



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3159

Name

William A H Ehsary

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *William Alexander Hughes Ehsary*
2. What is your full Address? 2. *Southside
St John's West*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *29* years *3* Months
5. What is your Trade or Calling? 5. *Labourer*
6. Are you Married? 6. *Yes*
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? II. *Yes*

I, *William A H Ehsary*, 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 A H Ehsary..... SIGNATURE OF RECRUIT.

H. Harold Knight..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *William A H Ehsary*, 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 *St John's* on this *1st* day of *November* 191*5*.

Signature of Attesting Officer *H. Harold Knight*

† 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*5*

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).....

FOR THE DURATION OF THE WAR

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Alexander Hughes Ebsan
 Apparent age 29 years 3 months. Height 5 feet 40 inches
 Chest Measurement { Girth when fully expanded 41 inches
 Range of expansion 4½ inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Editha Ebsan
Southern | Relationship wife

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) <u>Editha Walter</u> <u>Spinster</u> | (b) <u>St John's</u> <u>1911</u> | (c) <u>Southern</u> <u>St John's West</u> | (d) _____ |
|---|-------------------------------------|--|-----------|

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| <u>Evelyn</u> | <u>April 1913</u> |
| <u>Ina</u> | <u>April 1914</u> |

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 _____ | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to _____ [date of discharge] _____ years _____ days | | | | | | | | | |
| " " " " Pensions " [" "] " " " | | | | | | | | | |



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

3189
C/E

No. 5189 Name William Alexander Hynes Elzany Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? William Alexander Hynes Elzany
2. What is your full Address? Southside St. Johns West
3. Are you a British Subject? Yes
4. What is your age? 29 Years 3 Months
5. What is your Trade or Calling? Labourer
6. Are you Married? Yes
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated? Yes
9. Are you willing to be enlisted for General Service? Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 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? Yes

I, William A. Elzany 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 A. Elzany SIGNATURE OF RECRUIT.
H. Harold Knight Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William A. Elzany 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 1st day of November 1916.

Signature of Attesting Officer John G. ...

†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 1916

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

Apparent age 29 years 3 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 4 1/2 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin

| Relationship

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) |
|--------------|--------------|--------------|--------------|
| <i>.....</i> | <i>.....</i> | <i>.....</i> | <i>.....</i> |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| <i>.....</i> | <i>.....</i> |

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 | |
| | | | | <i>1-11-16</i> | | | | | <i>Medical. 8 7/9</i> |
| | | | | <i>Joined at <u>St. As</u> on <u>September 1st 16</u></i> | | | | | |
| | | | | <i>Discharged <u>July 9, 1919</u></i> | | | | | |
| | | | | <i>No overseas service.</i> | | | | | |
| | | | | <i>Employed as <u>band leader</u> <u>Hospital</u> <u>28-7-18</u></i> | | | | | |
| | | | | <i><u>Demobilization</u> <u>St. As</u> <u>9-7-19</u></i> | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to 9-7-19 (date of discharge) 2 years 251 days

" " " Pensions " [" "] " " " "



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3159 Name William A H Ebsary Corps Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? William A H Ebsary
2. What is your full Address? St John's
3. Are you a British Subject? Yes
4. What is your age? 1 Years 3 Months
5. What is your Trade or Calling?
6. Are you Married?
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? No
8. Are you willing to be vaccinated or re-vaccinated?
9. Are you willing to be enlisted for General Service?
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ... { Name
Corps } **FOR THE DURATION OF THE WAR**
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? II.

I, William A H Ebsary 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 A H Ebsary SIGNATURE OF RECRUIT.

Harold Skynner Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William A H Ebsary 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 10th day of November, 1915.

Signature of Attesting Officer [Signature]

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been 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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Alexander Hynes Ebsary
Apparent age 29 years 3 months. Height 5 feet 4 inches
Chest Measurement { Girth when fully expanded 41 inches
Range of expansion 4 1/2 inches
Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Editha Ebsary
Southside | Relationship wife
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.

