be practicable, the date on which the following may be discharged from hospital, and be ready to embark?

5602 Pte. Whiteway, D.

Ready for discharge in the course of two days.

5602 Pte. Whiteway, D.

(Sgd.) W.G. Clements.
Lieut. Colonel, R.A.M.C.
Officer in Charge.

It may be added that in the absence of direct transport to Newfoundland there will be no alternative but to travel via Gambia, and the men's physical condition should be considered accordingly, also kindly state whether any treatment may be necessary during to voyage to Canadian port, thence overland, the short sea journey to Newfoundland and thence again per rail to St. John's,

(In. Ref. No. 4616)

(Sgd.) H.A. Timewell.

Major
Chief Staff Officer, (London)

For Original see File M-9-36

C.R. 5602

Extract from telegram from Military to Syn., London.
dated June 18th 1919.

Please inform whereabouts and
condition of 5602, Whiteway.

C.R. 5602

Extract from telegram from from Syn., London to Military.

Dated June 25th: 1919.

In answer to your telegram of June 18th 5602, Whiteway
Hillsea Military Hospital suffering from V.D.G.

C.R. 5602

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

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5602 Pte. David Whiteway

C.R. 5602

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated June 6th, 1918.

#5602 Pte. D. Whiteway.

Attested for General Service with the Royal Hfld.
Regt. from 4.6.18

C.R. 5607

Extract from telegram received from Synoptical, London,
Aug. 13th, 1919.

Following have embarked Liverpool Aug. 13th to Halifax.

5602 Whiteway.


Depot 3602

N.F.P./104.


NEWFOUNDLAND CONTINGENT

TRANSLATION ~~*****~~/extract of TELEGRAM to MINISTER of MILITIA,

No. 275 28/ 6/19 . M. of M. Reply No. _____ d/d

Coded by _____ Branch Records Checked by 

With reference your telegram 18th June-5602-Whiteway-Hilsea-
Military Hospital-suffering from Gonorrhoea-



No. 18528/2023

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

16th November 1918

Subject: 5602, Pte. D. Whiteway B

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

Pay to 5602 Whiteway £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

M. Hunt *Officer*

Chief Paymaster & O. i/c Records.

November 20 1918

Receipt hereunder.

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

Received the sum of Two
pounds on account of
cable remittance from Newfoundland.

D Whiteway

No. 5602 Rank Pte

2930 *Pte bstein*

No: 21563/2467/P&A

066399

N.F.P./79.

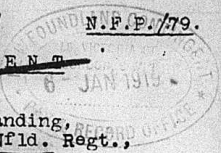
NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.,
Hazelley Down Camp,
Winchester.



30th December, 1918

2 - 1 - 1919

Subject: 5602 Pte. D. Whiteway,

With reference to the following telegram (11254) from the Hon. Minister of Militia, received

Receipt hereunder.

Chambers

LIEUT. COLONEL.

OFFICER COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
ROYAL NEWFOUNDLAND REGIMENT.

"Pay to 5602 Whiteway, £5.0.0.

Draft £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of five Pounds on account of

cable remittance from Newfoundland.

H. A. Mansfield
Chief Paymaster & O. 1/c Records.

D Whiteway
No. 5602 Rank Pte

Witness H Mansfield

(P)

No. 5265/766

N.F.F./79.

098964

From: NEWFOUNDLAND CONTINGENT

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

J.C.
The Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

3rd April 1919

April 4th 1919

5602 Pte. Whiteway D.

With reference to the following telegram from the Minister of Militia / / (116)

"Pay to 5602 Whiteway

£4. 0. 0.

Cheque £4. 0. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

W. J. Minahan Pay.
Chief Paymaster & O. i/c Records.

Receipt hereunder.

Okam
LIEUT. COLONEL,
COMMANDING 2ND Bn. ROYAL NEWFOUNDLAND REGT,
Officer Commanding, ~~2nd~~ Batt'n.

Received the sum of Four pounds
in respect of

telegraphic remittance from the Minister of Militia.

D. Whiteway
No. 5602 Rank Private
Witness *H. Kicket*

B

Whiteway, L

5602

Ray Sept.

Sept 22, 1919

#5602 Pte. David Whiteway,
Hebs Cove,
Bay de Verde.

