



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4125 Name William Baker Corps 1st Co

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

- |  |                                      |
|--|--------------------------------------|
| 1. What is your name? .....  | 1. ....                              |
| 2. What is your full Address? .....  | 2. ....                              |
| 3. Are you a British Subject? .....  | 3. ....                              |
| 4. What is your age? .....   | 4. .... Years ..... Months .....     |
| 5. What is your Trade or Calling? .....  | 5. ....                              |
| 6. Are you Married? .....  | 6. ....                              |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? }                                 | 7. ....                              |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. ....                              |
| 9. Are you willing to be enlisted for General Service? .....   | 9. ....                              |
| 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. ....                             |

I, William Baker 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.

William Baker SIGNATURE OF RECRUIT.

..... Signature of Witness.

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

I, William Baker 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..... 191

Signature of Attesting Officer William Baker

### †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 William Baker

Apparent age 18 years 11 months. Height 5 feet 11 inches

Chest Measurement { Girth when fully expanded 32 inches  
 Range of expansion 5 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Baker

123 Main St | 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 " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Baker  
 Apparent age 19 years 11 months. Height 5 feet 11 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John Baker  
Conis Side St. John | 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 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>19-11-17</u>									
Joined at <u>St John's</u> on <u>November 19<sup>th</sup> 17</u>									
Discharged <u>June 29/19</u>									
Embarked <u>St John's S.S. Newcastle</u> <u>11-12-17</u>									Embarked for <u>186<sup>th</sup> 25<sup>th</sup> 78</u>
Admitted <u>109<sup>th</sup> AA Bn</u> <u>Transferred 88<sup>th</sup> AA Bn</u> <u>Access 9-10-18</u>									Rejoined unit in the field <u>14<sup>th</sup> 78</u>
Wounded <u>35-10-18</u> Admitted <u>44 CC S. 4<sup>th</sup> SW Amb</u> <u>26<sup>th</sup> 78</u>									Admitted <u>2<sup>nd</sup> Lond St. Hosp</u>
Boulogne <u>27-10-18</u> Transferred to <u>England</u> <u>29-10-18</u>									Admitted <u>4<sup>th</sup> Lond St. Hosp</u>
Hospital <u>20-10-18</u> Sent to <u>Manchester</u> <u>12-1-19</u>									to file for demobilization <u>22<sup>nd</sup> 79</u>
Arrives <u>Leifoundland</u> <u>1-6-1919</u>									
Demobilization <u>St John's</u> <u>29-6-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-6-19 (date of discharge) 1 years 223 days  
 " " Pensions " [ " " ] " " "





# FIRST NEWFOUNDLAND REGIMENT

4125

## ATTESTATION OF

No. 4125 Name Wm Baker Corps R.C.

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

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>William Baker</u> .....             |
| 2. What is your full Address? .....  | 2. <u>South Line St Johns</u> .....       |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                       |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>11</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Lab. Driver</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, William Baker 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.

Wm Baker SIGNATURE OF RECRUIT.  
Robert [unclear] Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
The above questions were then read to the Recruit in my presence.  
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St Johns on this 19th day of Nov 1917  
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 complied with. I accordingly approve, and appoint him to the [unclear]  
If enlisted by special authority, such will be attached to the original attestation.  
Date Nov 19th 1917  
Place St Johns } 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).....



Reg. No. H125 Rank Pls Name Baker W.

Attested 19-11-17 Address Lower Side St. John's

Allotment 50¢ Allotee Mrs John Bride Baker Mother

Date of Allotment 16-12-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas 11/12/17 Cause \_\_\_\_\_

Vac 21-11-17 Service 1<sup>st</sup> 26-11-17 2<sup>nd</sup> 29-11-17 3<sup>rd</sup> 7-12-17  
H.L. 4-12-17 to 7-12-17 Ret'd. 7-12-17



# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 58 Sent by \_\_\_\_\_ Rec'd by \_\_\_\_\_ Check 11 No. \_\_\_\_\_

Rate per \_\_\_\_\_

To Newtown 24  
4125 Wm Barbour  
Royal 17 Regt.



