



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5175 Name Odo Cracker Corps Infantry

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

- 1. What is your name? ..... 1. Odo Cracker
- 2. What is your full Address? ..... 2. Barwick Island B.Bay
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 18 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Farmer
- 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. No
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. Yes 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, Odo Cracker 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.

Odo Cracker SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

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

I, Odo Cracker 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..... 1915

[Signature] Signature of Attesting Officer

**†CERTIFICATE OF APPROVING OFFICER.**

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

If enlisted by special authority, such will be attached to the original attestation.

Date..... 1915

Place..... } Approving Officer.

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

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





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5175 Name Odo Crocker Corps Infantry

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

1. What is your name? ..... 1. Odo Crocker
2. What is your full Address? ..... 2. Camden Road 13 Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 18 Years ..... Months
5. What is your Trade or Calling? ..... 5. Interpreter
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, Odo Crocker 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.

Odo Crocker SIGNATURE OF RECRUIT.

[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Odo Crocker 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.

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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] Signature of Attesting Officer

**†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.....

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

5175

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

Name Edo Crocker  
 Apparent age 18 years      months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 3 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Richard Crocker  
Camano Island Bay Relationship Father  
 Particulars as to Marriage

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-5-18</u>									
Joined at <u>St. Louis</u> on <u>Nov 18-1918</u>									
<u>Disch'd. St. Louis. Jan. 15, 1919.</u> <u>Admitted Barracks Hospital 12.8.18</u> <u>Discharged from Hospital 4.9.18</u> <u>Admitted to 3rd Hosp. 24-10-18</u> <u>Discharged from Hosp to Field Street 7.10-18</u> <u>Discharged from Field Street 28-10-18.</u> <u>Spent duty Home depot Petty 1st. 14-9-18</u> <u>Returned to Headquarters 2-10-18.</u> <u>Spent duty Dry Dock 1-11-18.</u> <u>Left to Headquarters 4-11-18</u> <u>Charter Leave without pay from 4-11-18 to 15-11-18</u>									
Total Service forfeited as above <u>Demobilization</u>									

Total Service towards Engagement to 15-1-1919 (date of discharge)      years 243 days  
 Pensions

C.R. ~~5176~~  
5175

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated November 1st. 1918.

Special Duty.

THE UNDERMENTIONED PROCEEDED ON SPECIAL DUTY TO DRY DOCK, 1/11/18.

~~5176~~ Pte. O. Crocker.

5175

C.F. 5175

Towards Island

Jan 26 1912

Dear Sir

As I see the advertisement in the paper, about the Newfoundland Soldiers & sailors receiving a separate allowance I thought I would write and get the right information about it. As I was in the regiment and have received none since the war was over, and I am the only son of which my parents have to sustain their support. My number is 5175, and name Odo Crocker. please send and tell me all about it as I hear that the list is receiving theirs and if so, then I should receive mine. Answer this and oblige

To W. F. Rendell Louis truly

Lieut Colonel

Odo Crocker

C.R. 5/15/19

75

Extract of Daily Orders Part II, dated Jan. 16th 1919.

Depot, St. John's.

The discharge of the undernoted on demobilization has been confirmed by the Officer i/c records on 15-1-19

75

5187 Pte. O. Crocker.

C.R.

5175

Extract from Daily Orders part 11, Depot St. John's  
dated December 18th., 1918.

5175 Pte. O. Crocker.

The a/m discharge on demobilization have been approved by G. C  
discharge depot from noted date. ~~That~~ He is removed from Depot  
strength and transferred to discharge depot pending confirmation  
by Officer i/c Records.

18-12-18..



C.R. 5175

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's Nov. 4th, 1918.

5175 Pte. O. Crocker.

Returned from Special duty at dry dock 4-11-18.

MM.

C.R. 5175

Extract of Daily Orders, Part 11, Unit: The Royal Newfoundland Regiment,  
dated Oct. 2nd 1918.

THE FOLLOWING RETURNED FROM SPECIAL DUTY AT PETTY HARBOUR:

5175 Pte. O. Crocker.

C.R. 5175

Extract from Daily Orders part 11 Depot St. John's dated Sep. 16/.1918

5175 Pte. O. Crocker

*File*

The above mentioned soldier proceeded on Special Duty to Petty  
Harbour 14-9-18

C.R. 5175

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's Oct. 5th, 1918.

5175 Pte. O Crocker.

Admitted to M.I.D. Hospital 4-10-18.

5175  
C.R. 5178

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.  
St. John's, dated Sept. 5th, 1918.

*Pdo.*  
5178 Pte. Dr. Crocker.

Discharged from Barracks Hospital 4-9-18.

C.R. 5175

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated August 24th, 1918.

