



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5192 ~~293~~ Name Fred Ingraham Corps Coff

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

1. What is your name? ..... 1. Fred Ingraham
2. What is your full Address? ..... 2. St. Johns, St. John's  
Parish
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 25 Years — Months
5. What is your Trade or Calling? ..... 5. fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name —  
Corps —
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. yes

I, Fred Ingraham, 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.

Fred Ingraham.....SIGNATURE OF RECRUIT.

20.5.18 Frank J. Jones.....Signature of Witness.

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

I, Fred Ingraham, 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 20 day of May 1918

Signature of Attesting Officer C. Dicks 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 20 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).....

# DESCRIPTIVE REPORT ON ENLISTMENT

5192

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

Name Joel Ingraham  
 Apparent age 22 years 1 months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Rachel Ingraham  
Hunts Island | Relationship Mother  
Dumfries 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 United States engagement reckons from <u>20-5-18</u>									
Joined at <u>St Johns</u> on <u>Kooy 20-1918</u>									
Discharged July 31 1919									
Embarked at <u>St Johns B.C. Colnville to Halifax N.S.</u> 23-7-18.									
Embarked for <u>B.C. 23-11-18</u> . Arrived <u>Halifax</u> 28-11-18.									
Joined <u>Battle</u> 5-1-1919. Attended <u>International Red Cross</u> 27-1-19									
Returned report to <u>Commander</u> 29-1-19. To <u>Commander</u> for demobilization 22-5-19									
Arrived to <u>embarkation</u> 1-6-1919									
Total Service forfeited as above <u>Demobilization St Johns 3-7-1919</u>									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)					1	years	47	days	
Pensions									

*J. Ingram*

C.R. 5192

*11/10*

## Medical Report on an Invalid.

Station Hoagley D. Camp.Date 1. 1. 1918

1. Unit Royal Newfld  
 2. Regimental No. 5292.  
 3. Rank Pte  
 4. Name Ingram, J.  
 5. Age last birthday 22  
 6. Enlisted { on May 20 1915  
 at St John

7. Former Trade or Occupation } Fisherman

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).

nilStatement 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.  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. 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). nil  
 (b) constitutional or hereditary, and not aggravated by service during the present war. nil  
 (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.*

*Re-explanation of no disability*

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

*na*

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

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

*na*

- 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?

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?

*Major Stone*

\_\_\_\_\_  
Officer in medical charge of case.

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

Station *H. D. Camp*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1. 31. 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.

## Medical Report on an Invalid.

Station HazeltonDate 1-5-19

1. Unit Royal Newfoundland
2. Regimental No. 5192
3. Rank Pte
4. Name Ingram J.
5. Age last birthday 23
6. Enlisted  $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$  May 20<sup>th</sup> 1918  
St John's
7. Former Trade or Occupation  $\left\{ \begin{array}{l} \\ \end{array} \right.$  Fisherman.
- 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).

nilStatement 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
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.

nil

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.*

*Acceptable for disability*

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

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

*w*

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

If so—(a) When?

- (b) Where?
- (c) Opinion?

*w*

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

*w*

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

*w*

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?

*w*

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.

*w*

20. Do you recommend—

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

*Repatriation*

*M. K. V.*

*Major J. H. S.*

\_\_\_\_\_  
Officer in medical charge of case.

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

Station *Hazley 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.

