



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5452 Name Eli Little Corps Medd.

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Eli Little</u>               |
| 2. What is your full Address? .....  | 2. <u>Bonaville</u>                |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>22</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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, Eli Little 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.

25/5/18

Eli Little SIGNATURE OF RECRUIT.  
Pte Power Signature of Witness.

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

I, Eli Little 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. Johns on this 25 day of May 1918

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 ..... 1918 } Approving Officer.  
Place .....

† 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. 5452

Extract from daily orders Part II ~~xxx~~ Royal Newfoundland  
Regiment Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by officer i/c records from 4-7-19.

5452, Pte. Eli Little.



C.R. 5452

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, (Depot) June 10th, 1919.

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

5452 Pte. Eli Little.

C.R. 5452

Extract from Daily Orders Part 11 Depot, St. John's,  
Date 9-6-19.

5452 Pte. Eli Little.

Reported at Headquarters 1-6-19.  
which sailed Liverpool May 22/1919.

BY "Corsican"

C.R.

5452

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

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

#5452 Pte. E. Little.

C.R. 5452

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

#5452 Pte. E. Little.

C.R.

5452

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

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

#5452 Pte. Eli Little.

C.F. 5452

Extract from Daily Order a part 11, from Unit The Royal  
Mfld. Regt. St. John's, dated May 28th, 1918

#5452 Pte. E. Little.

Attested for General Service with the Royal Mfld. Regt.  
from 25.5.18



E. Little

5452

P. + R. 6

Medical Report on an Invalid.

Station Hazelton

Date 1/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 525<sup>th</sup>
- 3. Rank plc
- 4. Name Little Eli
- 5. Age last birthday 23
- 6. Enlisted { on May 25/18  
at St John
- 7. Former Trade } Waherman  
or Occupation }
- 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
- 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?

*He complains of no disability*

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

*Sgt. M. J. M., Capt. Ranc*

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.

No 6100/312

N.F.P./80.

NEWFOUNDLAND CONTINGENT

From: Chief Paymaster & O.i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
1st Batt. Ryl. Nfld. Regiment.  
B.E.F.

19th April 1919

5452 Pte E. Little

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With reference to the following telegram from the Minister of Militia, / / ( 143)

"Pay to- 5452 E. Little E.

£5. 0. 0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

Chief Paymaster & O. i/c Records.

*Deposited*

N.F.P./80







Little, E

5452

Ray Dept.

21



July 5, 1919

#5458 Pte. Eli Little,

Bonavista.

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

Capt.,  
Paymaster & O.i/c Records.

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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.

Child's name..... *Eli Little* .....

Rank..... *Pte* ..... Reg't. No. .... *545?*

Address in full to which future payments of gratuity are to be forwarded..... *Bonanza* .....

Date of enlistment in the Regiment..... *May 28 1918* .....

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

Relationship of such dependents..... *Do* .....

Address in full of such dependents..... *Do* .....

Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *No* .....

Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Do Overseas* .....

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

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

*Not applicable*

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.

*Yes*  
*\$ 74.80 Clothing & Ration*

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 Regt.? *No* If not give - (a) Date of discharge. *June 20/19..* (b) Reason for discharge. *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 & 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: *Eli Little*

Place of Residence: *Donauska,*

Declared before me at: *St John's nels.*

This *7<sup>th</sup>* day of *June* 19*19*....

*John Mc Carthy*  
Signature of Barrister of the  
Supreme Court, Stipendiary Legis-  
tate, Notary Public, Justice of the  
Peace, or Commissioner of affidavits.

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

July 4, 1919

#5452 Pte. Eli Little,

Bonavista, B.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2403.

Yours truly

Captain,  
Paymaster & O.i/c Records.



The Royal Wld. Regiment

DEMOBILIZATION

No. 5457 Rank

Name Little E

Warned for demobilization on

JUN 6 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5452 Rank Pte Name Little Eli  
 Intended place of residence Bonaville  
 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 *for* H. M. West  
 Date JUN 6 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 6 1919  
E. Little Signature of soldier  
M. Johnston Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S JUN 6 1919  
E. Little Signature of soldier  
W. J. Beaton Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 25-5-18 No of days on Military  
 Discharged from service 20-6-19. Plus 14 days Service 406

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Sant Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.  
 Date JUN 20 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. Johns Road M. Bowley Capt.  
 Officer in Records  
 The Royal Newfoundland Regiment.  
 Date July 4/1919

*20 B 2079/2103*

7  
30  
4  
1



# The Royal Newfoundland Regiment

Class for Demobilization—

*E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *1-16-19* .....

Regimental No. .... *5452* .....