Editha (a) Walters (b) St Johns (c) Southside (d)
Spinster 1911. St Johns West

Particulars as to Children

Table with columns: Christian Names, Date and Place of Birth. Entries: Evelyn, Ina; April 1913, April 1914.

STATEMENT OF THE SERVICES

Table with columns: Corps in which served, Rgt. or Depot, Promotion, Reductions, Casualties, &c., Army Rank, Dates, Service not allowed to reckon, Service in Re-serve not allowed to reckon, Signature of Officers certifying correctness of entries.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *William A. Cleary*

aged *29 yrs. 1 1/2 months* completed at *CRB*

Date: *Oct 20/16* Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no - no.*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 } *n*
- 17 } *n*
- 18 } *n*
- 19 *to 1/2 def. 6/9 uph.*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

Report nos 1-19/16

yes, 5 years ago, left arm. scars.

5'4" 125 36 1/2 - 41

9/16 married wife

wife and 2 children South Side

Signature of Medical Examiner:

W. B. B. Sen

Ju

Levin

CR. 3189

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment Depot St. John's, dated 12-7-19.

The discharge of the undernoted on demobilization has
been CONFIRMED by Officer i/c Records from noted date
9
12-7-19.

3189, Cpl. W. Ebsary.

C.R.

3189

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

The discharge of the undernoted on demobilization has been APPROVED
by C.O. Discharge Depot with effect from 20-6-19.

3189 Cpl. Wm. Ebsary.

C.R. 3189

Extract of Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated April 14th/19.

Attached to Depot for Duty from 14/4/19 relinquishes
special pay as cook from that date.

#3189, Cpl. Wm. Ebsary.

C.R. 3189

Extract from Daily Orders part 11,
Depot St. John's dated October 30th.,
1918.

SPECIAL DUTY.

3189 Pte. W. Ebsary

Employed as cook from July 28th.,
at Convalescent Hospitals, special duty of 50¢ per
day from that date,

C.R. 3189

Extract from Daily Orders Part 11 Unit The Royal
Mfld. Regt., St. John's, Nov, 9th 1916.

3189 Pte. W.H. Edsary.

Attached to the Strength from Nov. 1st, 1916.

C.R. 3189

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 14th/19.

To be Corporal from 8/4/19.

#3189, Pte. Wm. Ebsary.



D 3189

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

October 28th/18 191

From Officer Commanding,
Depot.

To Paymaster & O. i/c Records,
Militia Department.

3189, Pte.W.Ebsary.

The above mentioned man has been cooking since July 28th when he was sent out to Donovan's as cook for the Convalescent Hospital and is now acting in that capacity at "Escasonia".

Is this man entitled to extra pay of 50 cents per day, please? I believe there is no settled establishment of cooks at Depot.

Robertson
Captain,
for O.C. Depot.

b

O. of Depot.

Working pay approved while attached
Cook.
Amaloune - Main





DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

April 8th., 1919.

From:- D. M. S.
To:- D. O. C.

3189, Pte. Ebsary, Wm.



On recommendation of the Medical Officer,
Military Hospitals Commission, I recommend
that the marginally noted man, now attached
to Escasoni Hospital, be given the rank of
CORPORAL.

Cluny Macpherson

Major, D. M. S.

GM-AMB.

pl. Capt.

Please carry out ^m recommendation

L. Ebsary

At. 20.6

To: Adj.

Please post in Part II Order form April 12

12/4/19

R.H. [unclear]



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

ROYAL RECORDS

April 14th., 1919.

From:- D. M. S.
To:- O. C., Discharge Depot.

3189, Pte. Ebsary, W.

The marginally noted man has applied for his discharge. Will you kindly have same carried out.

Cluny Macpherson

Major, D. M. S.

CM-AMB.

Esary, W. H.

3189

Ray Dept

July 9, 1919

#2189 Cpl. William Ebsary,

Franklin Avenue,

City

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2849

Yours truly

Captain
Paymaster & O.i/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3189 Rank Cpl Name Ebrary W
 Intended place of residence Franklin Creek St John
 2. Occupation Labourer
 Classification of soldier E Medical Category A

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 25 1919
 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 JUN 24 1919
ST. JOHN'S
 Signature of soldier
 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 24 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-10-16 No of days on Military
 Discharged from service 25-6-19 PLUS 14 DAYS... Service 994.....