5175 Pte. O. Crocker.

Admitted to Barracks Hospital 22-8-18.

C.R. 5175

Extract from Daily Orders, Part II, UNIT: The Royal Newfoundland  
Regiment, dated October 30th. 1918.

Hospital:

5175 Pte. O. Crocker.

Discharged from 21 Field Street, 28/10/18.

G.R. 5175

Extract from Daily Orders part 11  
Depot St. John's dated Sept. Oct. 9th 1918.

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5175 PTE. O. CROCKER.

ADMITTED TO M.I.D. HOSPITAL, 7-10-18.



Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated May 20, 1918.

#5175 Pte. Odo Croker.

Attested for General Service with the Royal Nfld. Regt.  
from 18.5.18

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 18 Sent by as Rec'd by \_\_\_\_\_ Check 1/2 pd No. \_\_\_\_\_

Place from Flat Island

To Via Salvage 13  
Capt O'Grady  
Princes Rink



Is it necessary for my  
son 5175 pte. O. Crocker  
return not well reply today

Richard Crocker

Leave extended for 2 weeks.  
Send doctors certificate.

R.M. at Cape

13/11/18

Leave W. Bay 4-11-18  
to 18-11-18

5175 O. Crocker. - ~~Flat Islands.~~ B.B.

18 years. - 18/5/18.

granted leave of absence without pay from  
Monday Nov. 4<sup>th</sup>. - two weeks.

R. H. Jait Capt.  
O. C. Depot.

1/11/18.

Pass. Issued.  
w/j

Coming down on  
Monday to get fixed

up.

Crocker, Ddo.

5175

Pay Receipt.

RECEIVED  
JAN 15 1919  
JAN 15 1919  
January 15th., 1919

#5175 Pte. Odo Crocker,  
Cowards Island, B.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 484."

Yours faithfully,

Captain,  
Paymaster & Officer i/c Records.

Enc'l 1.





# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 5175 Rank Pvt Name Crocker - addo  
 Date of Enlistment 18.5.18 Address Rowards Spc District B.B  
 Occupation Fisherman Classification for Discharge A Medical Category AII  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 26.11.18

*W. J. ... Capt*  
O.C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### i. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### a. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable £ 60

(b) Clothing Supplied Joseph H. Snowling

Date 12.12.18

O.C. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.2.31..... to his home  
at Station..... and Release Certificate No. 306..... issued.

Date 16-12-18..... 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 15-1-19.....

Date 16-12-18..... Depot Paymaster.

Discharge approved for..... 18.12.18.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1	P. 200 B
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1	
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....	2	
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....		
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....		
B 179b.....	B 103.....	ME 2.....			" 6.....		
B 179c.....	B 120.....	M 93.....	1				

Date 16.12.18..... Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Date DEC 18 1918..... O. C. Discharge Depot.

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

Date Dec. 18/1918.....

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

# MEDICAL HISTORY

Surname Crackles

OF

Christian Name Odo

Table I.—GENERAL TABLE.

Birthplace:—Parish Roads Beland County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>18</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
	at <u>S. Johns</u>		at _____	
Declared Age	<u>28</u> years — days		years days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>7</u> inches		feet inches	
Weight	<u>145</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		inches	
	Range of Expansion... <u>32</u> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>2</u>	R.E.—V=	
	L.E.—V=	<u>2</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)				
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at <u>S. Johns</u>		at _____	
	on <u>18</u> day of <u>May</u> 191 <u>8</u>		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Medical</u>	<u>175</u>		
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick li

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admissions of treat
	Day	Month	Year	Day	Month	Year			
M. I. D. Hospital Sickles	4	10	18	7	10	18	Mumps	3	} 24
	7	10	18	25	10	18	"	21	

at in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of and re-admissions to hospitals will be shown. The subsequent progress, including particulars ment out of hospital, transfers, etc., will be given in the special syphilis case sheet

Signature of Medical Officer

*J. H. Kelly Capt. Kang*  
*J. H. Kelly Capt. Kang*



## Civil Re-establishment Committee.



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

*To work at Fishery*

*his*  
*Add + Crochet*  
Signature of Man.  
*Witness. P. Keegan* *mark*  
*W.D. Dickson* *ACuff*  
Reg. No. *5175*  
Signature of the Vocational Officer or his Representative.

Place *St. John's*

Date *12/12/18.* 191

# The Royal Newfoundland Regiment

Class for Demobilization:—

*A.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... **NOV 27 1918** .....

Regimental No. *5175* .....

Name ..... *Crocker Odde* ..... *Pte.* .....

Address ..... *Hat Island, B. B.* .....

Present Medical Category ..... *A.ii* .....