South African Military  
Hospital  
Richmond Park  
Richmond England  
Genl of Militia  
St Johns

Yours hear your  
Serious illness  
reply immediately.

Father.

Injured condition  
from London.  
24/11/19. C.G.B

C.R. 4125

Extract from telegram from Military to Syn., London

Dated Nov. 24th 1919<sup>2</sup>

Inform condition of 4125, Barbour.

-----



Baker, W

#125

say sept.

June 29, 1919

#4125 Pte. William Baker,  
South side,  
City.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2558.

Yours truly

Captain,  
Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4125 Rank Pvt Name Baker W  
 Intended place of residence South Side - St John

2. Occupation cab driver  
 Classification of soldier B Medical Category E

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 JUN 13 1919 .....  
 Date ST. JOHN'S .....  
 ..... H. M. H. .....  
 ..... 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 JUN 13 1919 .....  
ST. JOHN'S .....  
 ..... W. Baker .....  
 ..... Signature of soldier .....  
 ..... A. M. Houston .....  
 ..... 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 JUN 13 1919 .....  
ST. JOHN'S .....  
 ..... W. Baker .....  
 ..... Signature of soldier .....  
 ..... James Newman .....  
 ..... Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 19-11-17 ..... No of days on Military  
 Discharged from service 15-6-19 plus 14 days ..... Service 388.....

### 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 .....  
JUN 15 1919 .....  
 ..... R. H. Lant .....  
 ..... 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 .....  
June 29/1919 .....  
 Date .....  
 ..... M. Bowley .....  
 ..... Officer in Charge of Records  
 ..... The Royal Newfoundland Regiment

2582079/2458



## 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:

*By resume former Occupation*

*M. Baker*  
Signature of Man.

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

Reg. No. *4125*

Place *at John*

Date *13-6-19* 191

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 *W. Williams* 2. Surname *Baker*

3. Rank *Pvt* 4. Regt. No. *4125*

5. Address in full to which future payments of gratuity are to be forwarded. *South Side Coast, St. Johns*

6. Date of enlistment in the Regiment. *Nov. 15/17*

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 Hfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service whether in Hfld. or Overseas. *From Nov. 15/17 to June 10/19*

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?.....

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 10/19* Reason for discharge.....

..... *Temporary Demobilization* .....

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

*France & Belgium - from May 1918 to Oct. 1918. 2 years.*

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.



Signature of Applicant:

Place of Residence:

Declared before me at:

This

13th

day of

1919

Signature of Berrister of the  
Supreme Court, Stipendiary Magistrate,  
Notary Public, Justice of the Peace,  
or Commissioner of affidavits.

W. Baker  
South Side West. St. John's  
St. John's, Nfld.  
John M. Carthy  
J.P.

POST DISCHARGE PAY.		Net amount due
Date paid	Paid	
Soldier	Dependent	War Service Classify.
.....	.....	.....
.....	.....	.....
.....	.....	.....
Certified correct.		Paymaster

W Bates

C.R.

4125

~~PRO~~

4th London General Hospital, R.A.M.C., T

To:- Regimental Paymaster,

Office Stamp

*Overseas Military Forces.*

*Victoria St.*

*OK f 10-070 R. 14/2/18*  
*Receipt No. 10361*



... you kindly remit £ I : : of the sum standing  
to my credit to *The undersigned* .....

(Full name & address  
is required.)

*W. Baker* .....

Signature: *W. Baker* *AC* .....

No. *425* ..... Rank *Pte* ..... Regt. *Newfoundland* .....

Certified that this man is a  
patient in Hospital and that  
the particulars given are correct.

APPROVED:

*P.S.A.*

..... M.O. i/c Ward

*S. Graham* ..... Sister i/c

Major, R.A.M.C., T  
Registrar  
4th London General Hpl.







