



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3658 Name Geo. F. Ayers Corps Inf.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Geo. F. Ayers</u> |
| 2. What is your full Address? | 2. <u>Levantine (Port French)</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Superman</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? | { THE WAR <u>Yes</u> |

I, Geo. F. Ayers

DURATION OF THE WAR Yes

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.

Geo. F. Ayers

Geo. F. Ayers

E. J. Swank

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Geo. F. Ayers

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 Levantine on this 20 day of April 1915.

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the 1st Bn.

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

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

Name George A Ayers
 Apparent age 23 years 1 months - Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lanarth Philip Ayers
 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 " " " " " " " " " " " " " "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3658 Name Sgt. J. Ayers Corps Rif. B.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Sgt. J. Ayers
2. What is your full Address? 2. Lanarkshire (Post Office)
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 23 Years 2 Months
5. What is your Trade or Calling? 5. Infantry
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, Sgt. J. Ayers 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.

E 20-4-17 George J. Ayers SIGNATURE OF RECRUIT.
R. E. Smith Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I.....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.....day of.....1917.
Signature of Attesting Officer R. E. Smith

†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.....191.....
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

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

Name George J. Owens
 Apparent age 25 years 2 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Lanarkshire | Relationship Philip Owens
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 <u>20-4-17</u>									
Joined at <u>St. John's</u> on <u>April 20th 17</u>									
<u>Discharged July 7 1919</u>									
<u>Embarked St. John's St. Louis to Halifax N.S. 4th 17</u>									
<u>Embarked for B.C.S. 23-4-18</u> <u>Disembarked St. John's 26-4-18</u>									
<u>Joined B.M.M. in the field 1-5-18</u> <u>Wounded 14-10-18</u>									
<u>Admitted 3rd Can. C.S. H.S. 10 Sep. 14-18</u> <u>Admitted 3rd Can. H. H. B. 15-10-18</u>									
<u>Transferred to Can. Land 17-10-18</u> <u>Admitted Military Hosp. Borden 17-10-18</u>									
<u>Released to Reg. Militia 3-2-1919</u> <u>To RFL for demobilization 22-5-1919</u>									
<u>Arrives Newfoundlands 1-6-1919</u>									
Total Service forfeited as above..... <u>Demobilization St. John's 7-7-19</u>									

Total Service towards Engagement to 7-7-1919 (date of discharge) 2 years 79 days
 " " Pensions " " " " " " " " " " " "

No. 3658 Name Ayers, G. J.

Ser., Batty.,
or Company

Corps 1st Newfoundland Regt.

Date of enlistment 20-4-17

G.C.
Badges

Service or
Proficiency Pay

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

Character

Good.

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

10th 14/10/18

3

ARMY FORM B 122

17¹⁰/18

C.R. 3658

Extract from Preliminary Report of a Medical Board
held on Thursday Evening June 5th. The following
was the finding. 19

Recommended discharge from the Army.

3658, Pte. G. Ayres.

C.R. 3658

Extract of Orders By LT. COL. B.J. BARTON.D.S.O.,
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,
4/1/19.

The following having reported back from the 1st Battalion
is taken on the strength and posted to "H" Company from
3/2/19.

#3658 Pte. G. Ayers.

C.R. 3658

Extract of Casualties from Pay Record Office London, dated Jan.
14/1/19.

The u/m., ex Mil. Hospl. Bethnal Green, 14/1/19, is granted furlough
to 23/1/19.

3658 PTE. G. Ayers. 111 Employment.

A.Fs. N.3016 from Hospital.

C.R. 3658

Extract fro, Wat Office List. No. C. 1732 dated 11.11.11

3658
~~4400~~ Pte. *S.* *Ayer*
~~Barrow~~,

Wounded 10. 11. 18.

BC.

CR. 3658

Nov. 6th, 18.

Mr. Philip Ayres,

Lamaline,

Burin.

Dear Sir:-

I beg to inform you that additional information has been received to-day by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 3658 Pte. George F. Ayres, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3658

**Extract from Confirmation of Cable received
Synoptical London, 28-10-18.**

Reference your telegram 25th October.

3658 Averys. Progressing favourably.

Original not received)

C.R. 3658

Extract from Telegram to Synoptical, London, dated
October 26th. 1918.