FORM K

No. 4070 A



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Frederic Ingram, Regl. No. 5192

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <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 July 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4254</u>	<u>Mother</u>	<u>Recharll Ingram</u>	<u>Hunts Island</u> <u>Burgo</u>	<u>60</u>
Total Allotment, \$				<u>60</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.) W. G. James  
Officer Commanding

(Sig.) Frederic Ingram

St. John's  
Company

(Rank) \_\_\_\_\_

July 12 1918



FORM K

No 4070



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Mered Ingram, Regl. No. 5192

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and Sixty Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <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 July 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4254	Mother	<u>Russell Ingram</u>	<u>Hunts Island Burgo.</u>	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.) L. G. [Signature]  
Officer Commanding  
D Company  
St. Johns  
July 12 1918

(S) \_\_\_\_\_  
(Rank) \_\_\_\_\_

ayr  
Scotland  
May 6<sup>th</sup>/19

Dear Friend:-

we arrived here this morning  
Having a pretty good time nath If  
my money comes send it here so I'm  
Immediately am almost broke. If cant  
get my money by Friday will have to  
leave for to go back am yours truly  
Friend

Fred. Ingram

address to Fred Ingram

no 5192

c/o Anchor Hotel  
25 S.O. Harbour Street  
ayr

Scotland

6837/1

5192 Pte. Fred. Ingram

c/o Anchor Hotel

25, S.O. Harbour Street

Ayr. Scotland.

8th May

9

Remittance from Headquarters (174)

Postal Draft value £8. 0. 0. sent at the request of  
the Minister of Militia.

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

# MEDICAL HISTORY

Surname Ingram OF Christian Name Fred

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's St. John's county Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	20	St. John's		
Declared Age	32			
Trade or Occupation	Fisherman			
Height	5	94		
Weight		178		
Chest Measure-ment	Girth when fully expanded		38	
	Range of Expansion		5	
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	Left		
	Number	1		
When Vaccinated	St. John's			
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/10	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)	Samuel Anderson			
(Rank)	Major			
Bulleted	at	St. John's	at	
	on	20	on	
Joined on Enlistment	Corps	The Royal	Corps	
	Regtl. No.	5193	Regtl. No.	
Transferred to	Corps	Nfld Regt	Corps	
	Regtl. No.	5192	Regtl. No.	
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



July 3, 1919

#5192 Pte. Frederick Ingram,  
Hunts Island,  
Burgee.

Dear Sir:-

Referring to your application I enclose  
cheque for seventy dollars (\$70.00), being amount of  
first payment due you on account of the War Service  
Gratuity.

Yours truly

Captain.  
Paymaster & Officer in Charge Records.

558

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. 1918.

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. *Berrich* ..... 2. Surname. *Lugans* .....

3. Rank. *Private* ..... 4. Regt. No. *5192* .....

5. Address in full to which future payments of gratuity are to be forwarded. *Burgos* ..... *Hunt's Island* .....

6. Date of enlistment in the Regiment. *20<sup>th</sup> May 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge. .... *not applicable* .....

8. Relationship of such dependents. .... *not applicable* .....

9. Address in full of such dependents. .... *not applicable* .....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. .... *not applicable* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. .... *May 20<sup>th</sup> 1918 to June 5<sup>th</sup> 1918* .....

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?

*not applicable*

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

*June 5. 1888.*

(b) Reason for discharge  
*General disability*

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, Nov. 17<sup>th</sup> 1818 to 17<sup>th</sup> April 1818*

21. (a) Are you receiving treatment from the Civil Re-Establishment

*no*

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.



*Herod Longram*

Signature of Applicant:

Place of Residence:

*Brooks Hunt Island*

Declared before me at:

*Saint John's*

This

*fifth*

day of

*June*

19.19...

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

*John Frederick  
Munro  
Notary Public*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

No. 5192

Name Ingraham

Sqn., Batty.,  
or Company

D.

Corps R. Newfoundland

Date of  
enlistment

20/5/18

G.C.  
(Badges)Service or  
Proficiency Pay

17/18

Date of last entry in  
Company Conduct SheetNo. and date  
of last drinkPeriod not reckoning towards  
freedom from extra fine

Sheet No.

Signature O.C.  
Company, etc.

W. L. O. G.

Character

Place

Place

Date of  
offence

Rank

Cases of  
Drunken-  
ness

Offence

Names of Witnesses

Punishment awarded

Date of award or  
of order dispensing  
with trial

By whom awarded

Remarks

Army Form B. 122.