4th London General Hospital, R.A.M.C., T

*Chief*

To: ~~Financial~~ Paymaster:

*Overseas Military Forces  
Victoria St  
London*

Office Stamp



Sir,

Will you kindly remit £ 3 : - : - of the sum standing to my

credit to *The Undersigned*  
*W. Baker*

Full name & address  
is required.

Signature *W. Baker*

No *4125* Rank *Pte* Regt *Newfoundland*

Certified that this man is a  
patient in Hospital, and that  
the particulars given are correct.

APPROVED:

*L. Gubber*

*HC*

Major, R.A.M.C., T  
Registrar  
4th London General Hospital.

M.O. or Sister i/c Ward.

*O.K. £ 3-0-0 MR 18/11/18*

*Receipt No 9833*

*P.L.D.*



To: Regimental Paymaster:

*Overseas Military Forces*

*Victoria St.  
London.*

Office Stamp



Sir,

Will you kindly remit £ 1 : - : of the sum standing to my

credit to *The Undersigned*

*Pte W. Baker*

Full name & address  
is required.

Signature *W. Baker*

No *4125* rank *Pte* Regt *R. Newfoundland*

Certified that this man is a  
patient in Hospital, and that  
the particulars given are correct.

APPROVED:

*A. B. Giles S/c*

M.O. or Sister i/c Ward.

Major, R.A.M.C., T  
Registrar  
4th London General Hospital.

*APC*

*P.L.*

*£ 1-0-0  
Receipt 9874  
21/5/18*

4th London General Hospital, R.A.M.C.



To: Regimental Paymaster,

Overseas Military Forces.  
Victoria St.  
London.

Will you kindly remit £ 1 : : of the sum standing  
to my credit to ..... The undersigned .....

(Full name & address  
is required.)

W. Baker .....

Signature: W. Baker .....

No. 4125 ..... Rank Rt. Lieut. Regt. Newfoundland .....

Certified that this man is a  
patient in Hospital and that  
particulars given are correct.

*Handwritten initials*

APPROVED:

M.O. i/c Ward .....

Sister i/c S. Graham .....

Major, R.A.M.C., T  
Registrar  
4th London Gen. Hpl.

*O.R.f 1-0-0*  
*M.R. 4/12/18*  
*Receipt No 10130*  
*P.S.A.*





No. 4125 Rank Private Name M. Baker

Pay	F.A.	Wkg	Total	N.F.H/35
100	10		110	
Less Allotment			50	
Net Rate			60	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance		7 <sup>6</sup> / <sub>8</sub>					2 16 6
Acquittance Rolls		9	1	0	Pay @ Net Rate	8 <sup>6</sup> / <sub>8</sub>	3 <sup>1</sup> / <sub>4</sub>	210	60	126	00	25 17 0
Hospital Advances		<del>4</del>	<del>0</del>	<del>0</del>								
A.B. 64.			7	6								
P.&R.O. Payments		6	0	0		3 <sup>1</sup> / <sub>4</sub>	12 <sup>1</sup> / <sub>4</sub>	10	2/1			1 0 10
Cheque 11266	3-1-19	14	5	0								

*Handwritten notes:*  
 15-8-6

*Handwritten notes:*  
 R.A.  
 Cr Bal £14-5-10

*Handwritten note:*  
 £29-14-4

C.R. 4125

Extract from Daily Orders Part 11 Unit the Royal Wfld.  
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 29-6-19.

4125 Pte. William Baker.

C.R. 4125

Extract from Daily Orders Part II Unit The Royal  
Rifles Regt. St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has  
been APPROVED by C.S. Discharge Depot with effect from  
19-6-19.

4125 Pte. Wm. Baker.



C.R. 4125

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

Date June 18th 1919.

4125, Pte. W. Baker.

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

C.R. 4125

Extract of Daily Orders by LT. COL. E.J. BARTON, D.S.O.,  
COMMANDING 2nd BATTALION ROYAL NEWFOUNDLAND REGIMENT,  
9/1/19.

The following having reported back from the 1st Battalion  
is taken on the strength and posted to "H" Company.  
from 12/1/19.