Reference my telegram October 25th. should
read condition of 3658 Ayres.

C.R. 3658

Oct 25th 1918

Philip Ayres, Esq.,
Lamaline

Dear Sir:-

With reference to your wire of even date, in relation to your son, No. 3658, Private George F. Ayres, I am directed to reply and inform you that a cable will be despatched to the Record Office, London in compliance with your wishes, and as soon as reply has been received by this Dept. you will be communicated with again.

Yours faithfully,


Lieut.

Casualty Officer
for Minister of Militia

C.R. 3658

Extract from Telegram to Synoptical, London, dated
October 25th. 1918.

Inform Condition of 3658 Ayres.

C.R. 3658



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 92

Sent by P

Rec'd by _____

Class _____

10/

Place from _____

Hamaline 24

To _____

Hon. J. R. Bennett



Kindly Enquire Condition
3658 Ayres at Bethrol
Green hospital oblige,
Philip Ayres

*ans
25/10/18*

C.R. 3659
Cable 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 Dept of Militia.

Line Number	Rcd	By	Sent by	Check

Dated **Oct 22nd, 1918**
To **John Ayres Point Crewe, Lamaline**

Regret to inform you that Record Office, London, officially reports **No. 3659, Private John Ayres** at **Military Hospital Bethnal Green, London suffering from G.S.W. back.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chgo Dept of Militia **Minister of Militia.**

FOR TYPEWRITER

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 Dept of Militia

Line Number	Rcd	By	Sent	by	Check

Dated Oct 21st, 1918
To Philip Ayres, Lemaline,

Regret to inform you that Record Office, London, officially reports 3658, Private George F. Ayres at Military Hospital, Bethnal Green, London suffering from G.S.W. left thigh

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge. Dept of Militia

Minister of Militia.

C.R. 3658

Extract from Casualties received from Pay & Record
Office London, 19 Oct. 1918.

Admitted Military Hospital Bethnal Green.

3658 Pte. G. Ayers.

G.S.W. L. Thigh.

C.R. 3658

Extract from War Office List No. H.A. 30398.

ADMITTED 3 CAN. GEN. H. BOULOGNE 15 OCT. 1918.

#3658 Pte. G. ^{Ayer}Ayres.

G.S.W. L. LEG MILD.

C.R. 3658

Extract of Nominal Roll top B.E.F. embarked South-
Hampton 23-4-18.

#3658 Pte. G.Ayres.

C.R. 3658

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florixel" Aug. 4, 1917

3658 Pte. G. Ayres.

3658

C.R.

Extract From Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's, Apl. 20th, 1917.

3658 Pte. G. Ayers.

Attached to the Strength from April 20th, 1917.

C.R. 3658

Extract from Daily Orders Part II Unit Royal Nfld. Regt., Depot
St. John's dated June 13th 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 23/6/19.

3658, Pte. G eo. Ayres.

C.R. 3658

Extract from Daily Orders Part 11 Depot, St. John's,
Date 12-6-19.

3658 Pte. George Ayres

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

C.R. 3558

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 5/9/18.

The following arrived today and is posted to the
following company.

C. COMPANY.

3558, Pte. Pike, G.

Ayers, Leo

3658

Ray sept.

a

5

July 8, 1919

#3658 Pte. George Ayres,

Lemaline.

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 & Officer 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. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *George* 2. Surname..... *Apres*
3. Rank..... *Pvt* 4. Regtl. No..... *3658*
5. Address in full to which future payments of gratuity are to be forwarded..... *Ramaline - Burn District*
6. Date of enlistment in the Regiment..... *Apr. 20/17*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
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..... *From Apr. 20/17 to June 9/19* 1. ^a

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

No

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

No

15. Have you been issued with a War Service Badge?

No

16. Have you, during the present war, served in the Imperial Forces?

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

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

No

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

19. Are you now serving in the Regt.?

No

If not give:- (a) date of discharge

June 9/19
Temporary

(b) Reason for discharge

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 & Belgium - From Apr 23/18 to 17/19
Spain -

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee?

No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

George Ayers

Signature of Applicant:

Place of Residence:

*Rancharine, Kurin Dis
N. Johns, Wfld.*

Declared before me at:

This

June 9th

day of

1919.....