P.T.O.

C.R. 5192

Extract from ~~British~~ Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 29-6-19.

5192 Pte. Fred Ingram.

C.R. 5192

Extract from Daily Orders Part II Unit The Royal  
Hfld. Regt. Depot, St. John's, June 9th, 1919.

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

5192 Pte. F. Ingram.

C.R. 5192

Extract from Daily Orders Part A1 Depot, St. Johns,

Date 1-6-19

5192 Pte. F. Ingram

Reported at Headquarters 1-6-19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5192

Extract from Casualties received from the Chief Staff

Officer London dated 2nd. May 1919.

The undermention who was attending the International Boat Race in paris (27/4/19) returned to W.K. and reported to the Pay and Record Office 29/ 4/19 en route to Winchester to join their Unit.

#5192 Pte. F. Ingram.

AUTHORITY: Officer i/c Records Newfoundland Contingent.

C.R. 5192

Extract from Nominal Roll of Draft No. 56 of the 2nd.,  
Battalion of the Newfoundland Regiment to the 1st.,  
Battalion, B. E. F., Embarked Southampton 23/11/18.

#5192 Pte. F. Ingram.

C.R. 5192

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

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

#5192 Pte. Fred. Ingraham.



C.R. 5192

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's dated May 21, 1918

#5192 Pte. F. Ingraham

Attested for General Service with the Royal Nfld. Regt.  
from 20.5.18 to report 24.5.18

Inquam, &

5192

Ray sept.

5197

Maye 10, 1919

~~5197~~ Mr. George Ingram  
Burgess.

Dear Sir:

5197

With reference to your telegram of May 5th, I beg to advise you that I have cabled £8.4.0, being the equivalent of \$41.00, less the cost of message, to Pte. Fred. Ingram.

Yours truly,

Lieut.  
For Paymaster.

July 3, 1919

#5192 Pts. Frederick Ingram,

Hunts Island,

Burgeo.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2269.

Yours truly

Captain  
Paymaster & Officer in Charge Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5192 Rank \_\_\_\_\_

Name Inghram

Warned for demobilization on

JUN 5 1919

# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

Regimental No. *5192*...

Name *Insom* *J. M.* .....

Address *13 m...* .....

Present Medical Category *A1* .....

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

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

Members of Board {

*R. H. Sant* *Capl*  
O.C. Discharge Depot.

*P. Wilson*  
Senior Medical Officer

*G. W. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5192 Rank Pte Name Ingram Fred  
 Date of Enlistment 20-5-18 Address Hunts Island District Parquet  
 Occupation fisherman Classification for Discharge E Medical Category A I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. P/86	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	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 4-6-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

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

F. Ingram

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$20.00  
 (b) ~~Clothing Supplied~~ shawl

Date 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 1454 to his home at Hunt's Island, Pa. Release Certificate No. 2322 issued.

Date 5-6-19 Demobilization Officer [Signature]

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 3-7-19

Date 5-6-19 Depot Paymaster [Signature]

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 5-6-19 Demobilization Officer [Signature]

APPROVED.

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

Eligible for War Service Gratuity

Date JUN 19 1919 [Signature]  
 O. C. Discharge Depot.

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

Date .....



FORM K

No 4070



### 1ST. NEWFOUNDLAND REGIMENT

#### ALLOTMENTS

I, Frederic Ingram, Regl. No. 5192  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
         Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <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 July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4254	Mother	Archall Ingram	Hunts Island Burgo	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.) H.P. James  
 Officer Commanding  
St John's Company  
July 12 1918

(Sig.) Frederic Ingram  
 (Rank)

## 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

Signature of Man.

Reg. No.

Signature of the Vocational Officer or his Representative.

