

# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6279 Name Alexander McEwen Corps Art

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

- 1. What is your name? ..... 1. Alexander McEwen
- 2. What is your full Address? ..... 2. O Regans  
St Georges
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 29 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Farmer
- 6. Are you Married? ..... 6. no
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. no
- 8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
- 9. Are you willing to be enlisted for General Service? ..... 9. yes
- 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. yes

I, Alexander McEwen 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.

Signature of Recruit: Alexander McEwen  
Signature of Witness: [Signature]

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

I, Alexander McEwen do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 12<sup>th</sup> day of Oct 1918

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 compiled with. I accordingly approve, and appoint him to the [blank]

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

Date: 1918 191  
Place: [blank]

Signature of Approving Officer: [Signature]  
The Royal Newfoundland Regiment.  
St. John's, Nfld.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

## DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Alexander McInnes  
 Apparent age 20 years      months Height 5 feet 8 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks     

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Hugh McInnes  
O. Regans | 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.<br>(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 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 |               |  |           |       |  |      |  |      | <div style="font-size: 2em; font-family: cursive; margin-bottom: 10px;">Discharged January 26/1919</div> |
| Joined at _____ on _____                        |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
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|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
|   |               |  |           |       |  |      |  |      |  |
| Total Service forfeited as above.....           |               |  |           |       |  |      |  |      |  |

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

C.R. 6279

Extract from Medical Board held on Thursday December  
26th, 1918.

6279 Pts. A. McInnis.

Recommended Discharge Unfit from General Service.

C.R.

6279

Extract of Daily Orders Part II, Dated Jan. 3rd 1919.

The undernoted man's discharge on Demobilization has been approved by O.C. Discharge Depot on noted dates. He is removed from Depot Strength and transferred to Discharge Depot pending confirmation by Officer i/c Records.

6279 Pte. Alex. McInnis

Discharged 29-12-18

CE 6279

Extract from Daily Orders part 11, Depot St. John's dated Dec. 18th.  
1918.

ADMITTED TO BARRACKS HOSPITAL 16-12-18.

6279 Pte. A. McInnes.

C.R. 6277  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.

## Cable Connection with all the World

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

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

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

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

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

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

(NOT TRANSMITTED)

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

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

Dated Nov. 28, 1918.  
 To Mr. Hugh McInnis,  
O'Regan's,  
St. Georges.

Regret to inform you that your son #6279 Pte. A. McInnis, is now dangerously ill at Military Hospital St. John's.

J.R. Bennett,  
Minister of Militia.

**FOR TYPEWRITER**

# NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

Signature of Sender

St. John's Dept. of Militia

Address

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
|-------------|-----|----|------|----|-------|

Dated Nov. 4, 1918.

To Mr. Hugh McInnis,

O'Regan's, St. Georges'

Beg to inform you that your son #6279 Pte. A. McInnis, is now convalescent.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6275

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 15th 1918.

Strength Increases.

6279 Pte. Alex. McInnes,

Attested for General Service with The Royal Newfoundland Regiment,  
from 12/10/18.

Form No. 15

C.R. 6279

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 18

Sent by

Paid by

Class

No.

Place from

*Doyle's Andrews 30*

To

*J.R. Bennett  
Min. Muletua*



*How is  
Mcinnis*

*6279 Ple a*

*Hugh Mcinnis*

## 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 work as Farmer*

*Alexander M<sup>o</sup> Lewis*

Signature of Man:

*Chas. D. Dickson*

Reg. No.

*6279*

Signature of the Vocational Officer or his Representative.

Place

*St. John's Nfld.*

Date

*27-12-18*

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# The Royal Newfoundland Regiment

Class for Demobilization  
B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 27.1.21.16

Regimental No. 6979

Name ..... McInnis

- Altd.

Address ..... Oregon's

Via Doyle's Station

St Georges Dept

Present Medical Category..... E

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

Members of Board

R.H. Sait Capt

O.C. Discharge Depot.