John M. Carthy

Signature of Berrister of the
Supreme Court, Stipendiary Legis-
trate; Notary Public, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
.....

Certified correct.

Paymaster

July 7, 1919

#3658 Pte. George Ayers,

Lamaline.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2761.

Yours truly

Captain,
Paymaster & C. i/ c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3658 Rank Pl Name Agnes Geo
Intended place of residence Lamaline

2. Occupation Soldier
Classification of soldier E Medical Category A1

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 9 JUN 1919
..... J. M. Lewis
..... Comanding 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
9-6-19
..... George Agnes
..... Signature of soldier
..... J. D. Snow Capt.
..... 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 9-6-19
ST. JOHN'S
..... Geo Agnes
..... Signature of soldier
..... James Admond
..... Signature of witness SM

STATEMENT OF SERVICE

7. Enlisted for service 90-4-17 No of days on Military
Discharged from service 23-6-19 plus 14 days Service 80.9

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
Date JUN 23 1919
..... R. B. [Signature]
..... 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 7/1919
..... J. Bowley Capt
..... Officer i/c Records
..... The Royal Newfoundland Regiment

2079/2761

Handwritten notes on the right margin: 79, 77, 20, 31, 79

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 *9.6.19*

Regimental No. *3659*

Name *Angus* *SM*

Address

Present Medical Category..... *E*

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

(b) Standing Medical Board.....

Members of Board {

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

J. Paterson
Senior Medical Officer

Geo. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3658 Rank Pvt. Name Ayers George
 Date of Enlistment 20-4-17 Address Lundey District St. John's
 Occupation Fisherman Classification for Discharge T-1 Medical Category 171
 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.....	1 D 400A.....	1 B 1915.....		do 2nd.....	" 3.....	3
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	1 D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....	1237-1	" 6.....	" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 9-6-19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

G. Ayers

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

W. J. [Signature]

Date 9-6-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1710 to his home at Lameline and Release Certificate No. 2528 issued.

Date 9-6-19 J.A. Snow 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 7-7-19

Date 9-6-19 J.A. Snow Capt
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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.....	<u>1237-1</u>	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 9-6-19 J.A. Snow 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 23 1919 R.H. Sait 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

Signature of Man.

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

Reg. No. *G. Ayers 2638*

Place

St. Johns

Date

JUN 9 1919

191

To be used only for Special Reserve recruits, and for Special Reservists entering into the Regular Army.

MEDICAL HISTORY

Surname Ayers OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish Lamaline County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>20th</u> day of <u>April</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>23</u> years <u>2</u> days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>10</u> inches		_____ feet _____ inches	
Weight	<u>147</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded <u>38</u> inches		_____ inches	
	Range of Expansion <u>4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	Left	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V	<u>4/6</u>	R.E.—V	_____
	L.E.—V	<u>4/6</u>	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>Lamont Paterson</u>		_____	
(Rank)	<u>major</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>		at _____	
	on <u>20th</u> day of <u>April</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>41st Regt</u>	<u>3658</u>	_____	_____
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191		on _____ day of _____ 191	
(Rank)	_____		_____	

Table II.—Only for admission to hospital or to the sick list in case of warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admission and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Bethnal Green Military Hospital Cambridge Road, E.	14	10	18	14	1	19	Gonorrhoea	89	Healed well - good function. Discharged July 1919	William Knell Capt. R.A.M.C.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
11-6-17	Vacc. <i>LP</i>
27-4-17	} T. A. B. <i>LP</i>
3-5-17	} 3. <i>LP</i>
10-5-17	} <i>LP</i>
	<p style="text-align: right;">Date of Discharge</p> <p style="text-align: right;"><i>17/10/17</i></p> <p style="text-align: right;">Signature <i>[Signature]</i></p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
			<p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge purposes. Medical category <u>E</u></i></p>		
			<p><i>5-6-19</i> Date of S.M.B.</p>	<p>_____ Discharge by _____</p>	

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
11-6-17	Vacc. LP
27-4-17	} T.A.B. LP
5-5-17	} 3. LP
10-5-17	} LP
<p><i>[Faint, illegible text and a large signature are visible in this section.]</i></p>	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<p><i>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge or demobilization. Medical category <u>E</u></i></p> <p><u>5-6-19</u> Date of S.M.B. _____</p> <p style="text-align: right;">Discharge _____ Captain _____ Assistant Surgeon _____</p>					

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps.... **Royal Newfoundland**.....
2. Regtl. No. **3658** 3. Rank... **Pte.**.....
4. Name ... **Ayers. Geo.**.....
(Surname) (Christian Names)
5. Age last birthday. **25**.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade }
 or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

G.S.W. L. THIGH.