Place

Date

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 *Fred Ingham*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5192*

Intended address *Burglo*

Height on discharge *5 Feet 10*

Color of hair on discharge *Light*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks *Tall*

Figure on discharge *Tall*

Christian name of Father *—*

Christian name of Mother *Rachel*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Burglo 1896 March 29<sup>th</sup>*

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) *Fred Ingham*

(Rank) *Private*

Station *Sydney* Date *4.6.19*

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.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5192 Rank Pvt. Name J. Ingram  
 Intended place of residence Herb. Island Burgeo  
 2. Occupation Furberman  
 Classification of soldier E Medical Category A L

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 5 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 ST. JOHN'S.  
JUN 5 1919  
 Signature of soldier J. Ingram  
 Signature of witness J. A. [unclear] Capt.

### 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.  
5-6-19  
 Signature of soldier J. Ingram  
 Signature of witness J. A. [unclear] Capt.

### STATEMENT OF SERVICE

7. Enlisted for service 20-5-18 No of days on Military  
 Discharged from service 19-6-19 ten 14 days Service 410

### 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 19 1919  
 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, Nfld  
 Date July 31/1919  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

and B 2079/2269

Reg. No. *5192* Rank *PLC* Name *Ingraham F.*

Attested ..... Address *Hunts Island.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican.* Cause *Discharge*

*4.6.19.* PASSED TO DEMOBILIZATION OFFICER

*19. E. A.* DISCHARGE APPROVED ON DEMOBILIZATION

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 577 Rank Private Name Ingram Fred  
 Date of Enlistment 20-5-18 Address Hunts Island District Burgeo  
 Occupation Fisherman Classification for Discharge E Medical Category 4I  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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

Date 4-6-19 \_\_\_\_\_ O. C. Discharge Depot. K. Newell

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

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

F. Ingram

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable £10.00
- (b) Clothing Supplied none

5-6-19

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1434 to his home at Hamble Island, Berge release Certificate No. 2322 issued.

Date 5-6-19 *[Signature]*  
 Mobilization 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 3-7-19

Date 5-1-19 *[Signature]*  
 Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	<i>2 Form B</i>
F 178a	<del>W</del> 400A	B 1015	do 2nd	" 3	
B 179	<del>W</del> 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	M 92		" 6	
B 179c	B 120	M 93			

Date 5-6-19 *[Signature]*  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 19 1919 *[Signature]*  
 O. C. Discharge Depot.

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

*[Signature]*  
*[Signature]*

Receipt for Army Book 64

No. *5192* Name *F. Ingram*

To Certify that I have received the AB 64 of the above  
named Soldier.

Name *F. Ingram*

Date *Aug 16<sup>th</sup> 1990*

Place *Burgeo Hunt Island*

N.B. For completion and return to the Department of Militia  
insert in corner of envelope "AB 64"



**Casualty Form - Active Service.**

Regiment or Corps R. I. Newfoundland  
 Rank Pte Surname Ingram Christian Name Fred  
 Religion C of E Age on Enlistment 22 years 0 months  
 Enlisted (a) 20/5/18 Terms of Service (a) Duration Service reckons from (a) 20/5/18  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended ( \_\_\_\_\_ ) Re-engaged ( \_\_\_\_\_ ) Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Occupation Fisherman W. Long 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.36, 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.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		Attended Boat Race } Paris		27.1.19	
		Retn to UK		29.4.19	

(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. (17091). Wt W 1887 - P 1124. 1,000,000. 6/18. D & S. Form B/103. (H. 1256.)

Next of kin: Mother: Rachael Ingram, Hunts Idl; Burgeo: W. F. L. D.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Dickson  
*lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Ingram, Fred</u>	Age on	<u>22</u> years <u>      </u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u> <u>20.5.18</u>	Religion	
Joined	Date			<u>C. P. C.</u>	
Joined	Date	Period of	} with Colours <u>47</u> years. } with Reserve <u>26.5</u> years.	Place of Birth	
Joined	Date			<u>Hunts Island</u>	<u>Bagges Harbour</u>

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 3/19</u>					

To be carried over

Army Form B. 121.