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
 Date JUN 25 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place Agass. Rd
 Date July 9/1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

d 712079/2841

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3189 Rank Capt. Name Esbary Wm A.
 Date of Enlistment 20-10-16 Address Franklyn Ave District St. John's
 Occupation Laboured Classification for Discharge Exp Medical Category A.I.
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | | | |
|-----------|--------|--------|---|-----------|--------|---|
| N. F. 136 | B 268 | B 121 | 1 | N. F. Med | D.F. 1 | 1 |
| B 178 | W 3494 | B 122 | | Board 1st | " 2 | |
| B 178a | D 400A | B 1915 | 2 | do 2nd | " 3 | 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 | 1 | | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 25-6-19 O. C. Discharge Depot. H. Mas H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. Esbary

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$100.00

(b) Clothing Supplied _____

Wm Esbary

Date 25-6-19 O. i. c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Franklin Ave and Release Certificate No. 3032 issued.

Date 25-6-19

J.A. Snow Dept.
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 9-7-19

Date 25-6-19

J.A. Snow Dept.
Depot Paymaster.

Discharged approved for 25-6-19

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 25-6-19

J.A. Snow Dept.
O. C. Discharge Depot.

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 25 1919

R.H. Hart MAJOR
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

W. Elmer
Signature of Man.

Reg. No. *3189*

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

Place **ST. JOHN'S**

Date *25-6-15* 191

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

MEDICAL HISTORY

Surname E. Colson OF Christian Name Wm A.

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|--|------------------------|--------------------------------|------------------|
| | Right | Left | Right | Left |
| Examined | on <u>20</u> day of <u>Oct</u> 191 <u>6</u> | | on _____ day of _____ 191_____ | |
| | at <u>St. John's.</u> | | at _____ | |
| Declared Age | <u>29</u> years <u>3</u> mos. <u>5</u> days | | years _____ days _____ | |
| Trade or Occupation | <u>Labourer.</u> | | _____ | |
| Height | <u>5</u> feet <u>4</u> inches | | feet _____ inches _____ | |
| Weight | <u>150</u> lbs. | | lbs. _____ | |
| Chest Measurement | Grith when fully expanded ... <u>41</u> inches | | _____ inches _____ | |
| | Range of Expansion ... <u>4</u> inches | | _____ inches _____ | |
| Physical Development | _____ | | _____ | |
| Vaccination Marks | Arm | _____ | _____ | _____ |
| | Number | <u>2</u> | _____ | _____ |
| When Vaccinated | _____ | | _____ | |
| Vision | R.E.—V= <u>69</u> | | R.E.—V=_____ | |
| | L.E.—V= <u>66</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>Lammie Paterson</u> | | _____ | |
| (Rank) | <u>Major</u> | | _____ | |
| Enlisted | at <u>St. John's.</u> Medical Officer. | | at _____ Medical Officer. | |
| | on <u>1</u> day of <u>Nov.</u> 191 <u>6</u> | | on _____ day of _____ 191_____ | |
| Joined on Enlistment | <u>3rd</u> Corps. | Regtl. No. <u>3189</u> | Corps. | Regtl. No. _____ |
| Transferred to | _____ | | _____ | |
| Became non-effective by | _____ | | _____ | |
| (Signature) | _____ | | _____ | |
| (Rank) | _____ | | _____ | |



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 *Ebsary, William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3189*

Intended address *Franklyn Avenue City*

Height on discharge *5 Feet 3*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Short.*

Figure on discharge *Newman.*

Christian name of Father *Sarah*

Christian name of Mother *Sarah*

Wife's maiden name in full *Sarah Hynes*

Date and place of marriage *23 July 1912 St Johns*

Christian names of children *Evelyn, Ina, George, Fred,*

Place and date of soldier's birth *St Johns 23-7-1888.*

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 Ebsary

Corpl.
(Rank)

Station

Date

25-6-19.

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i c Hospital.
Unit, or Command Depot.

Station

Date

The Royal Newfoundland Regiment

Class for Demobilization:—

File

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *23-6-19*

Regimental No *3189*

Name *William Ebsary* Rank *Capt.*

Address *South St. Franklyn Avenue*

Present Medical Category *A1*

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

Members of Board

R.H. Saut Major
O.C. Discharge Depot.

Peterson
Senior Medical Officer

Deoburder
M. O. Depot

No. 3773



2 1st. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, William Aene. Gosney, Regl. No. 3189.

hereby agree, until further notification by me, and in similar official form to make an Allotment of 2 Dollars and 50 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 March 16.

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|---|----------------------|----------------------|
| <u>3009</u> | <u>wife</u> | <u>Mrs. Williams</u> <u>(Sister)</u> | <u>Fort St. John</u> | <u>20</u> |
| | | <u>Gosney</u> | | |
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| Total Allotment, \$ | | | | <u>20</u> |

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

(Sig.) Chas. R. Aye Cpt.
 Officer Commanding
 Company

(Sig.) William A. Gosney
 (Rank) Pvt.

PM.

3189 Ebsary

Full payment of W. S. G. is
authorized. Buoying boat and
motor.

W. J. D.

2/7/19

[Handwritten signature]

July 2nd / 19

Lo: Cool Rendall

Dear Sir:

I am perfectly satisfied for
Mr Ebsary to receive the full amount now
in Lieu of the \$30 separation allowance
Due me

Yours Respectfully

Editha Ebsary
Franklyn Ave



DEPARTMENT OF MILITIA

From. O.C. Discharge Depot
To. - Chief Staff Officer.

ST. JOHN'S
NEWFOUNDLAND

July 2nd 1919

3189 Ex-Corporal W.A. Ebsary.

The above named N.C.O. was employed on the Depot Staff as watchman at the Empire Barracks from April 14th 1919 to June 23rd 1919.

R.H. Lant Major

O.C. Discharge Depot.

Authorized as on
establishment

W.F.A.

✓
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 *William A Ebbesary*..... 2. Surname.....

3. Rank..... *Corporal*..... 4. Regt. No. *3189*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Franklin Avenue*
St. John's West.....

6. Date of enlistment in the Regiment..... *1st November 1916*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

Edith Ebbesary.....

8. Relationship of such dependents..... *wife*.....

9. Address in full of such dependents..... *Franklin Avenue St. John's West*.....

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..... *Only in Newfoundland*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1st November 1916 to*

25th July 25th June 1919.....

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

one

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.

none

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

no

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

no

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

no

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

no

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

19. Are you now serving in the Regt.? If not give? - (a) date of discharge (b) Reason for discharge.

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.

no

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:

William A. Ehsary

Place of Residence:

Franklyn, Arizone

Declared before me at:

St. Johns

This

2nd

day of

July

19*19*....

Chas. E. Hunt

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

Notary Public

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



21st. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, William Alex. Ebsary, Regl. No. 3189.

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Seventy 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 March 16.

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, AMOUNT (each person). Includes entry for Mrs. Williams (Ebsary's wife) with an amount of 70 cents. Total Allotment is 70 cents.

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

(Sig.) Chas. R. Aye Capt. Officer Commanding Company St John's. May 1916

(Sig.) William A. Gray (Rank) Pte.

N^o 3773



21st. NEWFOUNDLAND REGIMENT 16

ALLOTMENTS

I, William Aeneas Ebsary, Regl. No. 3189

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy 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 March

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|--|---------------------------------|----------------------|
| <u>300q</u> | <u>wife</u> | <u>Mrs Williams (Edith) Ebsary</u> | <u>Scout site St Johns.</u> | <u>70</u> |
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| Total Allotment, \$ | | | | <u>70</u> |

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.) Chas R. Aye Cpt.
Officer Commanding
St Johns. Company
March 1916

(Sig.) William A Ebsary
(Rank) Plt.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 250⁰⁰/₁₀₀