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- 3 Lineal Impressions, above knee L. Side Healed. Movement at Knee Joint complete. (X-Ray Nil).**

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes. .. .. . | ..... |
| (ii.) Previous active service .. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the }
man's part. } | | |
- 14 (a). If not due to any of these causes, to what }
specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? **Wded. on active service at Ypres. Oct/18. Wd. explined at Bethnal Green Mil. Hp. No Bone injury scars healthy, movbment at knee joint complete complains of swelling knee joint after standing some time.**

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend— **Demobilization.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

I. D. SMITH. CAPT. R.A.M.C.

Medical Officer in charge of case.

Station .. **HAZELEY DOWN CAMP.**

Date ... **22/3/19.**

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. **U.S.W. L. L&O.**
- (b) The present condition thereof.

Scars just above L. Knee. Healed. No swelling in Knee. Gets some pain inner side of Joint, liable to give way coming down hill.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war .. ..	... Yes. .....	.....
(ii) Previous active service.. ..	.....	.....
(iii) Climate in pre-war service .. ..	.....	.....
(iv) Ordinary military service before the war ..	.....	.....
(v) Serious negligence or misconduct on the part of the soldier .. ..	... No. .....	.....
Give details:		

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

... **U.S.W.**

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures) **10% 6 Months.**
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? **Yes.**
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)? **Yes.**

Opinion of Military Member in case of disagreement

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service? **Yes.**

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station **ST. JOHN'S.** **N.S. FRASER,** { President or Chairman.
J.S. TAIT, }
Date ... **June 5/19.** **J.B. O'RIELLY.. CAPT.,** } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station **(Sgd) L. PATERSON. MAJOR.** } Only applicable in cases of Patients in Hospitals.
Date Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.
Date JUN 5 1919



Army Form B. 103.

Regimental Number 3658

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland

Rank Plt Surname Ayers Christian Name George

Religion CofE Age on Enlistment 23 years 2 months

Enlisted (a) 20-4-17 Terms of Service (a) Duration Service reckons from (a) 20-4-17

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 ...	<u>23-4-18</u>		
		Disembarked...	<u>26-4-18</u>		
		<u>James [unclear]</u>	<u>1-5-18</u>		
		Wounded in Action	<u>14-10-18</u>		
	<u>3 Quilley St. [unclear]</u>			<u>17/10/18</u>	<u>W 30398</u>
	<u>3 [unclear] St.</u>			<u>17/10/18</u>	<u>W 3083</u>
	<u>3 [unclear] St.</u>			<u>17/10/18</u>	
		For Officer i/c No 1 Infantry Section			
		3rd Echelon, General Headquarters			
	<u>[Signature]</u>				

(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) Signaller, Shoeing-Smith, &c.

GLADSTONE.

MEDICAL OFFICER

14 NOV 1918

or Expeditionary

AUXILIARY Hospital

Army Form I, 1237.

WARD

Forms
I, 1237
12

17/10/18 MEDICAL CASE SHEET.

FMT
17

No. in
Admission
and
Discharge
Book.

Regimental No.

Rank.

Surname.

Christian Name.

3658

Pte

Ayres

G.

Year

Unit.

Age.

Service.

1st

Royal Newfoundland

24

1612

Station
and Date.

Disease

W. thigh (L)

Notes copied from Field Medical Card.

17. 10. 18.

Wounded Oct 14th at Ypres

A.T.S. 1500. 14. 10. 18.

Notes state T. & T. bullet wd. thigh (L) Exposed 15. 10. 18.

Wound joint not opened. Wd. closed & Dressing
w/ draw

This patient was evacuated here after

days
weeks
months

in Hospital abroad, or at

Date of Admission
to B.G.M.H.

17. 10. 18

A.T.S.