Dear Sir:-

Please find enclosed Discharge Certificate #3825.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 56. A. 2. Rank Pte. Name W. Litleway J.
 Intended place of residence Jobs Lane B. S. V.

2. Occupation Fireman
 Classification of soldier E Medical Category A 2

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 26-8-19

J. M. S. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date 26-8-19

D. Litleway
 Signature of soldier

W. M. S. H.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date 26-8-19

J. M. S. H.
 Signature of soldier

James O. Sweeney
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 14-6-18 No. of days on Military
 Discharged from service 8-9-19 Plus 14 days Service 466

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 Aug 28th 1919

L. R. Cooper Capt
 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 September 22/1919

J. M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

OSB 20 79/3825

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 5602

Name _____ Whiteway, D. _____ Pte

Address _____ Jobs Cove, C.B. _____

Present Medical Category _____ A1 _____

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

Members of Board { (sgnd) L. R. Cooper, Capt. _____
O.C. Discharge Depot.
" L. Paterson _____
Senior Medical Officer
" F. W. Burden _____
M.O. Depot

Military Service: 466 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

Co Pensions Board
 Please receive documents as indicated below

No. RANK AND NAME

N.F.P. 36 Non-effective account.
 B. 178 Medical history sheet.
 B. 178a Nfd. medical history sheet
 B. 179 Medical report on an invalid.
 B. 268 Proceedings on discharge
 W. 3484 Civil life qualification.
 D. 400A Descriptive return.
 B. 103 Active service casualty form.
 B. 130 Regimental conduct sheet
 B. 121 Company conduct sheet
 B. 122 Field conduct sheet

Report of Newfoundland Medical Boards

Attestation paper
 Identity certificate
 Allotment papers

Headquarters Travelling board
 Proceedings on discharge

B. 1915
 Form L
 Form K
 A.F.W. 3483

D.F. 2
 D.F. 1

5605 No. Whiteway, A.

Received above noted documents,

Dated 19

Signature of Officer forwarding documents.

Date Aug. 24 1919



The Royal Newfoundland Regiment

Class for Demobilization: —

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 5602

Name Whiteway 10 St.

Address Jobs Lane C.B.

Present Medical Category A-1

Recommended for: — (a) Immediate discharge _____

(b) ~~Standing Medical Board~~ _____

Members of Board

R. R. Cooke Capt.
O. C. Discharge Depot.

L. A. Peterson
Senior Medical Officer

D. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5602 Rank Pte Name Whiteway D
 Date of Enlistment 14-6-19 Address Johns Cove District B B West
 Occupation Tradesman Classification for Discharge E Medical Category AI
 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 26-8-19

[Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

[Signature: D. Whiteway]

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: [Signature]

Date 26-8-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at J.P.S. Camp B.D.V. and Release Certificate No. 3719 issued.

Date 26-9-1919

J.A. Brown Capt.
 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 22-9-19

Date 9-9-19

J.A. Brown Capt.
 Depot Paymaster.

Discharge approved for 5-9-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	/	N.F. Med	D.F. 1	/
F 178	W 3494	B 122		Board 1st	" 2	/
R 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 26-9-19

J.A. Brown Capt.
 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

L. R. COOPER, CAPT.

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.

D. Whitney

Signature of Man.

Reg. No. 3602

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

26-8-19

191

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

MEDICAL HISTORY

OF

Surname Whiteway

Christian Name David

Table I.—GENERAL TABLE.

Birthplace:—Parish Johns Cove A.D.D. C.B. County Newfoundland.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	4	June	1918	191
Declared Age	at	St. John's	at	
Trade or Occupation	24	years		
Height	5	feet	6	inches
Weight		159		lbs.
Chest Measurement	Girth when fully expanded	41		inches
	Range of Expansion	4		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
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)	<u>James Peterson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St. John's	at	
Joined on Enlistment	on	June	on	191
Transferred to	Corps.	Regtl. No.	Corps	Regtl. No.
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office 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 *David Whiteway*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5602*

Intended address *Johns Cove, Bay de Verde*

Height on discharge *.5* Feet *8*

Color of hair on discharge *Light*

Complexion *Ruddy*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *William*

Christian name of Mother *Rosannah*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Johns Cove, Jan 1st, 1893*

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)

David Whiteway

Pte
(Rank)

Station **ST. JOHN'S.**

Date *26-8-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

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

Date



Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*..... 7. Former Trade or Occupation } *Fireman*
2. Regt. No. *2607* 3. Rank..... *Pte*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name..... *Whitway David*..... (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *26*.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
- (a) in action (b) on field service
- (c) on duty (d) off duty? (b) Date of Discharge ; (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

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

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

The Complaint of no Disability

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

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

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatulation

W.E. Proemios, Capt RMC
 Medical Officer in charge of case.