#4125 Pte. W. Baker.

C.R. 4125

Extract of Casualties from Pay & Record Office London dated Jan.  
7/1/19.

4125 PTE. W. Baker.

Ex 4th London G. Hospital 3/1/19, is granted furlough to 12/1/19.  
He is marked Ill Employment and reports to 2/Bn. on later date.

A.F. W.3016 from 4th L.G.H.



C.R. 4125

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 21/11/18.

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TO ENGLAND.

#4125 Pte. W. Baker.

29/10/18.

C.R. 4125

Extract from War Office List No. G. 1731 dated 8/11/18.

WOUNDED 25/10-18.

#4125 Pte. W. Baker.



C.R. 4125

Nov. 1st, 18

Dear Mr. Baker:

*I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that*

**your son, No. 4125, Private William Baker is at 4th Landon General Hospital, suffering from gun-shot wound right ankle - severe**

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

**Mr. John Baker  
South Side**

*Minister of Militia*



C.R. 4125

Extract from War Office List No. H. A. 31004.

Admitted 2nd., Aust. Gen. Hospital Boulogne  
27th., October 1918.

4125 Pte. W. Baker

G.S.W. ANKLE R. MILD.

C.R.

4125

Extract from Nominal Roll of Sick and Wounded admitted to  
various Hospitals on various dates. Dated 21st Oct. 1918.

4125 Pte. W. Baker

R. Hfid. R. .... G.S.W. R.Ankle severe

Adm. 4th London General Hospital, S.E., 30/10/18

C.R.

4125

Extract from Nominal Roll of Draft 46 Hfld. Regt. from  
2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folkestone,  
25-5-18.

4125 Pte. W. Baker.



C.R. 4125

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 46,-180 Other Ranks from 2nd.  
In. Depot, Winchester, to 1st. Batta., The Royal Newfoundland Regiment,  
B.E.F. Embarked Folkestone, 28/5/18.

4125 Pte. W. Baker.

A.Ps. B. 105 (one for  
each soldier) sent to  
Sgt. Schelen, B.E.F.

C.R.

4125

Extract from Nominal Roll, embarked St. John's for Overseas per  
S.S. FLORISSA, on December 11th 1917.

4125 Pte. W. Baker

C.R.

4125

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Nov. 20th 1917.

4125

4125 W. Baker.

Attested for General Service with the 1st Nfld. Regt.,  
and posted to G. Co., and assigned numbers as shown  
with effect from Nov. 19th 1917,





14623

Regimental Number *4-V-25*

Army Form B. 103.

**Casualty Form - Active Service.**

Regiment or Corps *4th Royal Newfoundland*

Rank *Pte* Surname *Baker* Christian Name *Wm*

Religion *R.C.* Age on Enlistment *19* years *11* months

Enlisted (a) *1911.11.17* Terms of Service (a) *Duration* Service reckons from (a) *1911.11.17*

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

Extended ( ) Re-engaged ( ) Qualification (b) .. or Corps Trade and Rate *5 MAY 1918*

Occupation *Cab Driver* *J. M. Ludden*



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 .. <i>25-5-18</i>		
			Disembarked ... <i>27-5-18</i>		
			Joined Battalion <i>30-5-18</i>		
	<i>109 Fd.</i>	<i>At Alcoa Aerco. 2/10/18 trans</i>	<i>88 Fd.</i>	<i>9/10/18</i>	<i>Ed 7825</i>
		<i>Repaired unit</i>	<i>14/10/18</i>		
		<i>Wounded in Action</i>	<i>25/10/18</i>		
	<i>44 Cpl</i>	<i>Adjuvant</i>	<i>Boulogne</i>	<i>26/10/18</i>	<i>Ed 8481</i>
	<i>St Denis</i>	<i>Transferred to England</i>	<i>"</i>	<i>27/10/18</i>	<i>Fd 31004</i>
				<i>29/10/18</i>	<i>W 3083</i>
			<i>Mad Cars</i>		
			<i>For Officer i/c No 1 Infantry Section</i>		
			<i>and Echelon General Headquarters</i>		

(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. W 8645 M2733 2nd Edn 9/7 (3501) C. P. & S., Ltd., Form B/103 8/1997. P.T.O.



