



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5064 Name Fred Anderson *BoE*

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

- |  |                                 |
|--|---------------------------------|
| 1. What is your name? .....  | 1. <u>Fred Anderson</u>         |
| 2. What is your full Address? .....  | 2. <u>Burgess</u>               |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                   |
| 4. What is your age? .....   | 4. <u>20</u> Years ..... Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Waterman</u>              |
| 6. Are you Married? .....  | 6. <u>no</u>                    |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                    |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>                   |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>                   |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....<br>Corps .....   |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>                  |

I, Fred Anderson 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.

Fred Anderson SIGNATURE OF RECRUIT.  
Geo. Leary Signature of Witness.

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

I, Fred Anderson 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 stated as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 20 day of May 1915.

Signature of Attesting Officer Geo. Leary

### 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 ..... 1915 }  
Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

5064

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

Name Fred Anderson  
 Apparent age 20 years      months. Height 5 feet 6 1/4 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 4 inches  
 Distinctive marks     

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Anderson  
19 Argos | 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 L'epot	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>15-5-18</u>									
Joined at <u>St. John's</u> on <u>Nov 15-18</u>									
<u>Discharged July 1-1919</u>									
Embarked <u>St. John's</u> <u>Halifax N.S.</u> <u>22-7-18</u>									
Embarked <u>for 1st Lt.</u> <u>23-11-18</u>									
Re-embarked <u>France</u> <u>28-11-18</u>									
Joined <u>Batt.</u> <u>5-1-1919</u>									
Transferred from <u>Rank 22<sup>nd</sup></u> <u>Private</u> <u>Headquarters</u> <u>23-4-1919</u>									
To <u>re-embarkation</u> <u>for demobilization</u> <u>22-3-1919</u> <u>Arrived</u> <u>1-6-1919</u>									
Total Service forfeited for above <u>Demobilization</u> <u>St. John's</u> <u>4-7-1919</u>									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge) <u>1</u> years <u>51</u> days									
Pensions " " " " " "									

C.R. 5064

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records with effect from 4-7-19.

5064 Pte. Fred Anderson.

C.R. 5064

Extract from Daily Orders Part II Unit The Royal Rifles.  
Regt. Depot, St. John's, June 10th, 1918.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 20-6-18

5064 Pte. F. Anderson.

C.R. 5064

Extract from Daily Orders Part II Depot, St. John's,

Date

9-6-19.

5064 Pte, F. Anderson

Reported at Headquarters 1-6-19.  
which sailed Liverpool May 22/1919.

ex "Corsican"

C.R. 5064

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#5064 Pte. F. Anderson.

C.R. 5064

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

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

#5064 Pte. Fred Anderson.

Extract from Daily Orders part 11, from Unit The Royal  
H.M. Regt. St. John's, dated May 16, 1918.

#5064 Pte. F. Anderson.

Attested for General Service with the Royal H.M. Regt.  
from 15.5.18



A Anderson

C.R. 5064

~~AKO~~

## Medical Report on an Invalid

Station Hazelby D. CampDate 30-4-19

1. Unit Royal Newfoundland
2. Regimental No. 5064
3. Rank Pte
4. Name Anderson Fredrick
5. Age last birthday 21
6. Enlisted { on May 15/18  
at St Johns
7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—  
(a) Former Unit ;  
(b) Regimental No. ;  
(c) Date of Discharge ;  
(d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nilStatement 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. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. nil

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.*

*He employs no analgesics*

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*u*

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

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

*u*

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

*u*

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

*u*

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?

*u*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*u*

20. Do you recommend—  
 (a) Discharge as permanently unfit, or  
 (b) Change to England?

*Repatriation*  
*Wm. J. ...*  
*my Dad's*  
*Robert H. ...*

\_\_\_\_\_  
 Officer in medical charge of case.

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

Station *Langley D. Camp*  
 Date *30-4-19*

\_\_\_\_\_  
 Officer in charge of Hospital.

\*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.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Fred ~~William~~ Anderson, Regl. No. 5064

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz.:

Allotment begins July, 2/1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>500</del> 4605	Father	Hillecom Anderson	Burgeo Lapivle	70
Total Allotment, £				70

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature] Officer Commanding Company

(Sig.) Fred Anderson (Rank) Pt





THE ROYAL NEWFOUNDLAND REGIMENT

Fred

ALLOTMENTS

I, ~~William~~ Anderson, Regl. No. 3064

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins July 1st, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<del>3064</del> 4605	Father	William Anderson	Burgeo Lapoile	70
Total Allotment, \$				70

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) H. Lewis  
 Officer Commanding  
S. Company  
 191

(Sig.) Fred Anderson  
 (Rank) PT

Cuderson, J.