Unit. 5000

Date. 15/10/18

Q Exam

3 lincs. three linear wounds above knee (L)
on front- & inner side of thigh - stitched
stitches holding

13 NOV 1918

11 JAN 1919

quite fit: returned to Reg. Mgt. Harrogate

GLADSTONE.

Ready for disposal grade II

B. Hilditch Howell
Capt. Rame

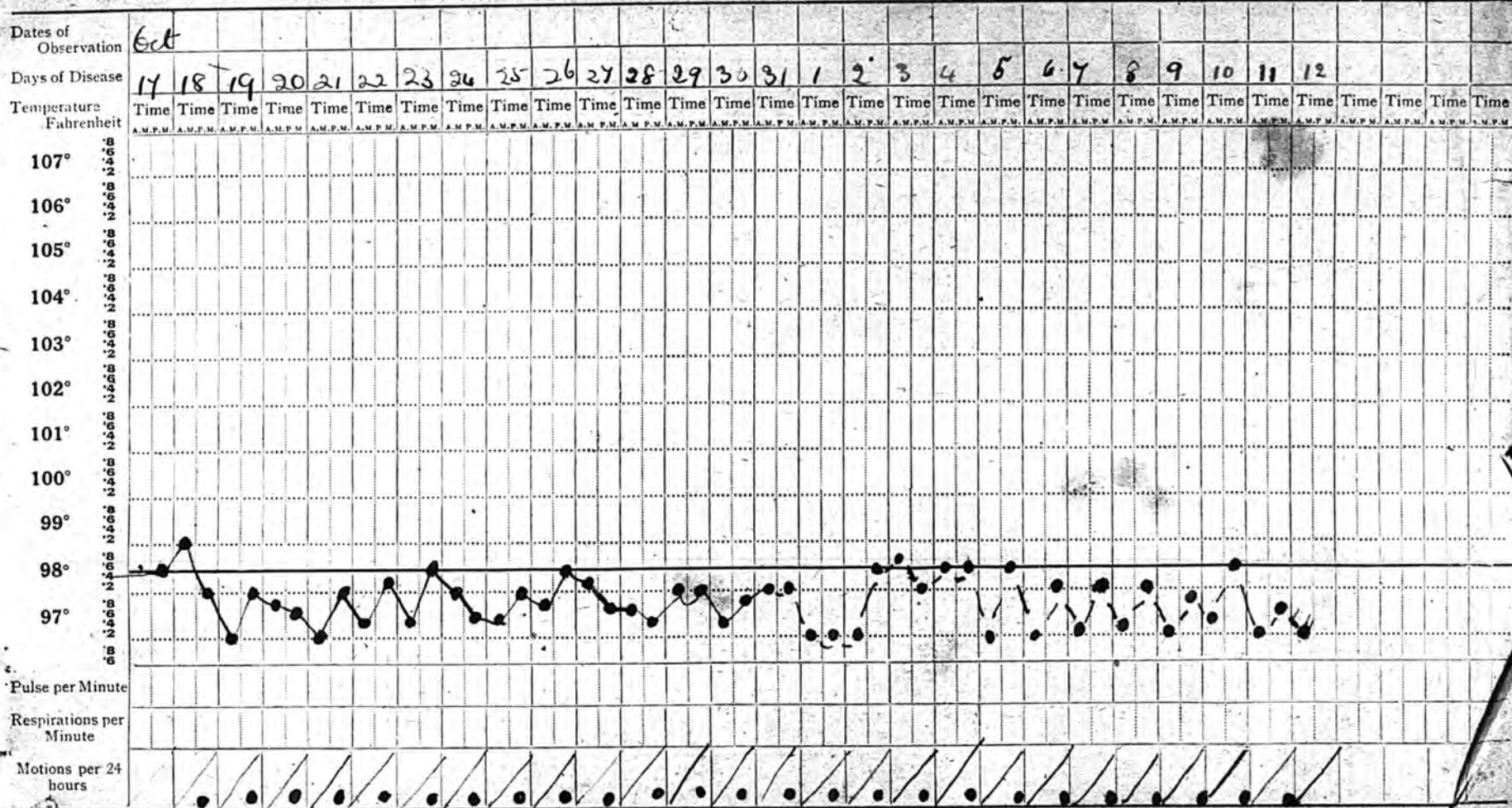
Next of Kin

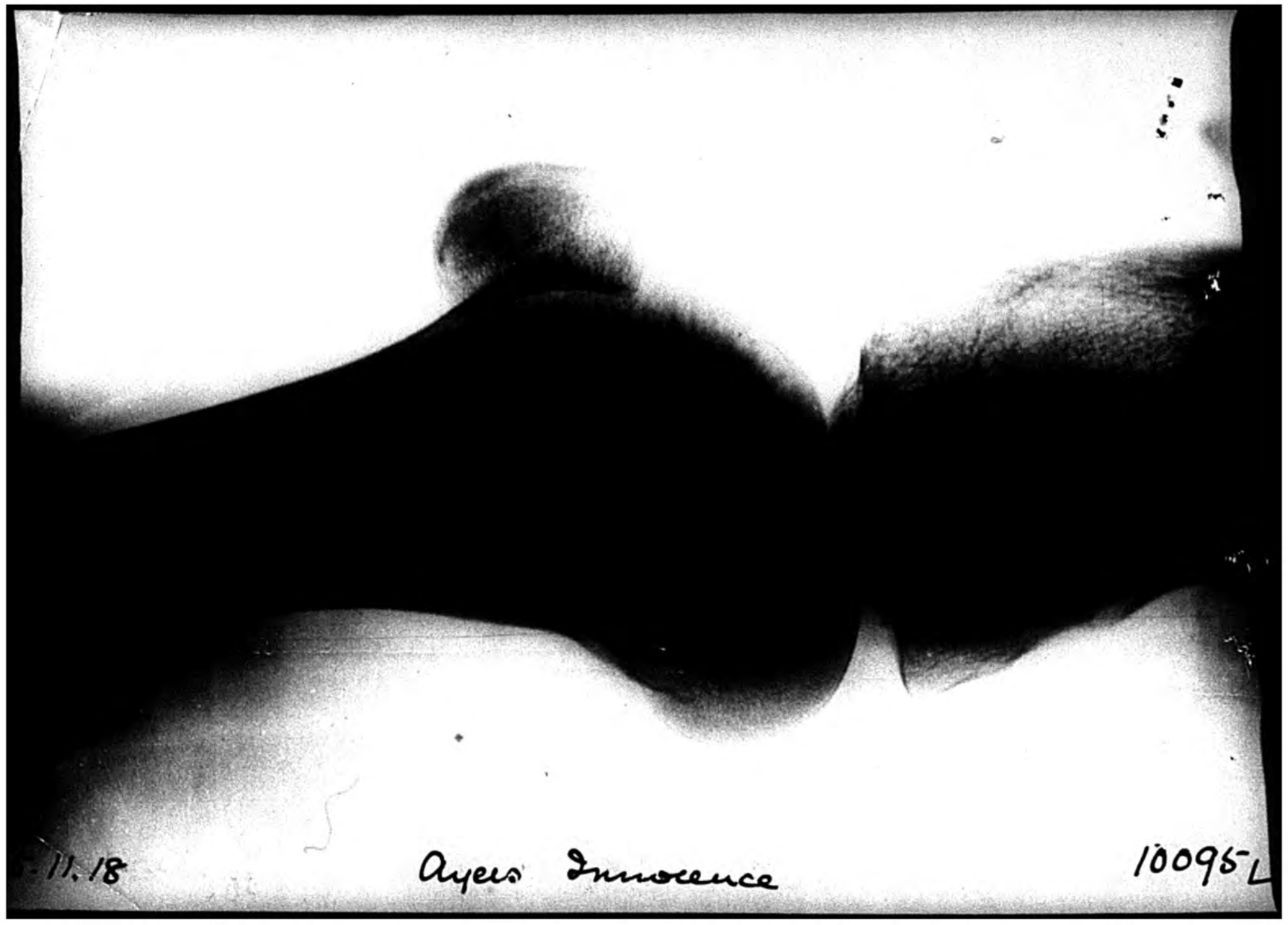
CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps ³⁰⁰ 1 Royal Newfoundland No. 3658 Rank and Name Pte Ayres G. Age 24 Military Hospital Service 152
Disease _____ Date of admission 14. 10. 18 Date of discharge _____ Result _____





11.18

Ayes Innocence

10095L

5.11.18

Ayer's Innocence

10094
L

MILITARY HOSPITAL, BETHNAL GREEN.

