



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4972 Name Charles Jay Corps CofC.

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

- |  |                                     |
|--|-------------------------------------|
| 1. What is your name? .....  | 1. <u>Charles Jay</u>               |
| 2. What is your full Address? .....  | 2. <u>George Street C.P.</u>        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                       |
| 4. What is your age? .....   | 4. _____ Years _____ Months         |
| 5. What is your Trade or Calling? .....  | 5. <u>Postman</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 _____<br>Corps _____ |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                      |

I, Charles Jay 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.

9-5-15

Charles Jay SIGNATURE OF RECRUIT.  
J. D. [Signature] Signature of Witness.

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

I, Charles Jay 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 9 day of May 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 May 9th 1915  
Place St. John's } 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

4972

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

Name Charles Fry  
 Apparent age 19 years      months. Height 5 feet 3 1/2 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 5 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Charles Fry  
George Town C.B. | 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>9-5-1918</u>										
Joined at <u>St John's</u> on <u>May 9-1918</u>										
<u>Discharged July 31 1919</u>										
<u>Embarked St John's train to Halifax N.S. 11-6-1918</u>										
<u>To Newfoundland for demobilization 24-6-1919</u>										
<u>Arrived Newfoundland 1-7-1919</u>										
<u>Remobilization St John's 3-7-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>31-7-1919</u> (date of discharge)										
Pensions										

C. V. Fry

C.R. 4972

~~HRD~~

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

## MEDICAL HISTORY

Surname Fry OF George Christian Name Charles

Table I.—GENERAL TABLE.

Birthplace:—Parish George Town, Piquet Co. Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	on <u>9</u> day of <u>May</u> 191 <u>8</u>	at <u>St Johns</u>	on	at
Declared Age.....	<u>19</u> years	days	years	days
Trade or Occupation .....	<u>Fisherman</u>			
Height .....	<u>5</u> feet	<u>3 1/4</u> inches	feet	inches
Weight .....		<u>113</u> lbs.		lbs.
Chest Measurement {	Girth when fully expanded....	<u>35</u> inches		inches
	Range of Expansion .....	<u>5</u> inches		inches
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....			
Number.....				
When Vaccinated .....				
Vision .....	L. E.—V= <u>6/6</u>		R. E.—V= <u>6/6</u>	
(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>L. J. P. P. P.</u>			
(Rank)				
Enlisted .....	at <u>St Johns</u>	at		
	on <u>9</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment.....	<u>The Royal Nfld Regt</u>	<u>11972</u>		
Transferred to.....				
Became non-effective by .....	on	day of	191	on
(Signature)			day of	191
(Rank)				





NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal A. Esc. fourteenth* Former Trade } *Fisherman*  
 or Occupation }
2. Regtl. No. *1992* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps ;  
 with Regtl. Nos.
4. Name *Jay* *Charles*  
 (Surname) (Christian Names)
5. Age last birthday *20*
6. Posted for duty on *May 9/18* at *St John's*  
 in category (or grade) .....
8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
 (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability. *nil*

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*Contracted Influenza at Boreas  
 Barrack Camp treated in Hospital  
 and cured. Was turned from Draft  
 to force account of Ammunition and great Chest. Put  
 on Louis and Special Services and condition has greatly improved.*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (i) Service during the present war .. .. .
- (ii) Previous active service .. .. .
- (iii) Climate in pre-war service .. .. .
- (iv) Ordinary military service before the war .. .. .
- (v) Serious negligence or misconduct on the man's part. } .. .. .

14 (a). If not due to any of these causes, to what specific condition do you attribute it ? }

15. What is his present condition ?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*He complains of no disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

16. Was an operation performed ? If so, when and what was its nature ?

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

18. \*In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

20. Do you recommend—

- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?

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

*Repatriation*

*Mick*

*Majr R. J. ...*

Station *24. Zealey, L. ...*

Medical Officer in charge of case.

*J. D. ...*

Date *14/19*

\* 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



C.R. 4972

extract from daily orders part II Royal Newfoundland Regt.  
depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has  
been CONFIRMED by officer i/c Records from noted date  
31-7-19.

4972, Pte. C. Fry.

C.R. 4972

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 19th, 1919.