5064

Receipt.

July 5, 1919

#5064 Pte. Frederick Andersen,

Burgeo.

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 & C. i/c Records.



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. 1918.

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..... *Fredrick* ..... 2. Surname..... *Anderson* .....  
3. Rank..... *Ake* ..... 4. Regtl. No..... *575* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Burgo* .....  
6. Date of enlistment in the Regiment..... *Nov. 15/18* .....  
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..... *SO* .....  
9. Address in full of such dependents..... *SO* .....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....  
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Thirteen months and 5 days* ..... 1. <sup>2</sup>



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.

*Yes*  
*\$ 63.74 Clothing & station allowances*

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 backwards to a rank lower than the substantive rank held by you on your arrival in England?

*No*

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

*No*

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

*No*

*June 20/19*

*Demobilization*

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

*France and Germany 1918-1919*

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.

Signature of Applicant: *Fred Anderson*

Place of Residence: *Burges*

Declared before me at: *St Johns new*

This *6<sup>th</sup>* day of *June* 19*19*....

Signature of Barrister of the  
Supreme Court, Stipendiary Legis-  
trate, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.  
*John McCarthy*

POST DISCHARGE PAY.				Net amount
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	due
			<i>4 mos</i>	<i>280 00</i>
Certified correct.			Paymaster	<i>[Signature]</i>

July 4, 1919

#5064 Pte. Frederick Anderson,  
Burgee.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 2300."

Yours truly

Captain,  
Quaymaster & U. S. Records.

The Royal Mtd. Regiment

DEMOBILIZATION

No. 50611 Rank \_\_\_\_\_

Name Anderson J \_\_\_\_\_

Warned for demobilization on

JUN 6 1919



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5064 Rank Pvt. Name Anderson F  
 Intended place of residence. Burgis  
 2. Occupation Fisherman  
 Classification of soldier 2 Medical Category AI  
 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 JUN. 6. 1919.  
 For [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 and date ST. JOHN'S.  
JUN 6 1919  
F. Anderson  
 Signature of soldier  
A. M. Houston St  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST. JOHN'S.  
JUN. 6. 1919.  
F. Anderson  
 Signature of soldier  
W. J. Eaton Duns  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 15-5-18 No of days on Military  
 Discharged from service 20-6-19 Plus 14 days Service 416

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S.  
JUN 20 1919  
R. H. Lait 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 Nfld  
 Date July 4/1919  
M. Howley Capt  
 Officer i/c Records  
 The Royal Newfoundland Regiment

and B 279 / 5300

17  
30  
4  
1

# The Royal Newfoundland Regiment

Class for Demobilization:—

1  
4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 6-5-19 .....

Regimental No. 5064...

Name ..... Anderson ..... Fin

Address ..... Burgeo .....

Present Medical Category ..... A1 .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

R. H. Lant Capt  
O.C. Discharge Depot.

L. Parsons  
Senior Medical Officer

R. W. Curdson  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5064 Rank Plt Name Anderson I  
 Date of Enlistment 15.5.18 Address Burgo 16 District Burgo  
 Occupation Fisherman Classification for Discharge ..... 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 5.6.19

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

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable .....

(b) Clothing Supplied .....

Date .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 148.6* to his home at *Burgo* and Release Certificate No. *2370* issued.

Date *6-6-19* *J.A. Shaw 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 *4-7-19*

Date *6-6-19* *H. J. ... Lt.*  
Depot Paymaster.

Discharge approved for *20-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.	B 268.	B 121.	N.F. Med.	D.F. 1.
E 178.	W 3494.	B 122.	Board 1st.	" 2.
B 178a.	D 400A.	B 1915.	do 2nd.	" 3. <i>2 Form. B.</i>
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 *6-6-19* *J.A. Shaw 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 *JUN 20 1919* *R.H. ... 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

*J. Anderson*  
Signature of Man.