BALNEO-THERAPY DEPARTMENT.

Massage and Bath. Ozone. High Frequency. Radiant Heat. Draitwch Bath. Aix-le-Bains Bath. Nauheim Bath. Schott's Treatment. Simpson Light. Electro-Therapeusis.

No. 3658 Rank Plt
Name Ayer Regt. Newfoundland
Disease S.W. Influenza Ward Emerson

NEXT ATTENDANCE.

TREATMENT.

DATE.

a.m.

p.m.

Nov. 12
1914

change 2 weeks then L



11 ST. NEWFOUNDLAND REGIMENT 7

ALLOTMENTS

I, George F. Ayers, Regl. No 3658

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and fifty 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 June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3359	Self And on Father	Bank of Nova Scotia Grand Bank Phillip F. Ayers Lemelin's	 "Point Breux"	 60
Total Allotment, \$				60

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.) Thos R. Ayre Capt.
Officer Commanding
7 Company
St. John N.F.
May 10th 1917

(Sig.) George F. Ayers
(Rank) Pte

7380

Point Crew

Oct ²²₂₂

1919

Mr. J. M. Howley

Dear Sir

My Gratitude,

Cheque of October has been
cut \$12.16-4 instead of \$70.00 it
is only \$57.84-4

I dont know why it is cut
please let me know.

Yours Respectfully

George. Ayers (365-8)

July 7	to Ray	7000
Aug 7		7000
Sept 7		7000
Oct 7		5700
Nov 7		7000

Paid at Petro.

13/5/19	10/-	243
15/5/19	£1	486
16/5/19	£1	486

350.00

3658

7380

November 19, 1919

George Ayers,
Pt. Ctewa.

Dear Sir:

With reference to
your letter of recent date, War Service
Gratuity has been paid in full, and is com-
puted as follows:

Payments, Pay & Record Office, London, May 13, 10s.		2.43
May 15	£1	4.86
May 16	£1	4.86
July 7		70.00
Aug. 7		70.00
Sept. 7		70.00
Oct. 7		70.00
Nov. 7		57.85
		<u>350.00</u>

Yours truly,

Lieut.
For Paymaster.

J. L. Myers.

C.R. 3658

~~P. 180~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal T.F.L.P.* 7. Former Trade or Occupation }
 2. Regtl. No. *2655* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *Ayres* *Geo.* (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
 5. Age last birthday... *25*
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *P. S. W. Left thigh*
 12. Place of origin of disability. *3 linear incisions above knee*
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Left side healed movement at knee joint*
complete (every nil)

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | yes | ..... |
| (ii.) Previous active service.. .. . | na | ..... |
| (iii.) Climate in pre-war service | na | ..... |
| (iv.) Ordinary military service before the war | na | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | na | ..... |

14 (a). If not due to any of these causes, to what specific condition do you attribute it ?

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition ?

Wounded on active service at 4 years
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) *Oct 1915*
wound exploded at Belham

Queen mit Hospital no bone injury occurs healthy movement at knee joint complete complain of swelling when standing a while

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Dismobilisation

John H. C. Ram

Station *Hezeley Dns to Camp*

Medical Officer in charge of case.

Date *22-3-19*

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

O. N. £2-0-0 P.R. 23/11/18

19209/V Nov. 15th 1918

Dear Sir

Would you kindly forward 2 lbs of credit money to Pte. George Ayres no. 3658

NEWFOUNDLAND GOVERNMENT
PAY & RECORD OFFICE
RECEIVED 23 NOV 1918
19209/2 Mitcham
26/11/18
R. W. R. R. Regiment
Catherine Gladstone
~~Convalescent Home~~
Surrey.

Pay. Master of
R. & C. Royal W. R. Regiment
B. & E. 58 Victoria Street
P. S. London.
P. S. d.

E. M. Owen James. Cheater
Catherine Gladstone Auxiliary Hospital
Mitcham.

19209/2

Catherine Gladstone
Auxiliary
Mitcham, Surrey.

25th November

8

3658 Pte

G. Ayres

2:0:0

P.L.H.