Station *Hayley Down*

Date *3. July 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

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

REWARDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name.. *Davis* Surname.. *Whitewood*

3. Rank.. *Pte* 4. Regtl. No. *5602*

5. Address in full to which future payments of gratuity are to be forwarded.. *John's Cove. Conception Bay*

6. Date of enlistment in the Regiment.. *June 1/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

no

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service.. *Overseas*

12. Give total length of time which you served on active service whether in Nfld. or Overseas..... *Fifteen months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

not applicable

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

no

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

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

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

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

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

19. Are you now serving in the Regt.? *no* If not give? - (a) date of discharge. *Sept 9/19* (b) Reason for discharge. *Demob*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

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.

David Whiteway

Signature of Applicant:

Place of Residence:

Job's Cove, C.B.
St. John's, N.S.

Declared before me at:

This

26th day of August 1919....

Edna M. C. G. J. P.

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, 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.

Registrar

LM/

October 1, 1920

David Whiteway,
Job's Cove,
C.B.

Dear Sir:

With reference to your application for War Service Gratuity, I enclose three cheques for \$70.00 each, and one for \$59.30 representing amount due you on account of same.

Yours truly,

Major
Paymaster.

Enc. 4

ST. JOHN'S,

Aug 26th /19

Royal Newfoundland Regiment.

Billeting Account,

To Plt - D. Whiteway

Billeting Soldiers as undermentioned

from Aug 28th /19 to Aug 10th /19

5602 Plt D. Whiteway 14 40

A.C.S.

ACCOUNT	<u>37m EW</u>
CH. NO.	<u>8403</u>
INITIALS	<u>EW</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 14.40

J. A. Snow
Billeting Officer.
D. Whiteway

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company Asst. Comm. Siers

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months	Sergeant	
5202	David A. Johnson	47		Religion	
Joined	Date	Place and Date of Enlistment		Methodist	
Joined	Date	46-18		Place of Birth	
Joined	Date	Period of) with Colours 1 1/2 years.		Yoko Line, B.C.T.	
Joined	Date) with Reserve 3 1/2 years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	A. Johnson	22 9			

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5602 Rank Pte Name Whitway D
 Date of Enlistment 14-6-19 Address Johns Cove District B 8 Verde
 Occupation fisherman Classification for Discharge E Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 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 26-8-19 *D. Whitway*
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. *D. Whitway*

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable... 60.00
 (b) ~~Clothing~~ Supplied... *[Signature]*

Date 26-8-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home

at J.P.S. One BDV and Release Certificate No. 3515 issued.

Date 26-9-1919
8-9-19
subject to my pay etc being adjusted.
 J.H. Snow capt
 Demobilization Officer

4. Pay and Allowances.

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

Date 8-9-19
22-9-19
 J.H. Snow capt
 Depot Paymaster.

Discharge approved for 4-9-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		

sum B

Date 8-26-9-19
 J.H. Snow capt
 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
 L. R. COOPER CAPT
 O. C. Discharge Depot.

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

Date Aug 30/19
M.T.

Reg. No. 2602 Rank Pfc Name Whiteway, A.
Attested Address Jobs Cove, B.
Allotment Allottee
Date of Allotment Returned from Overseas 5-8-19
Returned on S.S. Train Cause Discharge

8-9-19 PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *Royal Newfoundland*
- 2. Regtl. No. *5802* 3. Rank. *plts*
- 4. Name *Whiteway* *Boord*
(Surname) (Christian Names)
- 5. Age last birthday. *26*
- 6. Posted for duty on at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
- (b) Date of Discharge ;
- (c) Cause of Discharge.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability. *nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

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

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

The Complainant of no Disability

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

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Repatriation

W.S. Proenier Capt. R.A.M.C.

Station *Fazley Down*

Medical Officer in charge of case.

Date *3/4/19*

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