Reg. No. 4064

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

Place

*St. Johns*

Date

191

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

# MEDICAL HISTORY

Surname Anderson

Christian Name Fred

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County Nfed

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	15 <sup>th</sup> day of May 1918	S. Johns	day of	191
Declared Age	20 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 6 1/2 inches		feet	inches
Weight	127 lbs.			lbs
Chest Measurement	Girth when fully expanded	35 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
	Number	1 Scar		
When Vaccinated	7 yrs ago			
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>Lammot Anderson</u>			
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	S. Johns	at	
	on	15 <sup>th</sup> day of May 1918	on	day of 191
	Corps		Corps	
	Regtl. No.		Regtl. No.	
Joined on Enlistment	The Royal 5064			
	Nfed Dept			
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 *Fred Anderson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5064*

Intended address *Burgoe*

Height on discharge *5* Feet *6"*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks  
Figure on discharge *medium*

Christian name of Father *Wm*

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 *Burgoe 1898 Jan'y 2<sup>nd</sup>.*

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) *Fred Anderson*

(Rank) *Pvt*

Station *Sgt John's*

Date *11-6-19*

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

**Casualty Form—Active Service.**

Regiment or Corps... ROYAL NEWFOUNDLAND REG.

Rank... Pte Surname... Anderson Christian Name... J

Religion... Ch of E Age on Enlistment... 20 years... months

Enlisted (a)... 15/5/18 Terms of Service (a)... DURATION Service reckons from (a)... 15/5/18

Date of promotion to present rank... Date of appointment to lance rank...

Extended... Re-engaged... Qualification (b)...  
or Corps Trade and Rate...

Occupation... Fisherman Signature of Officer... [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	<u>28 NOV 18</u>		
		Joined Bn.	<u>5 JAN 1910</u>		
		Arrived in UK	<u>23/4/19</u>		

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c.

Next of Kin: Anderson Wm; Father: Burgess; N.F.L.D.

Medical Report on an Invalid.

Station Hazelton Down

Date 30/4/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 5064
- 3. Rank Plt
- 4. Name Anderson Fred R
- 5. Age last birthday 21
- 6. Enlisted { on May 15/18  
at St Johns
- 7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

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

*nil*  
*nil*  
*nil*  
*nil*

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
(b) constitutional or hereditary, and not aggravated by service during the present war.  
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*na*

13. What is his present condition?

*No complaints of no disability*

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

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

*no*

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

If so—(a) When?

(b) Where?

(c) Opinion?

*no*

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

*no*

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

*no*

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?

*no*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

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

*Repatriation*  
*Wm. 17*

*Capt Raine*

Officer in medical charge of case

*W. G. Mason*

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

except †

Station *Hazeley Bourn*

Date *30/4/19*

Officer in charge of Hospital.

\*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.









November 16th. 1921

Mr. Fred. Anderson,

Burgeo,

Dear Sir:-

I enclose five allotment cheques, which I have just come across and which having been mailed to your father at Burgeo, were returned to this Department and have been overlooked for a considerable time.

I have now made them payable to you.

Please cash them at your earliest convenience.

Yours truly,

Major  
Paymaster

C.R. 5064

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal 1914-1919.

Date... *10e 1st 1921* .....

Place... *Burgeo* .....

Name... *Frederick Anderson* .....

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
- 39

Number of Sheet 1 of 1

Regiment of Royal Newfoundland

Signature of O. C. Company P. W. White Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	months		
<u>5064 Anderson James</u>		<u>20</u>			<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment		Religion		
		<u>St. John's</u>		<u>C. P.</u>		
Joined	Date	Period of		Place of Birth		
		with Colours <u>1 1/2</u> years.		<u>Bungie</u>		
Joined	Date	with Reserve <u>1 1/2</u> years.				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>4</u>	<u>7</u>		<u>19</u>

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

25064

## DEMOBILIZATION OF

Reg. No. Solt Rank Plt Name Anderson  
 Date of Enlistment 15-5-18 Address Burgo District Burgo  
 Occupation Fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P135	B 268	B 121	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	3
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 5.6.19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

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

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1486 to his home at Burgo and Release Certificate No. 2370 issued.

Date 6-6-19 *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 4-1-19

Date 6-6-19 *J.A. Brown Capt.*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 288	B 121	N.F. Med	D.F. 1	1	
F 178	W 3494	B 122	Board 1st	" 2	1	
R 178a	D 400A	B 1915	do 2nd	" 3	2	Form B
B 178	D 400B	Form L	do 3rd	" 4		
B 178a	D 400C	Form K	do 4th	" 5		
B 178b	B 103	ME 2		" 6		
B 178c	B 120	M 93				

Date 6-6-19 *J.A. Brown Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

JUN 20 1919

Date ..... *Red. Det Capt.*  
O. C. Discharge Depot.

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

Date June 24 1919 *W. A. Brown*



Reg. No. *5064* Rank *PL6* Name *Anderson F*

Attested ..... Address *Buena*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corseca* Cause *Discharge*

*5-6-19*

*20-6-19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON 15 FEBRUARY 1919**