The discharge of the undernoted on demonilization has been  
APPROVED by O.C. Discharge Depot with effect from 17-7-19

4972 Pte. C. Fry.

CR 4972

Extract from Daily Orders Part II Unit The Royal Field, Regt.  
St. John's, July 3rd 1919.

4972 Pte. C. Fry.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed  
Glasgow 24th June, 1919.

C.R. 4972

Extract from Orders by Lt. Col., B.J. BARTON,  
COMMANDING 2nd., BATTALION OF THE NEWFOUNDLAND  
REGIMENT? DATED 31-10-18.

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#4972 Pte. C. Fry

THE HAVING REPORTED BACK FROM THE 1st., BATTALION IS TAKE

ON THE STRENGTH AND POSTED TO "H" CO.,

BC..

C.R. 4972

Extract from Daily Orders Part 11. from Unit The Royal Wfld.  
Regiment, St. John's, dated June 14th 1918.

~~4972~~ Pte C. Fry

4972

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orders part 11, from Unit The Royal Hfld.  
Regt. St. John's, dated May 10, 1918.

#4972 Pte. C. Fry.

Attested for General Service with the Royal Hfld. Regt.  
from 8.5.18

C.R. 4912

May 21st, 1918

Mrs. Charles Fry,  
Briggs,

Dear Mrs. Fry:-

In answer to your wire of yesterday's date, I beg to say that No. 4972, Private Charles Fry is in Barracks here, and in good health. You were misinformed when you heard that he was in hospital.

Yours faithfully,

*W. A. W.*

For Chief Staff Officer.



## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 18 Sent by W. Fry Rec'd by W. Fry Check 10/ No. \_\_\_\_\_

Place from \_\_\_\_\_

Breghus Is  
Major Walter Rendell  
Militia Dept.



4972  
 Heard pte Charles  
 Fry Hospital anxious  
 Know particulars  
 wire promptly  
 Mrs Charles Fry

4972. Pte Charles Fry. Georgetown Breghus

~~At~~ In barracks St Johns  
 and in good health.



FORM 

NEWFOUNDLAND CONTINGENT  
66, VICTORIA ST.  
LONDON, S.W. 1  
10 JUL 1918  
PAY & RECORD OFFICE

No. 4457



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Charles Fry, Regl. No. 4972  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
         Dollars and 60¢ Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 16-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4250	mother	Mrs Charles Fry (elder)	Leaves Tower 16 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.) W. Summers Lt  
 Officer Commanding  
B Company  
M. John  
11-6-1918

(S) Charles Fry  
 Rank) Pte.  
 Witness W. Summers

To: - The Chief Paymaster,  
Royal Newfoundland Regiment,  
88 Victoria Street,  
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.  
Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
1972	Lt	Lieut C.	£250	<i>C. Lee</i>

I have the honour to be, Sir,  
Your obedient Servant.

*C. Lee*

ato

*July 1/18*

No. 16452/1784.

N.F.P. 179.

NEWFOUNDLAND CONTINGENT

From:

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

To

Officer Commanding,  
2nd. Bn. Royal Nfld. Regt.,  
Winchester.

October 11th, 1918

Oct. 16<sup>th</sup> 1918

Subject: 4972, Pte. C. Fry,

With reference to the following telegram (8746 ) from the Hon. Minister of Militia, received

"Pay to 4972, Pte. C. Fry, £1.0.0.

Draft £1.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

*J. Barker* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.          Batt'n  
Royal Newfoundland Regiment

Received the sum of £1-0-0  
One pound. on account of  
cable remittance from Newfoundland.

*C. Fry* + his mess  
No. 4972 Rank Pte

*J. H. Marshall* att.  
Chief Paymaster & O. i/c Records

Witness *J. Wanner*

Fry, Charles

4972

Fry - Sept

July 31st 1919.

#4973, Pte.C.Fry  
Georgetown. Brigus.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3285.

