



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5245 Name Ronald Gorse Corps CyB

Questions to be put to the Recruit before Enlistment.

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

I, Ronald Gorse 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.

Ronald Gorse SIGNATURE OF RECRUIT.

W. B. Richards Signature of Witness.

I, Ronald Gorse 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 21 day of May 1918.

Signature of Attesting Officer W. B. Richards Lieut

†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 21 1918

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).....

C.R. 5245

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt. St. John's, 11-7-19

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records ⁸ 11-7-19.

5245 Pte. Ronald Gosse.

C.R.

5245

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

Date

June 18th 1919.

5245, Pte. R. Gosse.

Reported at Headquarters

1/6/19. sz "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5245

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Raven Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5245 Pte. R. Gosse.

C.R. 5245

Extract from Nominal Roll of Draft No. 86, from the 3rd.,
Battalion of the Regiment, Winchester to the 1st., Battalion
of the Regiment, E. S. F. Embarked Southampton 25/11/18.

#5345 Ote. R. Gosse.

C.R. 5245

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

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

#5245 Pte. Ronald Gosse.

C.R. 5245

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 22, 1918.

#5245 Pte. Ronald. Gesse.

Attested for General Servicewith the Royal Nfld. Regt.
from 22.5.18

C.R. 5245'

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, June 25th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge B^dpt with effect from 24-6-19.

5245 Pte. R.Gosse.

R. Hesse

C.R. 5245

H. H. O.

Medical Report on an Invalid.

Station Hazeley Down
 Date 1/5/19

1. Unit Royal Newfoundland 7. Former Trade } Statesman
 or Occupation }
 2. Regimental No. 5245
 3. Rank plc
 4. Name Gosse Ronald
 5. Age last birthday 22
 6. Enlisted { on May 21/18
 at St John's

- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No. ;
 (c) Date of Discharge ;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- } na.

13. What is his present condition?

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

He complains of no disability.

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

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

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

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

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

na,

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

na,

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

na,

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

na.

Repatriation

20. Do you recommend—

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

W. F. Proemier - Capt RDMC
Officer in medical charge of case.

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

Station *Hazeley Down*

Officer in charge of Hospital.

Date *1/5/19*

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

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

N^o 4107



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ronald Green, Regl. No. 5245
 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 July 12

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
4226	Mother	H. Green	Chapel Hill N. 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.)

Officer Commanding
Company

St John's
June 12 1917

(S) Ronald Green

(Rank) Private

No. 4107 A



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ronald Gosse, Regl. No. 5245 hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz.:

Allotment begins July 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4236	Wife	Josephine Warner	Chaffell Arms H. B.	60
Total Allotment, \$				60

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.) _____
Officer Commanding Company
St John's
June 12 1918

(Sig.) Ronald Gosse
(Rank) Private

No. 5245 Name Gosso. F.P.

Sqn., Batty.,
or Company

D.

Corps

P. Newfoundland

Date of
enlistment

21/5/18

G.C.
Badges

Service or
Proficiency Pay

Good

Date of last entry in
Company Conduct Sheet

No. and date
of last drunk

Period not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

M. L. Capt.

Character

Army Form B. 122.

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
Field	8.4.19	Pte		Def 12/-	B. McShew	Pay for same	8.4.19	Major Bernard	

Lasse, R

5245

Ray Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5245 Rank Plt Name Gosie R
 Intended place of residence Bluffel Arm Trinity
2. Occupation Fisherman
 Classification of soldier E Medical Category A 2
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 23 1919

Mus H
 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 23-6-19

Ronald Gosie
 Signature of soldier

J. A. Snow
 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 23-6-19

Ronald Gosie
 Signature of soldier

James O. Newman
 Signature of witness
 Sp.

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service 24-6-19 Plus 14 days Service 414

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 24 1919

R. H. Sait Major
 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 8/1919

M. Bowley Capt
 Officer in Charge Records

The Royal Newfoundland Regiment

a 987079/2415

July 8, 1919

#5245 Pts. Ronald Gosse,
Chapel Arm, T.B.

