



**3rd Regiment**

**ATTESTATION PAPER**

Regimental No. 607

Name in full Joseph Raymond Age 20

Address 96 Victoria Street

Married  
Single S. Height 5-6 Weight 131

Color fair Hair fair Eyes blue

Other distinguishing marks cut over left eye

Nearest relative father

Address 96 Victoria St.

Dependents none

Occupation automobile works Present Wage \$15.00 per week

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment Sept. 26th, 1914

I, \_\_\_\_\_ do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Declared before me this third day of October 1914  
Robert H. Lait.  
R. Russell



C.R. 607

Joseph Daymond was attested for General Service  
with the NEWFOUNDLAND REGIMENT on .Sept.28th/14....  
Regimental No. 607 was allotted to Pte Joseph Daymond.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

R. 607

Extract from Memorial Roll Embarked St. John's per S.S.

"Florissel" Oct. 4. 1914.

607 Joseph Daymond.

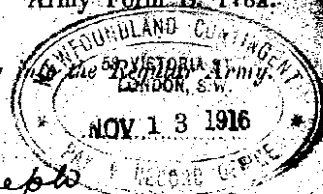
C.R. 607

Extract from Nominal Roll of Co. 1st Bn. Nfld. Regt.  
Embarked at Devonport for Active Service 20-8-15.

607 Pte. J. Daymond

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,  
Cairo, same date. Embarked Alexandria for Gallipoli  
13-9-15.

To be used only for Special Reserve Recruits, and for Special Reservists enlisting



# MEDICAL HISTORY

Surname Daymond

Christian Name Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined		191		191
Declared age	at	20 years	at	
Trade or occupation		days		years
Height		Automobile Worker		days
Weight		5 feet 6 inches		feet
Chest Measurement		131 lbs.		inches
Girth when fully expanded				inches
				inches
Physical development				
Vaccination marks	Right	Left	Right	Left
When vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
Enlisted	at	St. John's R.F.	at	
	on		on	
Joined on enlistment	Corps		Corps	
	Regtl. No.	607	Regtl. No.	
Transferred to				
Became non-effective by				
(Signature)				
(Rank)				







NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.A.R.O.  
January 7th 1916.

607, L.Cpl. J. Daymond.

1st Newfoundland Contingent, Sick Slight Dis to C.D.

Ex-15 S.H. Mudros E. 7th December 1915.

Feb. 8, 1916.

Dear Sir,

*I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that*

No. 607, Lance-Corporal Joseph Daymond, who was previously reported slightly sick at Madros East on 30th November, was discharged to Convalescent Depot on 7th December.

This information has been received by mail.

*Yours faithfully,*

*Colonial Secretary.*

Mr. J. Daymond,  
St.

C.R. 607

Extract of Casualties received from Pay & Record Office,  
London, dated July 31, 1916.

(Extract from Army Form B 215, from O.C. 1st.Nfld.Regt.  
dated 11/7/16.)

#607 I/Cpl. F. Daymond. ✓

Wounded in Action 1/7/16.

3rd. London General Hospital,

Wandsworth. S. W.

5/11/16

From,

G. O.

3rd London General Hospital,

To,

G. O.

Records.

Newfoundland Rpt.

58 Victoria St. S.W.

In conformity with instructions contained in A. O. I.

No. 2015 of 1916., I beg to report that :-

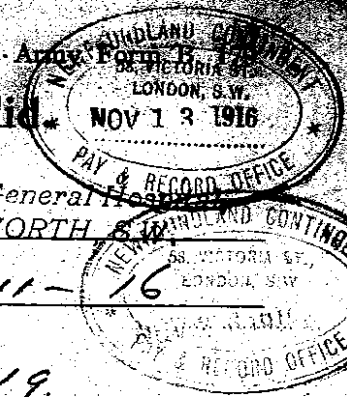
607 Lt. Draymond J. / Newfoundland Rpt.

will shortly be brought before a Medical Board, and will probably be discharged from the Army or re-Classified.

Horace Tagan Capt. R.A.M.S. (F)

*Raymond*

# Medical Report on an Invalid



3rd London General Hospital

Station WANDSWORTH, S.W.

