



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6328 Name John H. Anderson Corps Co. C.

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

- |  |                            |
|--|----------------------------|
| 1. What is your name? .....  | 1. <u>John H. Anderson</u> |
| 2. What is your full Address? .....  | 2. <u>Burgin</u>           |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>              |
| 4. What is your age? .....   | 4. <u>19</u> Years .....   |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>        |
| 6. Are you Married? .....  | 6. <u>No</u>               |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>               |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>yes</u>              |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>yes</u>              |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. .... ) Name .....      |
|  | ..... ) Corps .....        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>yes</u>             |

I, John H. 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.

15/10/15 John H. Anderson SIGNATURE OF RECRUIT.

P. M. Spry Signature of Witness.

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

I, John H. 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 entered 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 15 day of Oct 1915.

Signature of Attesting Officer P. M. Spry

### 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 Oct 16 1915 Place ST. JOHN'S

P. M. Spry MAJOR  
Commanding Depot,  
The Royal Newfoundland Regiment.

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

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

Name John H. Anderson

Apparent age 19 years ..... months. Height 5 feet 7 1/2 inches

Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches

Distinctive marks .....

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Anderson  
Burgie | Relationship Father

### Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve 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 _____									
Joined at _____ on _____									
<div style="font-size: 2em; font-family: cursive;">                     Discharged                      Jan 27 1919                 </div>									
Total Service forfeited as above.....									

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



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6328 Name John W. Anderson Corps 60th

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? ..... 1. John W. Anderson
- 2. What is your full Address? ..... } Burgeo
- 3. Are you a British Subject? ..... 3. ....
- 4. What is your age? ..... 4. 19 years ..... Months .....
- 5. What is your Trade or Calling? ..... 5. Furberman
- 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? } No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... } No
- 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? ..... } yes, Name .....
- 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? ..... } yes

I, John W. 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.

John W. Anderson SIGNATURE OF RECRUIT.  
John W. Anderson Signature of Witness.

15/10/15

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

I, John W. 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 entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 15 day of Oct 1915  
Signature of Attesting Officer W. D. D. D. D. D.

### 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 OCT 16 1915 1915  
Place ST. JOHN'S  
Signature of Approving Officer Robertson Capt.

\* 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. 60th

\* 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 John H. Anderson  
 Apparent age 19 years     months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 3 inches  
 Distinctive marks    

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Bungo John Anderson  
 Relationship Father  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pensions " _____ [ " " ] _____ " _____ "									

Anderson, John

6328

May sept.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 6328 Rank 1st Lt Name John Anderson  
 Intended place of residence St John's  
 2. Occupation Teacher  
 Classification of soldier 6 Medical Category H II  
 3. The above named man is discharged in consequence of DEMOBILIZATION.  
 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 DEC 21 1918  
 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 Dec 21 1918  
 Signature of soldier John Anderson  
 Signature of witness Roberts Capt

## 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 20-12-18  
 Signature of soldier John Anderson  
 Signature of witness E. Waters

## STATEMENT OF SERVICE

7. Enlisted for service 15-10-18 No of days on Military Service 94  
 Discharged from service 24-12-18 plus 28 day

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S. Date DEC 24 1918  
 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 January 21, 1919  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

C.R. 6328

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated October 17th 1918.

Strength Increases.

6328 Pte. John Anderson.

Attested for General Service with the Royal Newfoundland  
Regt, from 15/10/18.

C.R. 6328

Extract from Daily Orders part 11, Depot St. John's dated Jan. 22/1919.

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The discharge of the undernoted on Demobilization have been ~~approved~~  
Confirmed by Officer i/c Records. on 21-1-19.

6328 Pte. John Anderson.



C.R. 6328

Extract of Daily Orders Part II, dated Dec.:7th 1918.

DEMOBILIZATION.

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

6328 Pte.John Anderson

Discharged 24-~~1~~2-18

January 21st., 1919

#6328 Pte. John Anderson,  
Burgee.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No.587."