Army Form B. 179A

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... **4136** 3. Rank..... **PTE.**
4. Name .. **BAKER** ..... **WILLIAM** .....
- (Surname) (Christian Names)
5. Age last birthday.....
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."

### GUN SHOT WOUND ANKLE

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.
- WOUNDED IN FRANCE 25/10/18. GUN  
RIGHT ANKLE. WOUND NOW HEALED.  
NO DISABILITY.**

14. State whether the disabilities are
- |   |           |            |       |
|---|-----------|------------|-------|
| (i) Service during the present war                      | .. .. .   | <b>YES</b> | ..... |
| (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, etc., 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?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

**TWO SMALL SCARS ONE ON INTERNAL SURFACE INFERIOR TO MALLELOUS, SECOND SCAR OUTER SURFACE TOWARDS HEEL, AND INFERIOR TO INTERNAL MALLELOUS. COMPLAINS OF NO DISABIDITY.**

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?     **REPATRIATION**
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

**HAZLEY DOWN CAMP**

Station .....

Date .....

Medical Officer in charge of case.

\* 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.     **G. S. W. ANKLE**
- (b) The present condition thereof.

**SEE SECT. 16. COMPLAINS OF ANKLE WHEN WALKING. COMPLAINS ALSO OF THE HEED, FREQUENT HEADACHES.**

22. State whether the disabilities are:—
- |   |         |            |       |
|---|---------|------------|-------|
| (i) Service during the present war                              | .. .. . | <b>YES</b> | ..... |
| (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 | .. .. . | <b>NO</b>  | ..... |
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. . **G. 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). **6 1/2 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)?

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:—

**ADVISE EXAMINATION OF EYES**

- (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:—

**(SGD) E. S. FRASER**.....

{ President or Chairman.

Station **ST. JOHN'S**.....

**J. TAIT**.....

{ Members.

Date **JUNE 10th., 1919**.....

**J. B. O'REILLY**.....

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

Station **DEPARTMENT OF MEDICAL SERVICES**.....

**(SGD) L. PATERSON MAJOR**.....

{ Only applicable in cases of Patients in Hospitals.

Officer in charge, Central Hospital.

Date **JUN 10 1919**.....

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 .....







# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date \_\_\_\_\_

Regimental No 4125

Name Boaker 11<sup>m</sup> Rank PL

Address Southside

Present Medical Category E

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

Members of Board

RH East Capt  
O.C. Discharge Depot.

SPeterson  
Senior Medical Officer

SW Burson  
M. O. Depot

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 Land* 7. Former Trade }  
 or Occupation }  
 2. Regtl. No. *4125* 3. Rank. *Pl* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Baker W* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday.....  
 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."

*Glw. Ankle right*

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. *Wound in France 25-10-18  
 Issued Right ankle  
 wound now healed no  
 disability*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service.. .. .                       | No                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | No                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | No                  |                   |

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? *Two small scars one on internal surface inferior to malleolus other scar on outer surface towards line inferior to external malleolus*  
*complains of no disability*

(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— *Repatation*

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Station *Hazley Down Camp*

Medical Officer in charge of case.

Date .....

\* 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



# The Royal Newfoundland Regiment

425

## DEMOBILIZATION OF

Reg. No. 4125 Rank Plt Name Baker, William  
 Date of Enlistment 19-11-17 Address A Side District St John's  
 Occupation Lab Driver Classification for Discharge B Medical Category 4  
 Recommendation S.M.B. Typically unfit Disability Rating 5% 6 Mths  
 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 12-6-19 for W Baker O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am W Baker 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 13-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at South Side St Johns and Release Certificate No. 2713 issued.