Date 3-11-16

1. Unit 1st Newfoundland  
2. Regimental No. 607  
3. Rank 2/Cpl  
4. Name Raymond J

5. Age last birthday 19  
6. Enlisted { on 4th Aug 1914  
at St. John's Newfoundland  
7. Former Trade or Occupation { Automobile Engineer

## 8. Disability.

*Shaw lower jaw, L. shoulder*

## Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

*July 1916*

10. Place of origin of disability.

*France*

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*was wounded when a bullet struck*

*him in lower jaw about 1 1/2 inches north of L. shoulder. He*

*fractured his lower L. clavicle. Was sent back here on 5-7-16*

*Bullet removed on 29-7-16. There was also damage shown by*

*X-rays to head of humerus (L.) sprained & swollen. 2 phle-*

*botomy in mouth & lower jaw in position 20-10-16.*

12. (a) Give your opinion as to the causation of the disability.

*Active Service*

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it. (See notes on page 3).

*J.H.*

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

There is fractured jaw with plate in mouth to keep it together & injury to nerves in arm & shoulder with weakness of latissimus dorsi, biceps, & various muscles of wrist & fingers. He has had an extensive damage to bones of left shoulder & has consequent loss of power in shoulder muscles.

14. If the disability is an injury, was it caused

- (a) In action? *Yes*
- (b) On field service? *Yes*
- (c) On duty? *Yes*
- (d) Off duty? *No*

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

*Yes*

17. If not, was an operation advised and declined?

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*Yes*

19. Do you recommend

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

*Yes*

*W. J. M. M. M.*  
Capt. R. M. M.

Officer in medical charge of case.

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

except†  
3rd London General Hospital,  
Station WANDSWORTH, S.W.

*Alfred Pearce*

Officer in charge of Hospital.  
Lt. Col. R. A. M. C. F.

Date *4th Nov. 1916*

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

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*Active Service*

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

*G.S.W.*

21. Has the disability been aggravated by

(a) Intemperance?

*No*

(b) Misconduct?

*No*

(c) Any of the conditions mentioned in question 20, and if so, which?

*No*

22. Is the disability permanent?

*Yes*

23. If not permanent, what is its probable minimum duration?

*No*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Total at present*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$  or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

*No*

25. If an operation was advised and declined, was the refusal unreasonable?

*None*

26. Do the Board recommend

(a) Discharge as permanently unfit, or

*Yes*

(b) Change to England?

Signatures:—

3rd London General Hospital,  
WANDSWORTH, S.W.  
Station

*A. P. Cuff Major R.A.M.C.* President.

Date 7.11.16

*J. W. Wood. Capt. R.A.M.C.*

*R. B. Howard. Lt.* Members.

Approved,  
3rd London General Hospital,  
WANDSWORTH, S.W.  
Station

*A. P. Cuff Major R.A.M.C.*  
Administrative Medical Officer.

Date 7.11.16

**WARNING.**— If you lose this Certificate a duplicate cannot be issued.

N.B.— Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

Certificate of discharge of No. 607 (Rank) L/Corpl.  
 (Name) Raymond Joseph  
 (Regiment) 1<sup>st</sup> Newfoundland  
 who was enlisted at St John's Newfoundland  
 on the 28<sup>th</sup> September 1914.

He is discharged in consequence of Gunsight wounds  
Lower jaw & Left Shoulder.

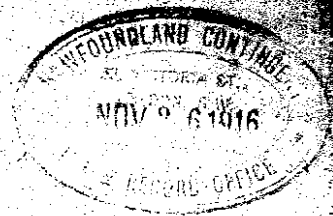
after serving \_\_\_\_\_ years \_\_\_\_\_ days with the Colours, and  
 \_\_\_\_\_ years \_\_\_\_\_ days in the Army Reserve.

(Place) \_\_\_\_\_ Signature of \_\_\_\_\_  
 (Date) \_\_\_\_\_ Commanding \_\_\_\_\_  
 \_\_\_\_\_ Officer \_\_\_\_\_

\*Description of the above-named man on \_\_\_\_\_ when he  
 left the colours.

Age _____	Marks or Scars, whether on face or other parts of body.
Height <u>5 feet 7 inches</u>	_____
Complexion <u>Fair</u>	_____
Eyes <u>Blue</u>	_____
Hair <u>Fair</u>	_____

\* Should agree with the description on Character Certificate, Army Form B. 2067.



2/1st NEWFOUNDLAND REGIMENT.