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

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

Members of Board {

*R. H. Lant Cape*

O.C. Discharge Depot.

*Paterson*

Senior Medical Officer

*Seaburden*

M. O. Depot





# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters New York

1. Name Odo Frocke Age (a) Declared 18  
(b) Apparent

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

What severe illnesses have you had? none

3. Height 5 ft 7" Weight 145

4. Eyesight (a) Left 7 (2) (b) Right 8 (2) / ~~with~~ ~~not~~ ~~see~~ ~~cond.~~

5. Physical Defects (Examine after strenuous exercise) ni

6. Examination of Lungs n  
Measurement (a) Expiration 32 (b) Inspiration 36

7. Examination of Heart n

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)  
Teeth }  
Throat } n  
Nose }  
Ears—(Otorrhea) }  
(Deafness) }

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

11. Name and address of next of kin Father Richard Rowland Field B.B.

REMARKS--

A II

St. Burden  
Archibald



## 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 *Oddo Crocker*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5176*  
 Intended address *Bonavest Bay*  
 Height on discharge                      Feet  
 Color of hair on discharge *Dark*  
 Complexion *Fair*  
 Color of eyes *Blue*  
 Descriptive Marks *Vaccination mark*  
 Figure on discharge *Normal*  
 Christian name of Father *Richard*  
 Christian name of Mother *Susanna*  
 Wife's maiden name in full  
 Date and place of marriage } *not married*  
 Christian names of children }  
 Place and date of soldier's birth. *Bonavest Bay Sept 2. 1900*  
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Station

*Prinas Bank*

Date

*Oddo Crocker*  
 Witness of *Prinas Bank* (Rank) *Prinas Bank* Date *11/12/18*

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.

*W. A. Field*  
 Medical Officer i/c Hospital,  
 Unit, or Command Depot.

Station

Date



## Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundlands

Number of Sheet

One

Signature of O. C. Company

C. P. Dicks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	Crocker, Odo	Age on	18	years		Fisherman
Joined		Date	Place and Date of Enlistment	18.5.14		Religion
Joined		Date	Period of } with Colours 2 <sup>1/2</sup> years. with Reserve 3 <sup>1/2</sup> years.	18.5.14		Meth.
Joined		Date		Place of Birth		Cowards Isld. B.B.
Joined		Date				

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
				Demobilized	John's	15/19			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOLITION OF

Reg. No. 5175 Rank Plt Name Crocker - add.  
 Date of Enlistment 13-5-18 Address Towards Salt District B.B  
 Occupation Fisherman Classification for Discharge A Medical Category B.II  
 Recommendation S.M.B. [Signature] Disability Rating [Blank]  
 Passed to Demobilization Officer with following documents:— 31-51-11

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

Date 28-11-18 [Signature]  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Add. Crocker  
Mark [Signature]

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$65.00
- (b) Clothing Supplied. [Signature]

Date 12-12-18 O. C. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R231 to his home at Alameda Bay Station and Release Certificate No. 306 issued.

Date 16-12-18 C. B. Dicks  
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 15-1-19

Date 16-12-18 M. Bowley Capt.  
Depot Paymaster.

Discharge approved for 18.12.18

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 258	B 121	✓ 1	N.F. Med.	D.F. 1	✓ 1
F 178	W 3494	B 122	✓ 1	Board 1st	" 2	✓ 1
R 178a	D 400A	B 1315	✓ 2	do 2nd	" 3	✓ 2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	✓ 1	do 4th	" 5	
B 179b	B 103	Form E	✓ 1		" 6	
B 179c	D 120	M 98	✓ 1			

Date 16.12.18 C. B. Dicks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to—  
Officer in Records.  
Board of Pension Commissioners.  
with following additional documents.

Date DEC 18 1918 R. H. Lant Capt.  
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.  
Date Dec. 18/1918 M. Bowley Capt.

# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 8 Sent to St. John's Rec'd by St. John's Check 1/10 No. \_\_\_\_\_

Place from \_\_\_\_\_  
To 160 12 11  
Capt. O'Grady



RECEIVED TELEGRAPH OFFICE

Am very sick please  
grant extension of  
leave till better

Wm O Crocker

DEC 18 1918





G. leave W. A. From 4-11-18 to 18-11-18. Held 20-11-18

23-11-18 passed to Demobilization Office

18-12-18.

**DISCHARGE APPROVED ON DEMOBILISATION.**

C.R. 5175

Feb. 27th. 1920

Mr. Ode Crocker  
Coward's Island

Dear Sir:-

In reply to your letter of Jan. 26th  
I am forwarding claim form for Separation Allowance  
which should be completed and returned to this Dept.  
as soon as possible.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer