



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1484

Name in full James Lewis Day Age 19
 Address 48 Mullock St. St. John's.
~~Married~~ Height 5ft 6 in Weight 130
 Single
 Color Fair Hair Brown Eyes Blue

Other distinguishing marks
 Nearest relative Mother (Sarah)
 Address 48 Mullock St.
 Dependents Mother (Partly)
 Occupation Presser Clothes Present Wage \$5⁰⁰ per week.
 Previous service
 Decorations
 General Remarks
 Date of Enlistment April 27th 1915.

I, James Lewis Day, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

James L. Day

Declared before me this 27 day
 of April 1915
J. J. [Signature]
 Lieut.

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1494

Name **James Lewis Day**

Apparent age **19** years _____ months. Height **5** feet **6** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Color: Fair, Hair: Brown, Eyes: Blue.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Sarah Day, 49 Mullock St., St. John's**
| Relationship **Mother.**

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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 Apr- 27/15									
Joined at St. John's on Apr- 27/15									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1494

Name **James Lewis Day**

Apparent age **19** years _____ months. Height **5** feet **8** inches.

Chest measurement { Girth when fully expanded _____ inches.
Range of expansion _____ inches.

Distinctive marks **Color: Fair, Hair: Brown, Eyes: Blue.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Sarah Day, 48 Mullock St., St. John's**

| Relationship **Mother.**

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from Apr 27/15									
Joined at St. John's on Apr 27/15									
<i>H.A. 23/4/17</i>									
<i>Embarked St. John's 20/8 Embarked 15/8/18 1/2 June</i>									<i>Booster 15/16</i>
<i>fell sick 15/7-16.</i>									
<i>Killed in Action 23/7</i>									
Total Service forfeited as above									
Total Service towards Engagement to 23-4-17 (date of discharge) 1 year 362 days									
" " " Pension " (") " " "									

C.R. 1484

Extract from Nominal Roll of Draft No.3. from 2nd Bn.,
Delet to 1st Bn., B.E.F. Embarked 28-3-16.

1448 Pte. J.Day

1484

D.R.

C.R.

1484

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,
B.E.F. Embarked Southampton. 28-3-16

1484 Pts. J. Day.

C.R. 1484

James L. Day was attested for General Service
with the NEWFOUNDLAND REGIMENT onApril 27th 1915.
Regimental No. 1484 was allotted to Pte J.L. DAY.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

C. 1484

Extract from Nominal Roll 3rd Draft to B.E.F. arrived
29, A.B.D. 30-3-16. Joined Battalion 15-4-16.

#1484 Pte. J. Bay.

C.R. 1484

Extract from Nominal Roll Embarked St. John's for Overseas, per
S.S. "Galgarian" June 19.1915. "FE"

1484 Pte. Day J.L.

G.

6th May, 1917.

Dear Madam,

I regret to inform you that
the Record Office of the First Newfoundland
Regiment, London, to-day reports that No.
1484, Private James L. Day, was Killed in
Action on the 23rd April.

Yours faithfully,

RECEIVED
MAY 10 1917
NEWFOUNDLAND REGIMENT

Colonial Secretary.

Mrs. Sarah Day,
48 Mullock Street.

J. L. Day

C.R.

1484

Pr. 0.

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

MEDICAL HISTORY

OF

Surname Day Christian Name James Lewis

Table 1.—GENERAL TABLE.

Birthplace:—Parish St. Johns County St. Helena

	SPECIAL RESERVE.		REGULAR ARMY.			
	on	day of	on	day of		
Examined	on <u>26th</u>	day of <u>April</u>	1915	on	day of	191
	at <u>St. Johns</u>			at		
Declared Age	<u>19</u>	years		days	years	days
Trade or Occupation	<u>Wine & Tobacco Traders</u>					
Height	<u>5</u>	feet	<u>6</u>	inches	feet	inches
Weight			<u>120</u>	lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>36</u>	inches			inches
		<u>1 1/2</u>	inches			inches
Physical Development						
Vaccination Marks	Right		Left		Right	Left
	Arm					
	Number					
When Vaccinated	<u>1905</u>					
Vision	R. E.—V=	<u>4/6</u>		R. E.—V=		
	L. E.—V=	<u>4/6</u>		L. E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)			(a)		
(b) Slight defects but not sufficient to Cause Rejection	(b)			(b)		
Approved by (Signature)	<u>Frederic Burden</u>					
(Rank)	<u>Lieut</u>					
	Medical Officer.					Medical Officer.
Enlisted	at <u>St. Johns</u>			at		
	on <u>27th</u>	day of <u>April</u>	1915	on	day of	191
Joined on Enlistment	Corps.	<u>1st</u> St. Helena D.		Regtl. No.	<u>1484</u>	
Transferred to						
Became non-effective by						
	on	day of	191	on	day of	191
(Signature)						
(Rank)						

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

Date	Brief Details, and Signature
<p>May 20th June 7th " 25th 15</p>	<p>1st Inoculation 500 Million 2nd 1000 Vaccinated at sea <i>JB</i></p>
<p>20. 3. 16.</p>	<p>Fit for active Service. <i>JB</i></p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<p><i>St. John's F.F.S.D.</i></p>					

ORIGINAL FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.