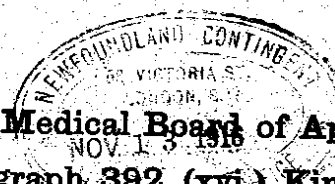
Sept. Joseph Daymond  
No. 607 is unlikely to be fit for Service with the  
Expeditionary Force for six months, on account of

G.S.W. Lower jaw, left shoulder  
as per papers attached  
Discharge??

I recommend that he be posted to the Depot at St. John's,  
Newfoundland.

H. G. Hudson M.O.,  
Lieut. R.A.M.C.  
I/C. 2/1st Newfoundland Regt.

17. Nov. 1816.  
AYK.



**Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.**

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria Street SW

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date <sup>21</sup> ~~14~~ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Daymond, Christian names Arthur  
(in full)

Regt. No. and Rank 607 2/Cpl. Regt. or Corps 1/1 Newfoundland  
(If T.F. this should be stated)

His address on discharge will be 26 Victoria St.  
St John's, Newfoundland.

This information is for the Central Army Pension Issue Office only.

The Soldier states that\* no allowance is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,  
WANDSWORTH, S.W.

Station \_\_\_\_\_  
Date 7/11/16

A. P. Luff  
President of Board  
(Approving Officer).

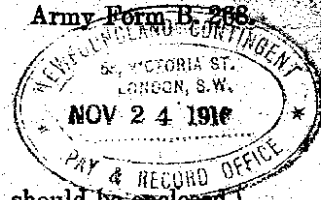
A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

Army Form B. 268



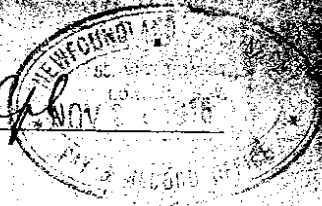
# Proceedings on Discharge.

(When forwarded for confirmation the documents, named on page 4 should be enclosed.)

No. <u>607</u>	Army Rank <u>Lance Corporal</u>
Name <u>Raymond Joseph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1<sup>st</sup> Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <u>B.</u> <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <u>Description at the time of discharge.</u>	
Age _____ years _____ months	Descriptive marks.
Height <u>5</u> feet <u>7</u> inches	
Chest measure- ment (girth when fully expanded _____ ins. range of expansion _____ ins.)	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Fair</u>	
Trade <u>Automobile Engineer</u>	
Intended place of residence <u>26 Victoria St</u>	
(To be given as fully as practicable) <u>St. John's Newfoundland</u>	
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of <u>Gunshot Wounds</u> <u>Lower jaw &amp; Left Shoulder</u>	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:—	
_____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

It is permitted to discharge or to transfer to the ranks of W or W(1) in substitution for a man fit for General Service.



No. 607

Rank L/Cpl

Name (surname first) Daymond J.

Regiment Newfoundland

1. State what special qualifications you have for employment in civil life.

Automobile Engineers - repairing -  
Good Knowledge of motor engines & structure,  
Can make drawings.

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*J. John*  
John's Automobile Shop  
St. John's  
Newfoundland

3. What is the nature and locality of the employment you desire?

Light industrial duties for the present  
in Newfoundland

4. What is the name of your Approved Society? None

5. Have you been employed whilst with the Colours? If so, in what capacity?

No.

Date 11-5-1918

Signature J. Daymond

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (n), item 3, of Army Council Instruction No. .... of 1918.  
When the soldier who is to be brought before a Medical Board is not a patient in Hospital, these instructions will be carried out by the man's C.O.

**Descriptive Return of a Soldier discharged on account of disability**

**INSTRUCTIONS**—This form is to be completed in the case of every soldier who is liable to pension on account of disability, is to be submitted for the consideration of the Commissioners of Chelsea Hospital. Statement A should be completed in the Hospital at which the man is attending, at the time of his examination by the Medical Board and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent application depends on 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, to be completed by the Officer in Charge of the Records, who received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Chelsea Hospital, Chelsea, London, S.W.

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

A Name in full Daymond - Joseph  
 Regiment from which discharged 1st Newfoundland  
 Regimental Number 607  
 Intended address 26 Victoria St. St. John's, Newfoundland

Height on discharge 5 Feet 7 Inches  
 Colour of Hair on discharge Fair Colour of Eyes Blue  
 Figure on discharge Medium  
 Christian name of Father Joseph  
 Christian name of Mother Sadie  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_

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) Joseph K. Daymond

(Rank) 2nd Lt  
 Date Nov. 5 1916

Station Wandsworth

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.