Yours truly,

Capt. - Kaymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4973 Rank Pte Name Fry G  
 Intended place of residence Georgetown  
 2. Occupation fisherman  
 Classification of soldier 2 Medical Category AI

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 JUL 17 1919

*[Signature]*  
 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, ST. JOHN'S

Date JUL 17 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 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, ST. JOHN'S

Date JUL 17 1919

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 9-5-18 No. of days on Military  
JUL 17 1919 Service 449  
 Discharged from service Plus 14 days

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date JUL 17 1919

*[Signature]*  
 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

Date July 31/1919

*[Signature]*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*[Handwritten note]* 1582 1622 3285

23  
30  
31  
84

# The Royal Newfoundland Regiment

Class for Demobilization: —

*86*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 16/19*

Regimental No. *4972*

Name

*Fry Charles*

Address

*Georgetown P. Angus*

Present Medical Category

*A1*

Recommended for: (a) Immediate discharge

(b) ~~Standing~~ Medical Board

*L.R. Cooper Capt*  
O.C. Discharge Depot.

Members of Board

*J.P. Brown*  
Senior Medical Officer

*See Borden*  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4972 Rank Plt Name Joy L  
 Date of Enlistment 9.5.18 Address Georgetown District Brigus  
 Occupation Fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P136	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 July 12/19 O. C. Discharge Depot. Mus H

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Chas x Joy w/lf*  
*Mark w/lf*

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
- (b) ~~Clothing Supplied~~

*M. B. ...*

Date 17-7-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2441 to his home at George town and Release Certificate No. 3671 issued.

Date 17-7-19 *Ambleton*  
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 31-7-19

Date 17-7-19 *H. News H*  
Depot Paymaster.

Discharge approved for 17-7-19

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 17-7-19 *Ambleton*  
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 JUL 17 1919 *L.R. Cooper Capt.*  
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.

*Chas. W. Fry*  
Signature of Man.

*M. Blount*

Reg. No. 4973

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **17-7-19.** 191



## 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 *Charles Fry*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4972*

Intended address *Georges Town, Bridgetown,*

Height on discharge *5* Feet *5* inches

Color of hair on discharge *Black,*

Complexion *Fair,*

Color of eyes *Brown,*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium.*

Christian name of Father *Charles*

Christian name of Mother *Helen*

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

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

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

Place and date of soldier's birth *Bridgetown, Aug 11<sup>th</sup> 1898*

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) *Charles Fry* *Pte.* (Rank)

Witness: *W. J. Underley* (Rank)

Date *15-7-19*

ST. JOHN'S. Station

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 \_\_\_\_\_

August 1st 1919.

Mr. C. Fry,

Georgetown, Brigus, C.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 war Ser-  
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.

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..... *Charles* ..... 2. Surname..... *Gry* .....

3. Rank..... *PLC* ..... 4. Regtl. No..... *4972* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Georgetown, Brigus, C.B.* .....

6. Date of enlistment in the Regiment..... *May 9, 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*no*

8. Relationship of such dependents..... *no* .....

9. Address in full of such dependents..... *no* .....

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

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Fourteen months* .....

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

*no*

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

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

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

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.

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

(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

*July 21/19*

*(b) Reason for discharge Demob*

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.

*England*

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.

Signature of Applicant: <sup>his</sup> Charles X. Gray  
 Place of Residence: Georgetown, Berms. CB  
 Declared before me at: St John's  
 This 17 day of July 1919.....

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John McCarthy J.P.*

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependents.	War Service Gratuity.	
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.				Registrar

SEPARATION ALLOWANCE.

Claimant... *Ellen Fry*..... *Mother*.....

On account of *Charles Fry*..... No. *4272*.. Rank *Plt*.....

Decision... *Refused*.....  
*husband not totally incapacitated*.....

Date... *Apr. 23/1920*.....  
*Wpt Russell Flint Co*  
*M. Dowling Major*

Instructions.....

Allotment of *60* <sup>*¢*</sup> per day payable to *Mrs Charles Fry*  
his *mother* from *16/6/18* to *31/7/19*.  
Discontinued on account of *being discharged*  
*J. C. Summey*



ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Barrister  
Separation Allowance Branch  
St. John's, Nfld.