Yours faithfully,

Captain,  
Paymaster & Officer I/c Records

Enc '1 1.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6325 Rank Private Name Anderson John  
 Date of Enlistment 15.10.18 Address Bunges District Bunges  
 Occupation Fisherman Classification for Discharge 10 Medical Category A1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 20-12-18

*W. W. Cass*  
 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 \$65.00  
 (b) Clothing Supplied Joseph H. Snowling

Date 20-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R406* to his home at *Burgess* and Release Certificate No. *558* issued

Date *20-12-18*

*CB Deeks 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 *21-1-19*

Date *21-12-18*

*W. W. W. Capt.*  
Depot Paymaster.

Discharge approved for *24 12 18*

Forwarded with following documents to O.C. Discharge Depot.

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 *22 12 18*

*CB Deeks Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date *DEC 21 1918*

*R. J. [Signature]*  
O. C. Discharge Depot.

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

Date *Dec. 27/1918*

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

MEDICAL HISTORY

Surname *Anderson*

OF

Christian Name *John A.*

Table I.—GENERAL TABLE

Birthplace :—Parish *Bargo*

County *Newfoundland*

**SPECIAL RESERVE**

**REGULAR ARMY**

Examined	on <i>15<sup>th</sup></i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191
	at <i>St John's</i>	at		
Declared Age	<i>19</i> years	days	years	days
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>9 1/2</i> inches		feet	inches
Weight	<i>143</i> lbs.			ll s.
Chest Measurement	Girth when fully expanded	<i>36</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated	<i>6</i>			
Vision	R. E.—V=	<i>9</i>	R. E.—V=	
	L. E.—V=	<i>12</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)				
(Rank)	Medical Officer		Medical Officer	
Enlisted	at <i>St John's</i>	at		
	on <i>15<sup>th</sup></i> day of <i>Oct</i> 191 <i>8</i>	on	day of	191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<i>Royal Nfld Regt</i>	<i>6328</i>		
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				





*Extract from form A*

## 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 *Anderson John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6328*

Intended address *Burged*

Height on discharge *5* Feet *7 1/2*

Color of hair on discharge *Light*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge

Christian name of Father *John*

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

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)

Station *J. Johns* Date *26-12-15* (Rank)

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 \_\_\_\_\_ Date \_\_\_\_\_

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



## 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 fisherman*

*John Anderson*

Signature of Man.

*R. P. Dickson*

Reg. No.

*6328*

Signature of the Vocational Officer or his Representative.

Place

*St John's N. Y. C.*

Date

*20/10/18.*

191



*Burquo*

**The Royal Newfoundland Regiment**

Class for Demobilization:—  
*C*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *28/11/18*

Regimental No. *6328*

Name *Anderson John (Plie)*

Address *Burquo*

Present Medical Category *A II*

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

Members of Board { *R. H. East C.M.M.*  
O.C. Discharge Depot.  
*L. Paterson*  
Senior Medical Officer  
*Geo Burden*  
M. O. Depot

*Report for Service 3975*

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at 104th on Oct 15 1918

1. Name John W. Anderson Age (a) Declared 19  
(b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

*no  
comp  
marks*

*bron  
sandy  
fever on left leg*

6325

3. Height 5'7 1/2" Weight 143

4. Eyesight (a) Left 6/12 (b) Right 4/9

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs

Measurement (a) Expiration 53 (b) Inspiration 36

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? no

11. Name and address of next of kin Father John Burgo

12. Category

REMARKS—

A II

*H. Anderson  
S. W. Burden  
Medical Examiners.*





*Extract from Form X*



## 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 *Anderson John*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6328*

Intended address *Surgeon.*

Height on discharge *5* Feet *7 1/2*

Color of hair on discharge *Light*

Complexion *Ruddy*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *John*

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

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)

Station *A. P. H. S.*

Date *30-12-18*

(Rank)

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forma  
B 121.  
39.