REGIMENT } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery or Company }
 or }
 CORPS }

D Company

Regtl. No. 1484 Rank Private

Name DAY, J.

Date April 23rd., 1917.

Died Place France.

Cause of Death* Killed in Action.

Nature and Date of Report B 213, 25/4/17.

By whom made O.C., Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Place _____

Burial Date _____

By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Yes. in A.B. 64 to P. & R.D. London.
 (b) in Small Book (if at Base) _____
 (c) as a separate document _____

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base } W. H. ... Lieut. for Lt. Col., Officer i/c Records Reg. Inf. Sec. 1, 3rd. Echelon, G.H.Q., B.E.F.

Station and Date 3rd. Echelon, 4/5/17.

DUPLICATE.
 SET TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P. 38. No. 11549/17
 DATED 17 MAY 1917

Extract of Will belonging to the late No. 1484, Private
J. Day, 1st. Newfoundland Regiment, who was "Killed in
Action", 83/4/17.

"In the event of my death I give all my property
and effects to Mrs. Sarah Day, 48 Mullock St.,
St. John's, Newfoundland.

unsigned
(Signature) -----

(Date) 8th., May, 1916.

CERTIFIED TRUE COPY

Bohler

Lieut. for Lt. Col.,
Officer i/c Records Reg. Inf. Sect. 1,
3rd. Echelon, C.H.Q., B.E.F.

May 4th., 1917.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *1484*

Rank

Pte.

Name

Day, H.

Died (a) *14th*

at

France

on the *28th* of *April*

191 *7*

Deserted at

11th

on the _____ of _____

191 .

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

Form 1.

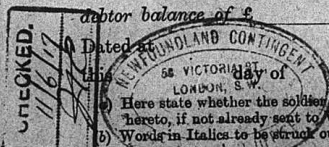
Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <i>23. 11. 17</i>	<i>21</i>	<i>13</i>	<i>5</i>
	Cash issues				Pay days at _____ from _____ to _____			
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay			
		£	s.	d.	days at _____ from _____ to _____			
	191				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
					Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Balance due by the Paymaster	<i>21</i>	<i>13</i>	<i>5</i>	Balance due to the Paymaster			
		<i>£21</i>	<i>13</i>	<i>5</i>		<i>£21</i>	<i>13</i>	<i>5</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *21 13 5* is correctly chargeable against the Public (b).

NEWFOUNDLAND CONTINGENT.

191

Paymaster:



(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

Kia
13-4-17.

25, Grandgate
Ayr.
20-5-17.

Rte. J. L. Day, No. 1484,
D. bay.
1/1st. Newfoundland Regt.,

Sirs

Could you please supply me
with information regarding the above man.
I have been told that he has been killed but
I should like to know if it is the case.

Will you let me know
at your earliest convenience and I shall be
greatly indebted to you.

Your still friend stamped

Yours faithfully
Isabel M. Lachlan.

envelope enclosed.

No.	251
Rec'd.	MAY 23 1917
Acc'd.	
Ans'd.	22/1/17
File No.	4854/1

4854/1

Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W.

23rd May, 7.

XXX Madam,

23rd inst.,

it is regretted that No. 1484, Pte. J.L. Day,
1st Newfoundland Regiment, was Killed in Action
on 23/4/17.

XXX Madam,

Major,

Paymaster & O. i/c Records.

Miss I. McLachlan,
25, Sandgate,
Ayr.

Day, J. L.

1484

My Dear

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 1484

Rank Pte.

Name Day, J.L.

Died^(*) 111 894

at France

on the 23rd of April,

1917

Deserted at

on the of

191

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.)

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <u>23/4/17</u>	21	13	3
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster	21	13	3	Balance due to the Paymaster			
		£	21	13		£	21	13

This account is in accordance with information received at the Pay & Record Office to 27/7/17 and is therefore subject to amendment if, and as may be found necessary.