Date 13-6-19 *J. A. Sawlcraft*  
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 24-6-19

Date 13-6-19 *H. M. [unclear]*  
Depot Paymaster.

Discharge approved for 13-6-19  
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		" 6
B179c	B 120	M 93		

*2 Form B*

Date 13-6-19 *J. A. Sawlcraft*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 15 1919 *R. H. Sait Capt.*  
O. C. Discharge Depot.

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

Date June 4/19 *[Signature]*

Reg. No. *4121* Rank *A6* Name *Baker, Wm*  
Attested ..... Address *Southside*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *29.5.19.*  
Returned on S.S. *Corsican* Cause *Discharge*

*11-6-19*

*Recd. Discharge from the Army*

*Advised Examination of Eyes*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**

*17.6.19*

*15.8.19*





# 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 *412 Baker William.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4125*

Intended address *St. John's*

Height on discharge *5* Feet *11* inches

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Tall*

Christian name of Father *John*

Christian name of Mother *Bridget*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *St. John's 27 Jan. 1895*

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) *Baker William*

(Rank) *[Signature]*

Station \_\_\_\_\_ Date *19-6-19*

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.



Station \_\_\_\_\_ Date \_\_\_\_\_

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet

Regiment of

*1<sup>st</sup> Newfoundland*

Signature of O. C. Company

*540*  
*W. J. [Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>4125 Baker Dr.</i>	Age on	19 years 11 months	<i>Cook Drvier</i>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date			<i>R.C.</i>	
Joined	Date	Period of	with Colours 223 years.	Place of Birth	
Joined	Date		with Reserve 365 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
				<i>Demobilized St. John's, 29<sup>th</sup> 6/19</i>					

To be carried over

Army Form B. 121.

No. 4125 Name *Pte Baker Wm* }  
 Sqn., Batty., }  
 or Company }

*R A* Corps *Royal Welford*

Date of enlistment } *19. 11. 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 }

*W. M. ...*

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>cc</i>	<i>6/9/18</i>	<i>Plt</i>		<i>inattention on parade</i>	<i>Sgt Bishop</i>	<i>4 days cc</i>	<i>7/9/18</i>	<i>Lt Baker</i>	<i>W.M.D</i>

ARMY FORM B. 122





Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

---

Fold Here

Signature

Date

Address



SEP 19 1921 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

William Baker

in respect of his service as No. 4125 Rank Pte.

Name William Baker Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received The Victory medal <sup>medal</sup> British War

Signature William Baker

Date September 15 1921

Address South Side Road

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4125 Rank

Name Baker W

Warned for demobilization on

JUN 13 1919



✓  
No. 5174/386

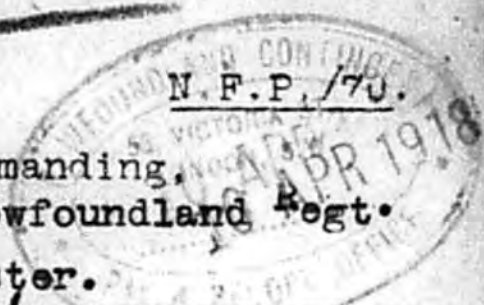
From

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

C  
H 127557  
NEWFOUNDLAND CONTINGENT

To

Officer Commanding,  
2/Bn Royal Newfoundland Regt.  
Winchester.



~~Subject:~~ 4th April 1918

April 5 1918

Subject: 4125, Pte. W. Baker,

Receipt hereunder.  
*[Signature]*

With reference to the following telegram (3041) from the Hon. Minister of Militia, received 2/4/18

LIEUT. COLONEL.  
OFFICER COMMANDING  
1st Newfoundland Regiment

Pay to 4125 Baker £2:9:0

Received the sum of Two  
Pounds Nine Shillings in account of  
cable remittance from Newfoundland.