- (1) Name in full of soldier      Rank      Reg't or Unit      Reg't No.  
*Charles Gray*      *Private*      *# 4*      *4972*
- 
- (2) Age of soldier      Married or single  
*22 years old*      *Single*
- 
- (3) Name in full of mother      Age. Occupation      Permanent Address  
*Ellen Gray*      *45. Homeless*      *St. John's*
- 
- (4) Give name of your husband      Age. Occupation      Where employed  
*Charles Gray*      *50. Fisherman*      *—*
- 
- (5) If your husband is not supporting you give the reason. *Doesn't believe with money or does for past two years*
- 
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). *Not totally.*
- 
- (7) If you are a widow, state date and place of death of your husband      *—*
- 
- (8) Have you married again since death of above mentioned husband?      *—*
- 
- (9) Names of your other children.      Address in full      Age. Occupation, Married or single
- |                      |                   |           |                         |                |
|----------------------|-------------------|-----------|-------------------------|----------------|
| <i>James H. Gray</i> | <i>St. John's</i> | <i>24</i> | <i>Fisherman</i>        | <i>Single</i>  |
| <i>Mary Susannah</i> | <i>St. John's</i> | <i>20</i> | <i>Housewife</i>        | <i>Married</i> |
| <i>Beulah</i>        | <i>St. John's</i> | <i>13</i> | <i>at home</i>          | <i>—</i>       |
| <i>Mary Jane</i>     | <i>"</i>          | <i>9</i>  | <i>Living to school</i> | <i>—</i>       |
- 
- (10) State amount earned by (a) Yourself      *Nothing*  
(b) Your husband      *Nothing for two years.*
- 
- (11) State amount and source of any other income

- (12) State value of real property belonging to you and your husband *\$ 300*
- (13) State value of personal property belonging to you and your husband *None*
- (14) If husband is dead state value of real and personal property left by him
- (15) Actual amount contributed by soldier during the year prior to his enlistment *About \$100*
- (16) Was this amount contributed weekly or monthly *Whenever it could be earned*
- (17) Did this amount include payment of son's board, etc? *Yes*
- (18) State your son's trade or occupation prior to enlistment *Fisherman*
- (19) State amount of his wages per week *Small fish at end of voyage*
- (20) State name and address of his last employer *J. W. ...  
Burgess*
- (21) State amount of monthly support from son since enlistment *from \$9.45 to \$15.*
- (22) State amount of allotment received by you from son since enlistment *don't know*
- (23) State from what date did you receive Allotment? *July 9<sup>th</sup>, 1918.*
- (24) Actual amount contributed by other children 

	Weekly	Monthly
--	--------	---------

*James is the only one who contributes  
He gives us about \$100 a year*
- (25) Are any of these children in the employ of you or your husband? *No*
- (26) If not receiving support from other children, state cause. Explain fully.  
*combine in name the others too young to*
- (27) With whom are you residing at present? *with my husband*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

*No*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

*No*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

*No*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

*No*

(32) In what capacity and in what place?

—

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

*No*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant *Ellen J. Gray*

Place of Residence *George Town, Brigus*

Declared and subscribed before me at *Brigus* this *22<sup>nd</sup>* day of *February* 1920

*(Being first read over and explained)*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *J. B. Thompson*  
*The Mag*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee *Oliver Gashaw*  
*(Methodist Clergy)*

*J. B. Thompson*

May 4, 1920

Mrs. Ellen Fry,  
Georgetown,  
Brigus.

Dear Madam: -

With reference to your application for Separation Allowance, I have been directed to state that same cannot be granted to you, because your husband is not totally incapacitated, and consequently you cannot be considered to be totally dependent upon your son.

Yours truly

Major

Paymaster.

FORM K

Nº 4457



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Fry, Regl. No. 4972  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ..... Dollars and 60¢ Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins 16 - 6 - 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4250	Mother	Mrs Charles Fry (Ellen)	Georges Town G. 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.) W. Summers  
 Officer Commanding  
B Company  
M. Johns  
11 - 6 - 1918

(Sig.) Chas X Fry  
 (Rank) Pte  
 Witness W. Summers

9078

4/2/20

4972 To Charles Fry  
Georges Town

Your m<sup>s</sup> due & paid

Dear Sir

I am writing to  
you concerning my War services  
gratuity; I have received  
your Months Pay at 10-00  
per Month; I understood  
I was getting six Months Pay  
so I thought I would  
drop you a line ~~ago~~  
about it; I haven't received  
my Pay since 10/11/19

Charles Fry

Please let me know

if there are any more  
to come

Cover

4972

February 21, 1920

Chas. Fry,  
Georgetown.

Dear Sir:

With reference to your letter of recent date, I beg to inform you that War Service Gratuity has been paid to you in full, and that four month's is the total amount due.