I Certify the above account is correct in every particular and that the same is correctly chargeable against the Public Fund.



[Signature]
PAYMASTER & OFFICER IN CHARGE
1917

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form G. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 1484

Rank Pte.

Name Day, J.L.

Died(*) Will 294

at France

on the 23rd of April,

1917 .

Deserted at

on the of

191 .

I Certify to the correctness of above in every particular.

*Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month .. 23/4/17	21	13	3
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster	21	13	3	Balance due to the Paymaster			
		£ 21	13	3		£ 21	13	3

This account is in accordance with information received at the Pay & Record Office to 27/7/17 and is therefore subject to amendment if, and as may be found necessary.



NEWFOUNDLAND CONTINGENT.

A.O. Munnell Maj.
PAYMASTER & OFFICER IN CHARGE RECORDS
Paymas. (e)

CHECKED
11.6.17
J.H.C.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST. to **191** Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. **1484** Rank **Pte.** Name **Day, J.L.**

Died (a) **W111 294** at **France** on the **23rd** of **April,** 1917.

Deserted at _____ on the _____ of _____ 1917.

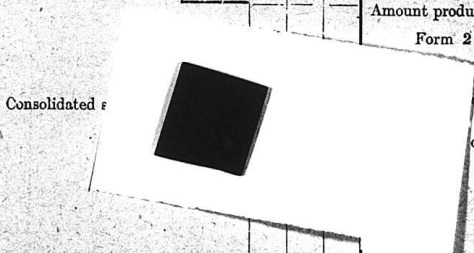
I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

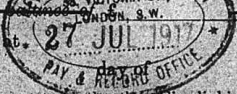
STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 23/4/17	21	13	3
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated				Savings Bank balance, including (if no balance, to be so stated)			
					or Gratuity			
	Balance due by the Paymaster	21	13	3	Balance due to the Paymaster			
		£ 21	13	3		£ 21	13	3



I Certify that the above account is correct in every particular.



NEWFOUNDLAND CONTINGENT.
H. J. ...
PAYMASTER & OFFICER IN CHARGE
Paymas. e.

CHECKED
11.6.17
gib

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

NEWFOUNDLAND CONTINGENT.

Copy of "Will"

of

1484, Pts. J.L. Day.

8th. of May 1916.

In the event of my death I give all my property
and effects to Mrs. Sarah Day, 48 Mullock Street,

St. John's Newfoundland.

Book opened 3/4/16.

J. Toohill, Lieut.,

for Officer i/c Infantry Section,
General Headquarters, 3rd Echelon.

Certified True Copy.

NEWFOUNDLAND CONTINGENT.

F.W. Marshall. Lieut.

DUPLICATE.

Army Form B. 2090A.

FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } **NEWFOUNDLAND REGIMENT.** Squadron, }
or } Troop, Battery } **D Company**
CORPS } or Company }

Regtl. No. **1484** Rank **Private**

Name **DAY, J.**

Died { Date **April 23rd., 1917.**

Place **France.**

Cause of Death* **Killed in Action.**

Nature and Date of Report **B 213, 25/4/17.**

By whom made **O.C., Unit.**



* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____

Date _____

By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) **Yes.**
(b) in Small Book (if at Base) _____
(c) as a separate document _____

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base

J. Hobson **Lieut. for Lt. Col., Officer i/c Records Reg. Inf. Sec. 1, 3rd. Bn. Royal Fusiliers, B.E.F.**

Station and Date **3rd. Bn. Royal Fusiliers, 4/5/17.**

Extract of Will belonging to the late No. 1494, Private
J. Day, 1st. Newfoundland Regiment, who was "Killed in
Action", 25/4/17.

"In the event of my death I give all my property
and effects to Mrs. Sarah Day, 48 Mullock St.,
St. John's, Newfoundland.

(Signature) *Amos*

(Date) 8th., May, 1916.

CERTIFIED TRUE COPY

Zoskie
Lieut. for Lt. Col.,
Officer i/o Records Reg. Inf. Sect. 1,
3rd. Echelon, C.H.Q., B.E.F.

May 4th., 1917.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James L. Day, Regl. No 1484
 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
9		Mathus Senia Day	48 Mulicks	60
6			St Johns	
5				
Commanding James th				
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.)

Officer Commanding
Company

St Johns
June 9

1916

(Sig.) James L. Day

(Rank) Pte

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$108 $\frac{92}{100}$

Nov. 26th 1917

Received from the First Newfoundland Regiment
the sum of One hundred eight $\frac{92}{100}$ Dollars.
~~on account~~
balance of Pay Estate

Ch. No.	1559	Initials	EWS
Pay Ledger	172	Initials	[Signature]
Gen. Ledger	161	Initials	[Signature]

Regtl. No. Rank

No. 1484

Rank

Pvt

Name

J. L. Day

Ernest Day

48 Mullock St

November 29th, 1917.

