



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5508 Name William Clarke Corp Regt.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>William Clarke,</u> |
| 2. What is your full Address? | 2. <u>St Joseph's P.O.</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>22</u> Year <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>fisherman.</u> |
| 6. Are you Married? | 6. <u>No.</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No.</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes.</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes.</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes.</u> |

I, William Clarke 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 Clarke SIGNATURE OF RECRUIT.
John St. James Signature of Witness.

oath TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 14th day of May, 1915.
 Signature of Attesting Officer Chas. Dicks Const.

† CERTIFICATE OF APPROVING OFFICER.

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

If enlisted by special authority, such will be attached to the original attestation.
 Date 1915 } Approving Officer.
 Place

† 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)

C.R. 5508

extract from daily orders Part II Royal Newfoundland Regt.
depot St. John's dated 6-7-19.

The discharge of the undernoted on demobilisation has been
confirmed by Officer i/c records from noted date 5-7-19.

5508, Cpl. Wm. Clarke.

C.R.

5508

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

The discharge of the undernoted on demobilisation has been
APPROVED by C.O. Discharge Depot, with effect from 21-6-19.

5508 Cpl. W. Clarke.

C.R. 5508

Extract from Daily Orders Part 11 Depot, St. John's,

Date 10-6-19

5508nByd. W. Clarke

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

C.R. 5508

Extract from Nominal Roll of Draft No. 66 of 250 Other ranks
from the 2nd., Battalion, Winchester to the 1st., Battalion
of the Newfoundland Regiment, E. A. F.,

#5508 L/C. W. Clarke.

C.R. 5508

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

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

#5508 L/Cpl. William ~~Coffin~~ Clarke.

C.R. 5508

Extract ~~and~~ of DAILY ORDERS PART II ROYAL NEWFOUNDLAND
REGIMENT IN FRANCE DATED 31/1/19.

PROMOTED CORPORAL.

#5508 L/Cpl. W. Clarke.

16/1/19.

C.R. 5508

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 23, 1918.

#5508 Pte. W. Clarke

L/cpl.

to be ~~Acting Sergeant~~ from July ²⁰~~22~~, 1918.

C.R. 5508

Extract from Daily Orders part II, from Unit The Royal
Nfld. Regt. St. John's, dated May 30th, 1918.

#5508 Pte. W. Clarke

Attested for General Service with the Royal Nfld. Regt.
from 29.5.18

W Clarke

C.R. 5508

~~188~~

Medical Report on an Invalid.

Station Hazelton Town.Date 30/7/19.

1. Unit Royal Newfoundland
2. Regimental No. 5508.
3. Rank Cpl.
4. Name Clark W.
5. Age last birthday 22.
6. Enlisted { on 27.5.18
at St John's
7. Former Trade or Occupation } Fisherman.
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

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

13. What is his present condition?

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

He complains of no disability

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

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

m

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

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

m

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

m

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

m

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

m

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

m

20. Do you recommend—

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

Reoperation

W.R. 1

Major J. Jones

Officer in medical charge of case.

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

Station *Stagley Down*

Officer in charge of Hospital.

Date *30/4/19*

*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.

† Delete this word if no exceptions are to be made.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *William Clarke*, Regl. No. *5508*

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 *Aug 1st*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4479</i>	<i>Father</i>	<i>Mr. William Clarke</i>	<i>St Josephs P B</i>	<i>60</i>
			Total Allotment, \$	<i>60</i>

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.) *Watson*

Officer Commanding

B Company*St Johns**July 7th 1918*(Sig.) *William Clarke*(Rank) *P B*

Clarke, W

5508

Joseph

July 5, 1919

#5508 Cpl. William Clarke,

St. Joseph's P.B.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2666.

Yours truly

Captain
Paymaster & Officer i, o Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5508 Rank Cpl Name Clarke W
 Intended place of residence St Josephs
2. Occupation Interman
 Classification of soldier A Medical Category NI
3. The above named man is discharged in consequence of DEMOBILIZATION
Eligible for War Service Gratuity
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 7 1919
 For J. M. Lewis Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 7 - 1919
Clarke W
 Signature of soldier
J. M. Lewis 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 ST. JOHN'S
JUN 7 - 1919
Clarke W
 Signature of soldier
W. Eaton QMS
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-5-18 No of days on Military
 Discharged from service JUN 21 1919 Plus 14 days Service 403

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S
 Date JUN 07 1919
R. H. Dyer Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St John's, Nfld
 Date July 5 1919
M. Rowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

d 782079/2666

The Royal Newfoundland Regiment

Class for Demobilization:

E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

6.6.19

Regimental No. *5505*

Name

Clarke

Wm

Comp

Address

St. Joseph's

Present Medical Category

A-1

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

Members of Board

R.H. [Signature] Capt.
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former occupation

William Clarke
Signature of Man.

Reg. No. *5508*

J. H. Snowball
Signature of the Vocational Officer or his Representative.

Place *St. Johns*

Date **JUN 7** 1919 191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5018 Rank Private Name Clark
 Date of Enlistment 29.5.18 Address St. John's District St. John's
 Occupation Private Classification for Discharge AI Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 349A	B 122	Board 1st	" 2	3
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 6.6.19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

at Clark

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 7-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1576* to his home
 at *St Joseph* and Release Certificate No. *2458* issued

Date *7-6-19*

J.A. Smoloff
 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 *5-7-19*

Date *7-6-19*

J.H. Newcomb
 Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P]36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 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		

2 Form. B

Date *7-4-19*

J.A. Smoloff
 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

JUN 21 1919

Date

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

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

Date

Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File

Name Belarke W. No. 5508 Rank Cpl R. N. R. or Regiment.

Home Address St Josephs City Address

Age 23 Height 5 ft 10 ins. Complexion Fair Eyes Brown Hair Black Character

Date of enlistment 29-5-18 Where enlisted St John Where seen service France

Ship returned by Asman Date of return JUN 1 - 1919 How Long

Birthplace St Joseph Date of discharge JUN 21 1919 Religion R.C.P.

Name and address next of kin Father, Wm St Josephs

Cause of disability

Condition which prevents the soldier from earning a full livelihood

Degree of incapacity (Please state in fractions) Eng. Board Newfoundland Board

Probable duration of incapacity

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Ironer

Regular trade or profession

Average earnings previous to enlistment \$ 7.00 Any other income Self

Name and address of last employer

If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$

At what age left school? 13 What grade, standard, &c., was he in? V

Has he had any further education since leaving school, if so what?

Whether given Vocational Training while in Hospital in England. If so, what subjects?

If unable to follow previous occupation, name preference

References

Witness W. Balon Esq. I declare that the above statement is correct.

Date JUN 7 - 1919 Signature W. Clark

Recommendation by interviewer as to classes likely to be of use, and general remarks:

PENSION—Class Amount per month, \$ Period granted for Dating from

First Payment date

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

MEDICAL HISTORY

Surname Clarke OF Herman Christian Name

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Joseph's P.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	29	May	1918	191
Declared Age...	22	years		days
Trade or Occupation	Fisherman			
Height	5	feet 9 1/4		inches
Weight	164	lbs.		lbs.
Chest Measure- ment { Girth when fully expanded.... Range of Expansion..	38	inches		inches
	4	inches		inches
Physical Development...				
Vaccination Marks {	Right	Left	Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= L.E.—V=	6/6 6/6	R.E.—V= 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>James Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Joseph's	at	
	on	29 day of May	on	1918
Joined on Enlistment...	Corps.	Royal Nfld. Regiment.	Corps	
	Regtl. No.	5508	Regtl. No.	
Transferred to..				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Stagley Barracks
Date 30.4.19

- | | |
|--|---|
| <p>1. Unit <u>Royal Newfld.</u></p> <p>2. Regimental No. <u>5808</u></p> <p>3. Rank <u>Cpl.</u></p> <p>4. Name <u>Clarke W.</u></p> <p>5. Age last birthday <u>22</u></p> <p>6. Enlisted } on <u>27.5.18.</u>
at <u>St John</u></p> | <p>7. Former Trade or Occupation <u>Fisherman</u></p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

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

13. What is his present condition?

no complaint of no liability

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

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

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

na

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

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

na

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

na

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

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

na

20. Do you recommend—

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

Repatriation
Major
Dakins

Officer in medical charge of case.

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

Station *AD Camp*

Date *30.4.19*

Officer in charge of Hospital.

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

† Delete this word if no exceptions are to be made.



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

William Clarke.

Regiment from which discharged

Royal Newfoundland

Regimental number

570

Intended address

St John's P.A.

Height on discharge

5 Feet *10*

Color of hair on discharge

Black.

Complexion

Fair

Color of eyes

Brown.

Descriptive Marks

—

Figure on discharge

Sall.

Christian name of Father

Wm

Christian name of Mother

Mary.

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

St John's, 19th August, 1897

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)

William Clarke

Cpl.

(Rank)

Station

ST. JOHN'S.

Date

5-6-19

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

Army Form B, 103.

Regimental Number 5508

Casualty Form - Active Service.

Regiment or Corps

N. Newfoundland

Rank

1/Cpl

Surname

Clarke

Christian Name

Wm

Religion

R. of E.

Age on Enlistment

22

years

months

Enlisted (a)

29/5/18Terms of Service (a) Duration

Service reckons from (a)

29/5/18

Date of promotion to present rank

Date of appointment to lance rank

20/7/18

Extended

Re-engaged

Qualification (b)

or Corps Trade and Rate

Occupation

Fisherman

Signature of Officer.

M. L. O. Cap.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...	28 NOV 1918		
		Joined Batt.	5	JAN 1919	
		Promoted cpl.		B 213 24-1-19	
		Reverts to 1/cpl retains 1/cpl		22.3.19	B 213
		Attended Boat race,		27.4.19	
		Paris			
		Rejoined Depot		29.4.19	

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

(b) Signaller, Shoeing-Smith) &c

(17591). Wt W 1887-P 1124. 1,000,000. 6/18. D & S. Form B.103. (E. 1266.)

(P.T.O.)

Next of kin: Father Clarke Wm St Josephs P. Bas. N. F. D.

St Josephs
July 12 1919

5773

My Dear General
I received my
first months payment
seventy dollars & thanks very
much

I wrote you a long while
ago about some of my money
went astray while I was
serving for Spain and country
I leave St Johns in July and
I got no money sent home until
September anyway I am the
loser of 3 months pay the pay
for us soldiers was very small
and on my return I found
mine was made smaller you
would grant me a kind favour
if you would sent it on to me
and advise 5,503 Cpl William
St Josephs Pla Bay Clarke

the amount sent from White
& being absent was. 18.60 per month

July 5, 1919

#5508 Cpl. William Clarke,

St. Joseph's, P.B.

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 & V. 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. *Wm* 2. Surname. *Clarke*
3. Rank. *Corporal* 4. Regtl. No. *5508*
5. Address in full to which future payments of gratuity are to be forwarded. *St Josephs P. B.*
6. Date of enlistment in the Regiment. *May 27, 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge. *not applicable*
8. Relationship of such dependents. *do*
9. Address in full of such dependents. *do*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *no*
11. Were you on active service only in Nfld, if so, give dates and particulars of such service. *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *Twelve month*
- *and 3 weeks* 1.2

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
..... Not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....
..... \$ 86.29. Clothing, Etc

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?..... no

19. Are you now serving in the Regt.?..... no If not give:- (a) date of discharge..... June 2/19 (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, Germany

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William Clarke, Regl. No. 5508
 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 August

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4479	Father	Mr. William Clarke	St Josephs P. B.	60
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.) Watson

Officer Commanding
 Company

St Johns
July 25 1918

(Sig.) William Clarke

(Rank) P/B

No. 536

A REGISTERED POSTAL PACKET

Received from

Addressed—

Militia Dept

5308

Leoph Clark

5508

of militia Dept

Readdressed St Joseph

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.



Office Stamp }

Received a Registered Postal Packet addressed as above... }

W. J. Casey

1.—Hand to Sender.

Receipt for Army Book 64

No. 5508 Name Clarke

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

Name William, Clarke

Date 2.0.7.20

Place St. Joseph's P.B.

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.
39.

Regiment of The Royal Newfoundland

Number of Sheet One
Signature of O. C. Company C. D. Hicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	William Gilmer	Age on	22 years	months	Fisherman	Promoted S/E 21-7-18 171/10	
5508		Place and Date of Enlistment	St. John's		Religion		C of E
Joined		Date	} with Colours ^{3/4} years.		Place of Birth St. Joseph's P. B.		
Joined		Date					
Joined		Date					
Joined	Date	Period of	with Reserve	} ^{3/4} years.			

Place	Date of Offence	Rank	Cases of Discredit	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized St. John's 5/19					

To be carried over.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5308 Rank Cooper Name Clarke W
 Date of Enlistment 29.5.18 Address St. Joseph's District St. John's
 Occupation Fisherman Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 6.6.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. Clarke

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 760.00

(b) ~~Clothing~~ Supplied _____

[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.15-76 to his home at St Josephs and Release Certificate No. 245 issued.

Date 7-6-19 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 5-7-19

Date 7-6-19 J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 21-6-19

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
B 179c	B 120	M 93		

2 Form B

Date 7-4-19 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 21 1919 R.H. Sait Capt.
O. C. Discharge Depot.

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

Date June 14/19 J.A. Snow Capt.
for O.C. Records

Reg. No. *5108* Rank *Cpl* Name *G. Lardner, Wm*
Attested Address *St Josephus*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *29.1.19.*
Returned on S.S. *Consilium* Cause *Discharge*

6-6-19

PASSED TO DEMOBILIZATION ○

21-6-19

DISCHARGE APPROVED ON DEMOBILIZATION