



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5723 Name James Davis Corps R. C.

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

- |  |                             |
|--|-----------------------------|
| 1. What is your name? .....  | 1. <u>James Davis</u> ..... |
| 2. What is your full Address? .....  | 2. <u>Gamb</u> .....        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....         |
| 4. What is your age? .....   | 4. <u>21</u> Years .....    |
| 5. What is your Trade or Calling? .....  | 5. <u>Book-keeper</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 Davis 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 Davis SIGNATURE OF RECRUIT.  
[Signature] Signature of Witness.

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

I, James Davis 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 [Signature] on this 22nd day of July 1915.

Signature of Attesting Officer [Signature]

### †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 22nd 1915 } Approving Officer.  
Place [Signature] }

† 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).....



C.R. 5723

Extract from Daily Orders part II, Depot. St. John's  
dated July 3rd., 1918.

---

#5723 Pte. J. Davis.

Attested for General Service with the Royal Newfoundland  
Regiment 2-7-18.

\*\*\*\*\*

BC\*.

5723

Extract from Daily orders Part 11 Unit Ther Royal Nfld.

Regt. St. John's, dated August 19th, 1918.

5723 Pte. Jas. Davis.

Returned from leave and reported at Headquarters for duty

16-8-18.

5723

Extract from Hospital Roll Entrained St. John's for Overseas,  
Sept. 22, 1918. "G"

5723 Davis James.

C.R. 5723

Extract from Orders by Lt. Col., B.J.BARTON, D.80. Commanding  
2nd., Battalion of the Newfoundland Regiment, dated Nov. 10th  
1918.

The undermentioned name will proceed to join the Newfoundland  
Forestry Corps, on Monday 18th., 1st., November 1918.

---

#5723 Dte J. Datis.

BG.,

C.R. 5723

Extract from telegram from Military to Syn., London  
dated July 7th 1919.

5723, Davis states allotment of 50 cts per day charged  
against him no record of allotment here verify and re-  
port by cable, please.

C.R. 5723

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

The discharge of the Undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 23-7-19

5723 Pte. J. Davis.

August 5th 1919.

#5723, Pte. J. Davis,  
Gambo.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3425.

Yours truly,

Ca; t. O.i/o Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5723 Rank Plt Name Davis J  
Intended place of residence Sambo

2. Occupation Fisherman  
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 JUL 9 1919

*[Signature]*  
Commanding Discharge Depot  
The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 9 - 1919

*[Signature]*  
Signature of soldier

*[Signature]*  
Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 9 - 1919

*[Signature]*  
Signature of soldier

*[Signature]*  
Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service... 2-7-18 No. of days on Military  
Discharged from service... 23-7-19 Plus 14 days Service... 401

## APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 23 1919

*[Signature]*  
for 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 August 6 1919

*[Signature]*  
Officer in Charge  
The Royal Newfoundland Regiment

30  
6

*[Handwritten notes]*

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5923 Rank PLC Name James J. Bernard  
 Date of Enlistment 7.7.18 Address St. Johns District St. John's  
 Occupation Tradesman Classification for Discharge H 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 2-7-19 O. C. Discharge Depot. \_\_\_\_\_

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*James J. Bernard*  
*W. J. [Signature]*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied \_\_\_\_\_

*W. J. [Signature]*

Date 9-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2283 to his home at Gambo and Release Certificate No. 3342 issued.

Date 9-7-19

*J. A. Snow*  
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 7-7-19

Depot Paymaster.

Discharge approved for 23-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
F 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		

*2 Form B*

Date 9-7-19

*J. A. Snow*  
Demobilization Officer.

APPROVED.

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

with following additional documents. **Eligible for War Service Gratuity**

Date JUL 23 1919

*H. R. Cooper Capt*  
for 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.

*Davis J.*  
Signature of Man.

Reg. No. 5723

*J. A. Shaw Capt.*  
Signature of the Vocational Officer or his Representative.