3rd London General Hospital  
 Station WANDSWORTH, S.W.

[Signature] Medical Officer i/c  
 Date 5/11/16 Hospital.

B. Period of Service and in what Corps	Regiment	Years	Days	All Service Abroad with Stations		Years	Days
				India	S. Africa		
Disallowed							
Service towards Pension							

Date inclusive to which pay has been issued \_\_\_\_\_  
 Sums due on account of public debts \_\_\_\_\_  
 Sum due on account of advance of Pension }

Rank on Discharge \_\_\_\_\_  
 Character (as on Certificate of discharge) \_\_\_\_\_  
 Where born, and on what date \_\_\_\_\_  
 Date and Place of first Enlistment \_\_\_\_\_  
 Trade on Enlistment \_\_\_\_\_  
 Cause of Discharge \_\_\_\_\_  
 Number of G.C. Badges \_\_\_\_\_ Medals \_\_\_\_\_  
 Wounds, and Actions in which received \_\_\_\_\_

Other distinguishing marks \_\_\_\_\_

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 607 Name P/Serjt Joseph Raymond  
 Date of Discharge 14-1-19 Address 26 Victoria St District St Johns  
 Occupation Auto Engineer Classification for Discharge B Medical Category F  
 Recommendation S.M. permanently unfit Disability Rating 20%

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		

*Retention Form*

Date 14/3/19 for W. A. Key Capt.  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

*Joseph Raymond*

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 Joseph A. Snowford

Date 14-3-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 15201 issued.

Date 14-3-19

Demobilization Officer *[Signature]*

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 28-3-19

Date 14-3-19

*H. Mans*  
Depot Paymaster.

Discharge approved for 14-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	1	Form B
B 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1315	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4	1	
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 14. 3. 19

*[Signature]*  
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

MAR 14 1919

Date \_\_\_\_\_

*R.H. Salt*  
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 previous occupation*

*T. D. ...*

Signature of Man.

*[Signature]*

Reg. No.

*607*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns.*

Date

*14-3-1919*

# The Royal Newfoundland Regiment

Class for Demobilization:—  
*B.*

*Reattested.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *10-3-19*

Regimental No. .... *607*

Name ..... *Joseph Raymond "Sgt."*

Address .....

Present Medical Category ..... *E*

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

Members of Board { *R.H. Lait Capt*  
O.C. Discharge Depot.  
*L. Paterson*  
Senior Medical Officer  
*G.W. Burden*  
M. O. Depot

1607 *Lt. J. Daymond* a discharged Soldier of The Royal Newfoundland Regiment, hereby agree to serve in The Royal Newfoundland Regiment for Home Service as long as my Services shall be required, under the same terms and conditions under which I was serving before my discharge.

#607  
*J. Daymond, Lt.*

1607 *Lt. J. Daymond* 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.

#607  
*J. Daymond, Lt.*

C.R. 607

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

#607 L/C/ J. Daymond.

Re-attested for Special Duty at Depot with effect from  
1/4/18.

C.R. 607

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

#607 L/Cpl. J. Daymond.

To be Acting Corporal from 10.6.18

C.R. 607

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 16th 1918.

Promotions.

607 Cpl. J. Daymond.

To be Acting Sergeant from 15/10/18.

R 607

March 12th., 1919.

From:- The Director of Medical Services  
To:- O. C. Depot.

P R E L I M I N A R Y   R E P O R T .

At a medical Board held on TUESDAY MARCH 11th., the following were the findings.

607 Sgt. J. Daymond.

Recommended discharge from the Army.

Sd. Cluney Macpherson

Major, D.M.S.

C.R. 607

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Dated ~~Oct ober~~ 20th 1919. Depot St. John's.

The discharge of the undernoted on demobilization has  
been CONFIRMED by Officer, i /c Records from noted date  
28-3-19.

607, Sgt. Daymond, J.

RECEIPT.

C.R. 607

I hereby certify that I have received the 1914-1915

STAR. ✓

No 607 Name T. J. Dawson

Witness W. R. R. R. R.

Date 3/12/19

Place St John's

October 28th/20

Mr. Jos. Daymond,  
26 Victoria Street,  
City.