Ernest Day, Esq.,
48 Mullock Street, City.

Dear Sir,-

I enclose herewith cheque for \$108.92, being the balance due you as Administrator of the Estate of the late Pte. J.L.Day. I also enclose letter of Administration.

Yours faithfully,

Capt. & Paymaster

St. John
July 3rd / 15

DEPARTMENT
Reference No.
Date Rec'd.	JUL 6 1915
" Ack'd.
" Ans'd.
File

Mr. Montgomery

Sir would you please

forward to me Private James L. Day
alotment-papers

(No 1484)

and oblige his mother
Sarah Day

July 6th
D

Mrs. S. Day
48 Mullacker St.
City

1001

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

OCT 1 1951
7:20 PM

Dept. of Militia,

ST. JOHN'S. Nfld.

ST. JOHN'S Nfld.
OCT 2 1951
RECEIVED

Fold Here

Address

10-1-01

SEP 20 1921 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Mrs. Sarah Day (Mother)

in respect of his service as No. 1484 Rank Pte.

Name James L. Day Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received _____

Signature Ernest Day

Date Oct 2nd 1921

Address 2 1/2 Haywood Avenue

[P.T.O.]

Casualty Form—Active Service.

Regiment or Corps 2nd Lt. Newfoundland 1232
 Regimental No. C.R. 1484 Rank Pte. Name Wray, Jas. Lewis
 Enlisted (a) 17.4.15 Terms of Service (a) War Service reckons from (a) _____
 Date of promotion } _____ Date of appointment } _____ Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embark'd Southampton		28.3.16	
		Disembk'd ROUEN		30.3.16	
		<i>with 1st Battalion</i>	<i>France</i>	15.4.16	<i>B 213</i>
		<i>do With do</i>	<i>do</i>	4.4.16	<i>B 213</i>
				With BATT. 28.1.17	
<i>25.4.17</i>	<i>O.C. Unit</i>	Killed in Action	<i>France</i>	23 APR 1917	<i>B 213</i>
		COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. FILE NO. <i>1484/43</i> 17 MAY 1917	<i>Robin</i>		
				FOR O. I/c No. 1 Reg. Infantry Section G.H.Q. 3rd Echelon	



(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form—Active Service.



Regiment or Corps 21st Newfoundland.

Regimental No. 1484 Rank Pte. Name Day Jas Lewis

Enlisted (a) 27.4.15. Terms of Service (a) Nav. Service reckons from (a) _____

Date of promotion } _____ Date of appointment } _____ Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 56, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		<i>Embarked Southampton</i>		<i>28.3.16</i>	
		<i>Disembarked Rouen</i>		<i>30.3.16</i>	
	<i>Unit</i>	<i>Joined Batt.</i>	<i>France.</i>	<i>15.4.16</i>	<i>B 213.</i>
	<i>do</i>	<i>With do</i>	<i>do.</i>	<i>4.7.16</i>	<i>B 213.</i>
<i>25.4.17</i>	<i>Old Unit</i>	<i>Killed in Action</i>	<i>With Batt.</i>	<i>23.1.17</i>	
			<i>France.</i>	<i>23.4.17</i>	<i>B 213.</i>
			<i>Shookill Killed in Action o/c No. 1 Reg. Inf. Det. D.A. 3rd Field Co.</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) e.g., Signaller, Shoemaker, etc., etc., also special qualifications in technical Corps duties.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.....1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 1484..... Rank *Private*.....

Name..... *James G. Day*.....

Royal Newfoundland Regt.

..... *Ernest Day*..... (Sgd.)

..... *Father*..... Relationship.

Address..... *11 1/2 Haywood Avenue*.....

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

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 (32) W1857/604 40cm 2/15e-1 22 53

Forms
 B. 121.
 29.

Regiment of

1st Newfoundland

Number of Sheet

1

Signature of O. C. Company

W. J. Lewis

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<i>Lt James Lewis</i>	Age on	<i>19 April 17</i>	years	<i>5 months</i>		
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	<i>April 27th 18</i>		Religion	
Joined	Date					Methodist	
Joined	Date	Period of		with Colours	<i>36$\frac{1}{2}$ years.</i>	Place of Birth	<i>St John's</i>
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
				<i>Killed in Action 23rd 17</i>					

To be carried over

Army Form B. 121.