Place

*21-Johns*

Date

*9-7-19.*

191

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

# MEDICAL HISTORY

OF

Surname

*Lewis*

Christian Name

*James*

Table I.—GENERAL TABLE

Birthplace:—Parish

*Gambes*

County

*Newfoundland*

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <i>2</i> day of <i>July</i> 191 <i>8</i> at <i>St John's</i>		on _____ day of _____ 191____ at _____	
Declared Age	<i>21</i> years	_____ days	_____ years	_____ days
Trade or Occupation	<i>Palmerman</i>			
Height	<i>5</i> feet	<i>6</i> inches	_____ feet	_____ inches
Weight	<i>139</i> lbs.			_____ lbs.
Chest Measurement	Girth when fully expanded <i>37 1/2</i> inches			_____ inches
	Range of Expansion <i>3</i> inches			_____ inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <i>6/60</i>		R.E.—V= _____	
	L.E.—V= <i>6/60</i>		L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>Amos Peterson</i>			
(Rank)	<i>Major</i>			Medical Officer
Enlisted	on <i>2</i> day of <i>July</i> 191 <i>8</i>		on _____ day of _____ 191____	
Joined on Enlistment	Corps	Regtl. No. <i>5723</i>	Corps	Regtl. No.
	<i>Regt 4th Nfld</i>			
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				



## Descriptive Return of a Soldier Discharged on Account of Disability

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *James Davis*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5723*  
Intended address *Placentia*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *—*

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 *Gambo, 1898*

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 Davis*

*J.D.*  
(Rank)

Station *ST. JOHN'S* Date *5, 7, 19*

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



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

Station

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*
- 2. Regtl. No. *5723* 3. Rank. *Plt*
- 4. Name *Davis James*  
(Surname) (Christian Names)
- 5. Age last birthday. *27*
- 6. Posted for duty on..... at.....  
in category (or grade).....
- 7. Former Trade or Occupation } *Salmon*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
- 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? }

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?

*Repatriation*

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

*W. E. Groceries. Capt. Rame*  
 Medical Officer in charge of case.

Station *Hayley Down*

Date *9/4/19*

\* 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

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 20th, 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... *James* ..... 2. Surname... *Davis* .....  
3. Rank... *Private* ..... 4. Regt. No. *5723* .....  
5. Address in full to which future payments of gratuity are to be forwarded... *Care Magistrate O'Keilly Street Placentia* .....  
6. Date of enlistment in the Regiment... *August 1918* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No.* .....  
8. Relationship of such dependent... .....  
9. Address in full of such dependent... .....  
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 field, if so, give dates and particulars of such service... *Went to England* .....  
12. Give total length of time which you served on active service, whether in field or barracks... *about 11 months* .....  
..... 13. ....

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

..... *No* .....

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

..... *No* .....

15. Have you been issued with a War Service Badge? *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? *No* .....

19. Are you now serving in the Regt.? *No* ... If not give:- (a) Date of discharge *7 July 1919*. (b) Reason for discharge *Demitted* .....

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.

Signature of Applicant: *James <sup>his</sup> Davis*  
*(mother)*

Place of Residence: *Great Placentia*

Declared before me at: *St Johns*

This *9<sup>th</sup>* day of *July* 19*.19...*

Signature of Barrister of the  
Supreme Court, Stipendiary Magis-  
trate, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.

*J. M. Collins Esq.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	.....

August 15, 1919

Mr. James Davis,  
C/o Magistrate O'Reilly,  
Great Placentia.

Dear Sir:-

Referring to your application I enclose cheque for  
seventy dollars (\$70.00), being amount of first payment due  
you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

\_\_\_\_\_ 1921.

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

James Davis

in respect of his service as No. 5723 Rank Pte.

Name J. Davis Royal Nfld. Regt.  
~~1st Bn. Canadian Corps~~

Receipt of the same should be acknowledged hereon.

Received *[Signature]*

Signature *James Davis*

Date 9-3-1922

Address Placentia.

*[Signature]*

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Signature of O. C. Company

Number of Sheet

*One*

*W.D. White*

Regimental Number and Name		Enlistment		Trade
No.	<i>5723</i>	Age on	<i>21</i> years <i>0</i> months	<i>Fireman</i>
Joined	<i>Jan Davis</i>	Place and Date of Enlistment	<i>St John's</i>	Religion
Joined			<i>12.7.18</i>	<i>R.C.</i>
Joined		Period of	with Colours <i>36</i> years	Place of Birth
Joined			with Reserve <i>36 1/2</i> years	<i>St John's</i>

Good Conduct Badges, Service pay or proficiency pay

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
				<i>Demobilized</i>	<i>St John's</i>	<i>6 8/19</i>			

To be carried over.

Army Form B. 121.



No. 1792

### Royal Newfoundland Regiment.

This is to Certify

That James Davis  
of St. John's  
No. 5723 Rank Pvt Royal

Newfoundland Regiment, is entitled to wear WAR-SERVICE

BADGE—Class 2. No. 1792 in recognition of his

services to his King and Country from July 2<sup>nd</sup> 1918

when he enlisted to August 6<sup>th</sup> 1919

when he was demobilized.

St. John's, Nfld.

July 26<sup>th</sup> 1919  
[Signature]  
Registrar