Dear Sir: - Please find enclosed Discharge Certificate
#2815

Yours truly

Captain
Paymaster & O. I. & Records

The Royal Newfoundland Regiment

Class for Demobilization: 7
6.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 23.6.19

Regimental No 5245

Name Sasse Ronald Rank

Address Chapel St

Present Medical Category A1

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

H. Pearson
Senior Medical Officer

J. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2245 Rank Plt. Name James R.
 Date of Enlistment 2-5-18 Address Chapelham District St. John's
 Occupation Fisherman Classification for Discharge 17 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 23-6-19 O. C. Discharge Depot. M. J. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £65.00

(b) Clothing Supplied _____

Date 23-6-19 O. i. c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 18947795 to his home at Chappel arm and Release Certificate No. 2969 issued.

Date 23-6-19 J.A. Snowball
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 8-7-19

Date 23-6-19 J.A. Snowball
Depot Paymaster.

Discharged approved for 24-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	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
E 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 23-6-19 J.A. Snowball
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 24 1919 R.H. Sait 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.

Ronald Gosse.

Signature of Man.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Reg. No. 5245

Place ST. JOHN'S.

Date 23-6-19 191

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

MEDICAL HISTORY

OF

Surname

Prose

Christian Name

Ronald

Table I.—GENERAL TABLE.

Birthplace:—Parish

Shappleton St.

County

Nfld

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>21</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	at <i>St Johns</i>	at		
Declared Age	<i>27</i> years	—	days	
Trade or Occupation	<i>Fishermen</i>			
Height	<i>5</i> feet <i>3/4</i> inches		feet	inches
Weight	<i>125</i> lbs.			lbs.
Chest Measurement	Girth when fully expanded	<i>36 1/2</i> inches		inches
	Range of Expansion	<i>3 1/2</i> inches		inches

Vaccination Marks	Right	Left	Right	Left
	/			

Vision	R.E.—V= <i>6/6</i>	R.E.—V=
	L.E.—V= <i>6/6</i>	L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *A. J. [Signature]*

(Rank) *Major* Medical Officer.

Enlisted at *St Johns* on *21* day of *May* 191*8*

Corps	Regtl. No.	Corps	Regtl. No.
-------	------------	-------	------------

Joined on Enlistment *Royal 5244*

Transferred to *Nfld Regt 5245*

Became non-effective by

(Signature) on day of 191 on day of 191

(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 *Gosse, Ronald*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5245*

Intended address *Clapple Arms Bay.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Short*

Figure on discharge *Short*

Christian name of Father *Mary*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Spaniard Bay 23-2-1896*

Nature and locality of civil employment required *—*

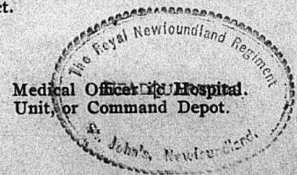
I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Ronald Gosse* *St*
(Rank)

Station *—* Date *21-6-19*

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

Station *—* Date *—*



Medical Report on an Invalid.

Station Hazelton

Date 1/5/19

- | | | |
|----------------------|---------------------------|--|
| 1. Unit | <u>Royal Newfoundland</u> | 7. Former Trade } <u>Trickman</u> |
| 2. Regimental No. | <u>5265</u> | or Occupation } |
| 3. Rank | <u>Pte</u> | 7A. If with previous service in Army, state— |
| 4. Name | <u>George Ronald</u> | (a) Former Unit; |
| 5. Age last birthday | <u>22</u> | (b) Regimental No.; |
| 6. Enlisted | { on <u>May 18</u> | (c) Date of Discharge; |
| | { at <u>St John's</u> | (d) Cause of Discharge. |

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

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

13. What is his present condition?

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

He complains of no disability

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

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

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

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

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

na

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

na

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

na

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

na

Repatriciation

20. Do you recommend—

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

W. E. Procmier
Sgt. H. M., Capt Ramc

Officer in medical charge of case.

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

Station *Hazley Down*

Date *1/5/19*

Officer in charge of Hospital.

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

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

Army Form B. 103.

Regimental Number 5245

Casualty Form - Active Service.

Regiment or Corps Newfoundland R

Rank Pte Surname Gosse Christian Name R

Religion C of E Age on Enlistment 22 years — months

Enlisted (a) 21/5/18 Terms of Service (a) Duration Service reckons from (a) 21/5/18

Date of promotion to present rank Date of appointment to lance rank

Extended (.....) Re-engaged (.....) Qualification (b)
or Corps Trade and Rate

Occupation Fisherman N. Roy Capt Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.35, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.35, or other official documents
Date	From whom received				
			Embarked ...		
			Disembarked... <u>28 NOV 1918</u>		
			Joined Ent. ... <u>5</u>	<u>JAN 1919</u>	
		<u>Arrived in UK</u>		<u>23/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c (17591). Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 2256.)

Next of Kin: Mother: Mrs Mary Gosse: Chapel Arm: Trinity Bay: N.S.C.D.

August 16, 1919

Mr. Ronald Gesse,
Chapel Arm, T.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 Service Gratuity.

Yours truly

Captain & Paymaster.

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..... *Ronald* 2. Surname..... *Goose*

3. Rank..... *A/c* 4. Regtl. No..... *5245*

5. Address in full to which future payments of gratuity are to be forwarded..... *Chape arm I B*

6. Date of enlistment in the Regiment..... ~~at~~ *May 20/18*

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 Nfld, if so, give dates and particulars of such service..... *Overseas*

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

..... *2 weeks* 1. $\frac{3}{4}$

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.

no

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

no

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

no

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

no

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

no

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

no

19. Are you now serving in the Res? If not give- (a) date of discharge.

no

Aug. 5/19

Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so, give particulars of places and dates of such service.

France and Germany

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

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

Signature of Applicant: *Ronald Gorse*
 Place of Residence: *Chapel Hill N.C.*
 Declared before me at: *Tr John*
 This *23* day of *June* 19...*19...*

John W. McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

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

ST. JOHN'S, June 23rd /19

Royal Newfoundland Regiment.

Billeting Account,

To Mr. R. Gosse

Billeting Soldiers as undermentioned

from June 1st /19 to June 15th /19

5245 Mr. R. Gosse 15 50

ACCT. UNIT	INITIALS
CH. NO. <u>24783</u>	INITIALS <u>Ed.</u>
IND. LEDGER	INITIALS <u>7</u>
PAY LEDGER	INITIALS <u>7</u>
GEN. LEDGER	INITIALS <u>7</u>

Certified correct for \$ 15. 50

R. S. J. A. Snowlett
Billeting Officer.
Ronald Gosse

ST. JOHN'S, June 24/19

Royal Newfoundland Regiment.

Billeting Account,

To Mrs Cleary
4 Lower Battery R.N.R.

Billeting Soldiers as undermentioned

from June 13/19 to June 24/19

52 H5 Pti R Gosse 11 60

ACCOUNT	<u>Btm</u>
CM. NO.	<u>24837</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 11.60

J.A. Shaw Capt.
Billeting Officer.

Mrs Cleary
mark wit

2189.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 01

Regiment of Royal Newfoundland Land

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

Regimental Number and Name

Enlistment

Trade

Good Conduct Badges, Service pay or proficiency pay

No.

Age on 22 years 0 months

Wickerman

Place and Date of Enlistment St. John's

Religion

C of E.

Joined Date

21/5/18

Period of } with Colours 1 1/2 years.

Place of Birth

Chapel Arm. TB

Joined Date

with Reserve 3 1/2 years.

Joined Date

Place

Date of Offence

Rank

Cases of Drunkenness.

OFFENCE

Names of Witnesses

Punishment awarded

Date of award or of order dispensing with trial

By whom awarded

REMARKS

Demobilized 8/79

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2245 Rank Pl. Name Lawrence R
 Date of Enlistment 21-5-18 Address Chapplestown District Trinity
 Occupation Postman Classification for Discharge 3 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 23-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Ronald Coase

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 [Signature]

Date 23-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *1187-4773* to his home at *Whippel Arm* and Release Certificate No. *2969* issued.

Date *23-6-19* *J.A. Snowball*
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.....

Date *23-1-19* *J.A. Snowball*
Depot Paymaster.

Discharge approved for *24-6-19*
Forwarded with following documents to O. C. Discharge Depot.

N.F. P136	B 268	B 191	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 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Date *23-6-19* *J.A. Snowball*
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 24 1919* *R.H. ...*
O. C. Discharge Depot.

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

Date *July 8/19* *J.A. Snowball*
for records

Reg. No. *1244* Rank *1/6* Name *Gosse R.*

Attested Address *Chapel Arm*

Allotment Allottee

Date of Allotment Returned from *France* *1 P.M.*

Returned on S.S. *Consieur* Case *Asechare*

23.6.19
24.6.19

PASSED TO DEMOBILIZATION OF FICER
DISCHARGE APPROVED ON DEMOBILISATION