W. Paterson

Senior Medical Officer

W. Burden

M. O. Depot

MA

COPY

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination held at Leiston

Date June 28<sup>th</sup> 1918

1. Name (Alexander) Sandy McInnis Age (a) Declared 21  
(b) Apparent 22

2. Do you know of anything wrong with you?

I do not know anything wrong.  
What severe illnesses have you had?

I never had any severe illness.

3. Height 5ft. 8in. Weight 140

4. Eyesight (a) Left Normal (b) Right Normal

5. Physical Defects (Examine after strenuous exercise)

"Don't get tired after exercise"

6. Examination of Lungs

Measurement (a) Expiration 35 (b) Inspiration 36 1/2

7. Examination of Heart Normal

8. Examination of Urine

9. Examination of Mouth—(Defective Speech) No defective speech.

Teeth Fair

Throat Normal

Nose

Ears—(Deafness, Otorrhea) ..

10. Have you been successfully vaccinated, and when? Yes, 1910.

11. Name and address of next of kin Stephen McInnis,  
O'Leary's,  
Woyles Station

REMARKS—

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

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

A<sup>th</sup> Call 6279

W. M. Shelan

Medical Examiners.

## 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

*McDunnis Alexander*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*6279*

Intended address

*O Regans, St Georges Dist.*

Height on discharge

*5* Feet *8"*

Color of hair on discharge

*Brown*

Complexion

*Fair*

Color of eyes

*Gray*

Descriptive Marks

*two scars right knee*

Figure on discharge

*Medium*

Christian name of Father

*Hugh*

Christian name of Mother

*Mary*

Wife's maiden name in full

✓

Date and place of marriage

✓

Christian names of children

✓

Place and date of soldier's birth

*Highlands St Georges Dist. 22 March 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)

*Alexander M<sup>c</sup>Dunnis*

(Rank)

*Private*

Station

*St Johns Wld*

Date

*23 Dec 1918*

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.

Station

*St Johns Wld*

Date

*23 Dec 1918*

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



## Department of Militia, Newfoundland

### Medical Department

### *Medical Report on an Invalid*

NOTES:—

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

#### STATEMENT OF CASE

Station ... **St. John's, Nfld.** .....

Date ..... **December 23rd., 1918** .....

- |                                   |  |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <b>20</b>                 |
| 2. Regimental No. <b>6279</b>     | 6. Enlisted on <b>October 12th., 1918</b>      |
| 3. Rank <b>Private</b>            | at <b>St. John's</b>                           |
| 4. Name <b>McIWNIS, Alex</b>      | 7. Former trade or <b>Farmer</b><br>occupation |

8. Disability

#### INFLUENZA

9. History

**Admitted M.I.D. Hospital 19/10/18 transferred to Esplanade  
15/11/18. Discharged 16/12/18**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General condition good. No  
accompaniments in lungs. P H. 100  
Heart somewhat irregular. No murmur

11. Was sanatorium advised and refused? **No**  
operation

12. Do you recommend discharge as permanently unfit? **Yes**

Signature (Sgd) ARCH. C. TAIR .....

Rank or Qualification FOR M.O. DEPOT .....

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

# Opinion of the Medical Board

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

13. For pension purposes, the disability x ~~cannot~~ be considered as aggravated by:—  
due to

(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—

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

**General condition good**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Nil**

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

Remarks if any:—

16. Is the disability permanent?

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,  
Naval and Military Con- **No**  
valescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army **Unfit for general service**  
~~retention in~~

Remarks if any:—

(Sgd) N. S. FRASER

President

ARCE C. TAIT

Signatures

E. PATERSON, Major

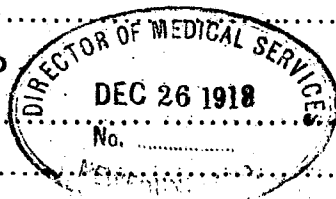
Place St. John's, Nfld.,

Date Dec. 26th., 1918

APPROVED

Station

Date



(Sgd) OLNEY MACPHERSON, Major

Administrative Medical Officer