H 1ST. NEWFOUNDLAND REGIMENT; 7

ALLOTMENTS

I, George F. Ayers, Regl. No. 3658
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty 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 June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3359	Self	Bank of Nova Scotia Grand Bank		60
	And or	Father Phillip F. Ayers	Lamaline Point Lepreau	
Total Allotment, \$				60

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

(Sig.) Charles R. Ayre Capt.
 Officer Commanding
4 Company
St. John's N.F.
May 10th 1917

(Sig.) George F. Ayers
 (Rank) Pte

N^o 358041 1ST. NEWFOUNDLAND REGIMENT 7

ALLOTMENTS

I, George F. Ayers, Regl. No. 3658
hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and fifty 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 June 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3359</u>	<u>Self</u>	<u>Bank of Nova Scotia Grand Bank</u>		<u>60</u>
	<u>And or</u>	<u>Father Phillip S. Ayers</u>	<u>LaMalin's</u>	
			<u>Point Lepreau</u>	
			Total Allotment, \$	<u>60</u>

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.)

Mark R. Ayers Capt.Officer Commanding
4 CompanySt. John N.S.
May 10th 1917

(Sig.)

George F. Ayers(Rank) Pte

Receipt for Army Book 64

No. 3658 Name Ayers G

To Certify that I have received the AB 64 of the above
named soldier.

Name *George F. Ayers*

Date *15*

Place *Point New Lanesline*

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
394.

Regiment of

1st Newfoundland

Signature of O. C. Company

Number of Sheets *1st*
Thas. Ayelet

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay		
No.	<i>3658. Ayers Geo Francis</i>	Age on	<i>13 years 2 months</i>	<i>Fisherman</i>				
Joined _____ Date _____		Place and Date of Enlistment	<i>St Johns Nov 17</i>		<i>Cof B.</i>			
Joined _____ Date _____		Period of $\left\{ \begin{array}{l} \text{with Colours } 79 \text{ years.} \\ \text{with Reserve } 2366 \text{ years.} \end{array} \right.$		Religion				
Joined _____ Date _____				Place of Birth				



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
<i>Demobilized St. Johns, 7/79</i>									
To be carried over									



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 *George Ayers*
Regiment from which discharged *Royal Newfoundland*
Regimental number *3658*
Intended address *Lamaline*
Height on discharge *5 Feet 10*
Color of hair on discharge *Light*
Complexion *Fair*
Color of eyes *Brown*
Descriptive Marks *Wounds left leg.*
Figure on discharge *Normal*
Christian name of Father *Phillips*
Christian name of Mother *(Dead)*
Wife's maiden name in full —
Date and place of marriage —
Christian names of children —

Place and date of soldier's birth *Lamaline, March 25, 1894*

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) *George Ayers*

(Rank) *Pte*

Station *St John Hill* Date *24-6-19*

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

13658

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3658 Rank Pvt. Name Ayers George
 Date of Enlistment 20.11.17 Address Lambton District Burton
 Occupation Fisherman Classification for Discharge T1 Medical Category 17.1
 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	1237-1	" 6
B 179c	B 120	M 93		

Date 9.6.19
 O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 9.10.19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R. 1710 to his home at Lameline and Release Certificate No. 2528 issued.

Date 9-6-19

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 7-7-19

Date 9-6-19

H. H. W. H.
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>1237-1</u>	" 6
B 179c	B 120	M 93		

Date 9-6-19

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

Date JUN 23 1919

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

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

Date June 19/19

Amelbach J.K.
for Records

Reg. No. 3658 Rank Pfc. Name Ayers, G.H.

Attested Address Lanahine

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

9-6-19

23-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

DEPARTMENT OF VETERANS AFFAIRS

To Copy for HO file

Ottawa 4, Ont.
Date Aug 19, 1969

Atten of

NAME AYERS George F.

SERVICE 3658 WW1
NUMBER

C.P.C. No. 260138
W.V.A. No. 55593

NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

DVA SNF Telex Date Aug 18, 1969

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death..... Not stated.....
Cause of Death.....
Place of Death..... Not stated.....

Name and Address of next of kin (if known).....

Copies to: W.S.R.
V. I.
~~NAV~~
~~DOX~~
H.O.

} Destroy form if advice of death already received.

E. C. Richards
for
Chief, Central Registry