July 2 1919

Received from the First Newfoundland Regiment
the sum of Three hundred & Fifty Dollars.
~~one hundred~~ of Pay. W.S.G.
balance

| | |
|------------------|----------------|
| Ch. No. 2076 | Initials. E.S. |
| Pay Ledger 364 | Initials. W.N. |
| Gen. Ledger..... | Initials..... |

Regtl. No. Rank

William Ehravy

Reg. No. 3189 Rank Pl. Name Osborn W H.
Attested 1-11-16 Address South Side St Johns
Allotment 10⁴ Allotee Mr W (Edith) Osborn wife.
Date of Allotment Nov 1st 16 Returned from Overseas _____
Embarked for Overseas _____ Cause _____

Income 1st 7-11-16 2nd 13-11-16 3rd 20-11-16 Vac 23-11-16

Employed as Cook from July 28th 1918 at
Convalescent Hospital. Special Pay of 30[¢]
per day from that date.
In acting capacity from 6.4.19.

Relinquishes Special Pay as Cook from 14.4.19.
25.6.19 PASSED TO DEMOBILIZATION OFFICER
25.6.19 DISCHARGE APPROVED ON DEMOBILISATION.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
82.

Regiment of 1st Newfoundland

Number of Sheets Two
Signature of O. C. Company W. H. C. Capt.

| Regimental Number and Name | | Enlistment | | Trade |
|----------------------------|---------------|------------------------------|--|-----------------|
| No. | <u>3189</u> | Age on | <u>29</u> years <u>3</u> months | <u>Labourer</u> |
| Joined | <u>Feb 21</u> | Place and Date of Enlistment | <u>St. John's, N.F.</u> | Religion |
| Joined | _____ | | <u>1. 11. 16</u> | <u>R. of B.</u> |
| Joined | _____ | Period of | { with Colours <u>2</u> ²⁵ / ₃₆₅ years. with Reserve _____ years. | Place of Birth |
| Joined | _____ | | | _____ |

Good Conduct Badges, Service pay or proficiency pay

| 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 |
|-------|-----------------|------|----------------------|---------|--------------------|--------------------|---|-----------------|--|
| | | | | | | | | | <u>Demobilized St. John's 9³/₉</u> |
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To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

3189

DEMOBILIZATION OF

Reg. No. 3189 Rank Serjeant Name Ebsary Wm A.
 Date of Enlistment 20-10-16 Address Franklyn Ave. District St. John's
 Occupation Laborer Classification for Discharge 10 Medical Category A.ii.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

| | | | | | | |
|-------------|--------|--------|---|-----------|--------|---|
| N.F. P. 136 | B 268 | B 121 | 1 | N.F. Med | D.F. 1 | 1 |
| B 178 | W 3494 | B 122 | | Board 1st | " 2 | |
| B 178a | D 400A | B 1915 | 2 | do 2nd | " 3 | 3 |
| B 17b | D 400B | Form L | | do 3rd | " 4 | |
| B 178a | D 400C | Form K | 1 | do 4th | " 5 | |
| B 179b | B 103 | ME 2 | 1 | | " 6 | |
| B 179c | B 120 | M 93 | | | | |

Date 25-6-19 St. John's
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

W. Ebsary

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$ 60.00
- (b) Clothing Supplied _____

W. Ebsary

Date 25-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at Franklin Ave and Release Certificate No. 3032 issued.

Date 25-6-19

J.A. Knowlton
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-1-19

Date 25-6-19

J.A. Knowlton
Depot Paymaster.

Discharge approved for 25-6-19

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 Ist. | " 2 |
| B 178a | D 400A | B 1915 | do 2nd | " 3 |
| B 179 | D 400B | Form L | do 3rd | " 4 |
| B 178a | D 400C | Form K | do 4th | " 5 |
| B 179b | B 103 | ME 2 | | " 6 |
| B179c | B 120 | M 93 | | |

Date 25-6-19

J.A. Knowlton
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 25 1919

R.H. Lait MAJOR
O. C. Discharge Depot.

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

Date July 19/19

J.A. Knowlton
for O.C. Depot