Yours truly,

Lieut.  
For Paymaster

ST. JOHN'S, July 17<sup>th</sup> 1919

**Royal Newfoundland Regiment.**

Billeting Account,

To Mr. C. Fry

Billeting Soldiers as undermentioned

from July 1<sup>st</sup> 1919 to July 17<sup>th</sup> 1919

ACCOUNT	<u>Btm</u>
OR. NO.	<u>3456</u>
INITIALS	
IND. LOGGER	
INITIALS	
PAY LOG	
INITIALS	
GEN. LOG	
INITIALS	

4973 - Mr. C. Fry

17 20

(Sic)

© of Fry

his  
mark

Certified correct for \$ 17. 20

A.J

Billings Officer

Billeting Officer.



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

---

Fold Here

---

[0.1/0.]

OCT 15 1921 \_\_\_\_\_ 1921.

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

~~Charles Fry~~

in respect of his service as No. 4972 Rank Pte.

Name

C. Fry

Royal Nfld. Regt.

~~Middlesex Regiment~~

Receipt of the same should be acknowledged hereon.

Received

British War Medal

Signature

Charles Fry

Date

18<sup>th</sup> November 1921

Address

George Town C.B.

[P.T.O.]

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.). King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps..... Royal Newfoundland Former Trade } Fitterman  
or Occupation }
- 2. Regtl. No. 4972 3. Rank..... Plt 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Joy Charles (a) Former Regts. or Corps; with Regtl. Nos. ....  
(Surname) (Christian Names)
- 5. Age last birthday..... 20
- 6. Posted for duty on 22/9/18 at St. Johns in category (or grade).....
- 8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability. nil
- 12. Place of origin of disability. nil
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. Contracted influenza Highdown Camp, treated in Hospital and cured was turned down from draft on account debility & flat chest. put in tonics and special exercises and condition has greatly improved

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service .. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the man's part. } .. .. .

*na.*

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

*Re Compulsions oper disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
  - (b) Change to United Kingdom?

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

*Repatriation*

*WARR*

Station *Hazley Down* .. .. .

Date *8/14/19* .. .. .

*Major [Signature]*  
 Medical Officer in charge of cases

\* 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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
59

Number of Sheet 001

Regiment of Royal New Forest

Signature of O. C. Company C. A. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	Fisherman		
			months			
4972	Py. Chas	19				
Joined	Date	Place and Date of Enlistment		Religion		
				C of E.		
Joined	Date	Period of	with Colours	Place of Birth		
			years.			
Joined	Date		years.	George Thomas C. Ray		

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
Nazeles & Co	28/10-18	Pte		I Hesitating to obey an order. II Using disrespectful language to an NCO.	C. Newark	8 days C.B.	28/10-18	Lt Col B J Barton	M.H.
				Demobilized	St John's	31/19			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

D  
4972

## DEMOBILIZATION OF

Reg. No. 4972 Rank Plt Name Joy L  
 Date of Enlistment 9.5.18 Address St. John's District Banguo  
 Occupation Firearm Classification for Discharge K Medical Category 1E  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 200	B 121	/	N.F. Med. s.	D.F. 1.	/
B 178	W 2494	B 122		Board 1st.	" 2.	
B 178a	/ D 400A	B 1915	/	do 2nd.	" 3.	B
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 July 16/19

R. Mus H  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*Chas x Joy wife  
Mark wife*

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 17-7-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2441..... to his home at George town..... and Release Certificate No. 3671..... issued.

Date 17-7-19.....

Ambrose  
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 31-7-19.....

Date 17-7-19.....

H. Mansell  
Depot Paymaster.

Discharge approved for.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.....	B 288.....	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.....		

Date 17-7-19.....

Ambrose  
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 JUL 17 1919.....

K.R. Cooper Capt.  
O. C. Discharge Depot.

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

Date July 19 1919.....

Reg. No. *4977* Rank *Pfc.* Name *2nd Lt. George H. C. ...*  
Attested ... Address *George H. C. ...*  
Allotment ... Allottee ...  
Date of Allotment ... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge*

*16 7 19*

**PASSED TO DEMOBILIZATION OFFICER**

*17 7 19*

**DISCHARGE APPROVED ON DEMOBILISATION.**