Dear Sir:-

If you remember you were in the Glencorse Hospital from June 26th 1915 to July 2nd 1915 and the Workhouse Military Hospital from July 2nd 1915 to Aug. 3rd 1915.

The treatment then given was only sufficient in a number of cases to make a man fit for Active Service.

Arrangements have now been made to have all such cases examined in St. John's, and if necessary, treatment continued.

Please notify us if it is convenient for you to take this treatment, and address all communications to Room 6, Militia Building.

Yours faithfully,

Secretary.

LBD.

DEPARTMENT OF MILITIA

29-10-16  
14-18  
11-3-19

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 question 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, PLY & RECORD OFFICE, ST. JOHN'S.

Christian name *T. Joseph* 2. Surname *J. Joseph*

3. Rank *Sgt* 4. Regt. No. *607*

5. Address in full to which future payments of gratuity are to be forwarded *26 Victoria St St John*

6. Date of enlistment in the Regiment *Sept 29<sup>th</sup> 1914*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not Applicable*

8. Relationship of such dependents *Not Applicable*

9. Address in full of such dependent *Not Applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *Not Applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas *3 yrs 150 days*

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

*Discharged through wounds  
An. reattested with previous number*

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.....

*Not applicable*

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.....

*Not applicable*

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

*Not applicable*

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

*Not applicable*

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

*21. 3. 1916  
Through disability*

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.....

*Gallipoli Sept 20<sup>th</sup> 1915  
to Jan 12 1916 France March 27<sup>th</sup> 1916 to May 1916*

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.....

*Not applicable*

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:

*V. J. Daymond*

Place of Residence:

*26 Victoria St  
St. Johns, Nfld.*

Declared before me at:

This

*14th*

day of

*March 1919*

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

*John McCaskey*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>6 mos.</i>	<i>420 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Paymaster.



**Casualty Form—Active Service.**

Regiment or Corps Newfoundland  
 Regimental No. CR. 604 Rank Pte Name Daymond, J  
 Enlisted (a) 1/10/14 Terms of Service (a) One Year Service reckons from (a) Enlistment  
 Date of promotion to present rank } Date of appointment } Numerical position on }  
 } date of re-engage } } roll of N.C.Os. }  
 Extended \_\_\_\_\_ Re-engaged Aug 13/15 Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			St. John's, Nfld.	3/10/14.	
			Alexandria	1/9/15.	
			Gallipoli	13/9/15.	
17/12/15.	15th. Stat. Mudros.	Admitted, N.Y.D.	15th. Stat. Hosp., Mudros.	30/11/15.	C 5013.
23/1/16.	Unit	Joined Unit		16/1/16.	B 213.
		Embk'd Port Suez		14.3.16	
		Disembk'd MARSELL		22.5.16	
		<i>800 ad Adm. there. transf 29 CES 29/16</i>			<i>800 11031</i>
		Transferred to England			

*A. E. Clerk* CAPTAIN.  
 FOR OFFICER INFANTRY RECORDS  
 G. H. Q.; 3<sup>rd</sup> ECHELON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (1933) W1381/004 400m 8/15-1 93 58

Number of Sheet. 1

Signature of O. C. Company Lawrence Alexander Knight

Regiment of Newfoundland

Good Conduct Badges, Service Pay or Proficiency Pay

Regimental Number and Name	Enlistment		Trade	
No. <u>1000</u>	Age oh <u>17</u> years	months <u>9</u>	<u>Auto Engineer</u>	
Joined <u>1914</u> Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined <u>1914</u> Date	Period of (with Colours <u>3</u> years. with Reserve <u>0</u> years.)	<u>1914</u>	Place of Birth	<u>Churchville</u>
Joined <u>1914</u> Date				

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order with which	By whom awarded	REMARKS
<u>Stoke</u>	<u>12. 6. 15</u>	<u>Pvt</u>		<u>Absent from the Parade (sp) 6</u> <u>Times 14/6/15</u>	<u>Cpl. Eustand</u>	<u>3 day CC</u>	<u>15. 6. 15</u>	<u>Capt. F. S. Agne</u>	<u>Refused 3 days pay.</u>
		<u>L. pl.</u>		<u>Medically Unfit.</u>	<u>L. pl. 29 12</u>	<u>2 9 15</u>			
				<u>Reattested</u>	<u>1 4 15</u>	<u>362 days</u>			
				<u>Demobilized.</u>	<u>28 7 19</u>				

To be carried over