Regiment of Royal Newfoundland

Number of Sheet me  
Signature of O. C. Company Chadwick

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>6328</u>	Age on	<u>19</u> years <u></u> months	<u>Fisherman</u>		
Joined <u>John H. Anderson</u>		Place and Date of Enlistment	<u>St John's</u>	Religion		
Joined	Date	Period of	with Colours <u>99</u> years.	Place of Birth		
Joined	Date				with Reserve <u>3/2</u> years.	<u>St John's</u>
Joined	Date			<u>Burgio</u>		

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
				<u>Demobilized</u>	<u>St John's</u>	<u>21/19</u>			

To be carried over.

The Royal Newfoundland Regiment

109501  
6328

DEMOBILIZATION OF

Reg. No. 6328 Rank Private Name Anderson, John  
 Date of Enlistment 15.10.18 Address Burges District Burges  
 Occupation Stoker-mani. Classification for Discharge 1c Medical Category 1c  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:-

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 20-12-18 W. Bailey Capt  
 Q. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

John Anderson

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 Joseph H Snowford

Date 20-12-18 O i/c. Re-clothing.

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 40.6 to his home  
at Burgess and Release Certificate No. 558 issued.

Date

20-12-18

P. B. Dicks 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 21-1-19

Date

21-12-18

W. M. C. Capt  
Depot Paymaster.

Discharge approved for

24. 12. 18

Forwarded with following documents to O.C. Discharge Depot.

N.F. P36.	B 268.	B 121.	✓ 1	N.F. Med.	D.F. 1.	✓ 1
F 178.	W 3494.	B 122.		Board 1st.	" 2.	✓ 1
B 178a.	D 400A.	B 1915.	✓ 2	do 2nd.	" 3.	✓ 2
B 178.	D 400B.	Form L.		db 3rd.	" 4.	
B 179a.	D 400C.	Form K.	✓ 1	do 4th.	" 5.	
B 179b.	B 103.	ME 2.	✓ 1		" 6.	
B 179c.	B 120.	M 93.	✓ 1			

Date

27. 12. 18

P. B. Dicks Capt  
Demobilization Officer.

APPROVED.  $\frac{1}{2}$ 

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Date

DEC 24 1918

R. J. Lat Capt  
O. C. Discharge Depot.

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

Date

Dec. 27/1918

W. M. C. Capt  
Capt.



Reg. No. *6328* Rank *Pfc* Name *Anderson John*  
Attested *15-10-18* Address *Burgess*  
Allotment *bo 4* Allottee *Mrs John Anderson (Mother)*  
Date of Allotment *1-11-18* Returned from Overseas  
Embarked for Overseas Cause

*See 16/10/18*

*Awarded 48 Hours Detention from 17/12/18*

**DEC 20 1918 PASSED TO DEMOBILIZATION OFFICER**

**DEC 9 1 1918 DISCHARGE APPROVED ON DEMOBILISATION**



DEPARTMENT OF VETERANS AFFAIRS

CANADA

IN YOUR REPLY REFER TO FILE NO.

DVA: 95-7-1 Vol. 1 WSR 5A

RECORD OF SERVICE

ROYAL NEWFOUNDLAND REGIMENT

Service Rank and/or Number 6328 Name John H. ANDERSON

1. Age on Enlistment: 19 Years
2. Date and Place of Appointment or Enlistment: 15th October, 1918 St. John's, Nfld.
3. Theatres of Service: NEWFOUNDLAND
4. Date and Place of Discharge: 21st January, 1919 St. John's, Nfld.
5. Reason for Discharge: "Demobilization"
6. Rank on Discharge: Private

*98 Central Ave.,  
St. John's, Nfld.  
Garraway*

DEPARTMENT OF  
VETERANS AFFAIRS

NOV 4 1960

NOTE:

This record ~~may~~ **WAR SERVICE RECORDS** should  
without the imprint of  
the official stamp of the  
Department.

Ottawa, Ontario, Canada.

November 4th, 1960.

*f* *H.M.J.*  
H.M. Jackson,  
Director,  
War Service Records.