Draft £2:9:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Will Baker  
No. 4125 Rank Pte

*[Signature]*  
Chief Paymaster & O. i/c Records.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4125 Rank Plt Name Baker, William  
 Date of Enlistment 19-1-17 Address A side District St John's  
 Occupation Lab Driver Classification for Discharge B Medical Category E  
 Recommendation S. M. B. Physically unfit Disability Rating 5% 6 mths  
 Passed to Demobilization Officer with following documents:—

N.F. 136	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 12-6-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am W Baker 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 13-6-19 O i/c. Re-clothing [Signature]

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at County Side St Johns and Release Certificate No. 2713 issued.

Date 13-6-19

*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 29-6-19

Date 13-6-19

*A. M. [unclear] Lt.*  
Depot Paymaster.

Discharge approved for 15-6-19  
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
B179c	B 120	M 93		

*2 Form B*

Date 13-6-19

*J. A. Shaw Capt.*  
O. C. Discharge Depot.

**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 15 1919

*R. H. [unclear] Capt.*  
O. C. Discharge Depot.

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

Date .....



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

# MEDICAL HISTORY

Surname Baker OF Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Rif.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>19th</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
	at <u>St. John's</u>	at		
Declared Age	<u>19</u> years	<u>11</u> Mos	years	days
Trade or Occupation	<u>Cab Driver</u>			
Height	<u>5</u> feet	<u>11</u> inches	feet	inches
Weight		<u>135</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>37</u> inches		inches
	Range of Expansion	<u>5</u> inches		inches
Physical Development				
Vaccination Marks	Arm	<u>/</u>		
	Number			
When Vaccinated				
Vision	R.E.—V= <u>5/7</u>		R.E.—V=	
	L.E.—V= <u>5/7</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. John's</u>	at		
	on <u>19th</u> day of <u>Nov</u> 191 <u>7</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st Regt</u>	<u>Rgt</u>		
Became non-effective by	on	day of	191	on
			day of	191
[Signature]				
[Rank]				



CCO/JD.4125

16 March 1949

Mr. William Baker,  
5 Bonaventure Ave.,  
St. John's.

Dear Mr. Baker:-

As requested I am enclosing herewith certificate of your service in the Royal Newfoundland Regiment.

I have looked through your medical file and I find no record of any ear trouble during your service. It would be difficult for you at this late date to prove that any ear condition which you may now have would be connected with your war service.

The condition for which you received a small pension of 5% on your discharge from the service, was for Gunshot Wound Left Ankle. If you are suffering as a result of this disability, you may be re-examined at any time.

Yours very truly,



COMMISSION OF GOVERNMENT



NEWFOUNDLAND

Department of Public Health and Welfare

ST. JOHN'S

9 March 1949

**TO WHOM IT MAY CONCERN:**

**#4125 - William Baker - Pte.**

This is to certify that the above-named enlisted for Service in the Royal Newfoundland Regiment on 19th. November, 1917, embarked for overseas service on 11th. December, 1917, returned to Newfoundland 1st. June, 1919 and was demobilized 29th. June, 1919, having served 1 year 223 days.

4125 William Baker.

To whom it may concern:-

This is to certify, that the above named  
existed for service in the Royal Newfoundland  
Regiment on 19 Nov 1917 embarked for overseas  
service on 11 Dec 1917. Returned to Nfld.  
1 June 1919 and was demobilized 29 June 1919  
having served 1 year 173 days.

DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS  
DEATH NOTIFICATION  
AVIS DE DÉCÈS

TO:  
À:

DATE ... 3/4/75

NAME  
NOM

BAKER, WILLIAM

Service No.  
Matricule No

Regt. - (C.W.I.) Army  
4125 ROYAL WFLD

CPC No.  
CCP No

N-2612554

WVA No.  
AAC No

Information Received from:  
Information reçue de:

Telex + Verification of Death from P.M.E.

Date of Death  
Date du Décès

20/11/74 N.F. Dist.

Place  
Endroit

Hoxley's Home, St. John's, New Foundland

Distribution: WSR-DASG  
VI - ASS  
DO - BD  
HO - BC

Pour le chef,  
for Chief, Central Registry Division.  
Dépôt central des dossiers.