Name ..... *Little Eli* ..... *Pte.* .....

Address ..... *Bonaville* .....

Present Medical Category ..... *Ai* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

*R.H. J. [Signature]*  
O.C. Discharge Depot.

*[Signature]*  
Senior Medical Officer

*[Signature]*  
M. O. Depot

# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 452 Rank Plt. Name Little Ely  
 Date of Enlistment 25.5.18 Address Bonaville District Bonaville  
 Occupation Tradesman Classification for Discharge 17 Medical Category H1  
 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 5-6-19 O. C. Discharge Depot. K.M.W.H.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*E. Little*

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 new cap

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. A. 1533 to his home at Bonavista and Release Certificate No. 2358 issued.

Date 6-6-19 *J.A. Shaw Capt*  
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 4-7-19

Date 6-6-19 *A. M. H.*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36.	B 268.	B 121.	1	N.F. Med.	D.F. 1.	1	
F. 178.	W 3494.	B 122.	1	Board 1st.	" 2.	1	
F. 178a.	1 D 400A.	1 B 1915.	1	do 2nd.	" 3.	2	Form B.
B 179.	1 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 6-6-19 *J.A. Shaw Capt*  
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 JUN 20 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

Little Eli

Signature of Man.

J. A. Snow bapt.

Signature of the Vocational Officer or his Representative.

Reg. No. 5452

Place

St Johns

Date

1-6-19.

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ES

## 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

*W-gohus*

Date

*6-6-19*

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

# MEDICAL HISTORY

Surname Little Christian Name Eli

Table I.—GENERAL TABLE.

Birthplace:—Parish Bonaville County Mea.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	15 <sup>th</sup>	May	1918	191
at	St. John's.		at	
Declared Age	22	years		days
Trade or Occupation	Fisherman.			
Height	5	feet 8 <sup>1</sup> / <sub>2</sub>		inches
Weight	142	lbs.		lbs.
Chest Measurement	Girth when fully expanded	35		inches
	Range of Expansion	3		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	1	No Scar.	
When Vaccinated	10 years ago.			
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Bakerson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	St. John's.	at	
	on	25 <sup>th</sup>	day of	May
				1918
Joined on Enlistment	Corps	Royal Mea.	Regtl. No.	
		Regiment.	545 <sup>th</sup>	
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				







Medical Report on an Invalid.

Station St. John's

Date 1/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 5452
- 3. Rank Pte
- 4. Name Little Eli
- 5. Age last birthday 23
- 6. Enlisted { on May 25/18  
at St. John's

- 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).*

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.
- nil.

13. What is his present condition?

*He complains of no disability.*

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

*no*

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

*no*

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?

*no*

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.

*no*

*Repatination*

20. Do you recommend—

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

*W.P. Proctor*      *Capt Rame*

Officer in medical charge of case.

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

Station *Hazely 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.



## 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 *Edi Little*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5452*

Intended address *Bonavista*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Gray*

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

Figure on discharge *Normal*

Christian name of Father *Thomas*

Christian name of Mother *Maria*

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

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

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

Place and date of soldier's birth *Bonavista, Aug 13<sup>th</sup> 1895*

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)

*E. Little*

*pte*  
(Rank)

Station

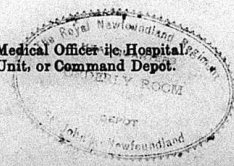
*S. Johns*

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 of the Hospital  
Unit, or Command Depot.



Station

Date







Receipt for Army Book 64

No. 5452 Name E Little

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

Name E Little

Date 30/8/1930

Place Bonavista

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

*WV*

Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

**ST. JOHN'S, Nfld.**

---

Fold Here





OCT 15

1921.

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

Eli Little

in respect of his service as No. 5452 Rank Pte.

Name E. Little Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature Eli Little

Date Oct 24/1921

Address Bonavista

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal Newfoundland*

Number of Sheet

*one*

Signature of O. C. Company

*C. D. Wicks Lieut*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5152 Supt. E. E.</i>	Age on	<i>22</i> years <i>0</i> months	<i>fishermen</i>		
Joined	Date	Place and Date of Enlistment	<i>St. John's</i>	Religion		
Joined	Date		<i>25.5.18</i>	<i>meth</i>		
Joined	Date	Period of	with Colours <i>1 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth		
Joined	Date				<i>St. John's</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>4 7/19</i>			

To be carried over.

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5452 Rank Plt Name Little Eli  
 Date of Enlistment 25-5-18 Address Bonaville District Bonaville  
 Occupation Sustenance Classification for Discharge Ty Medical Category A1  
 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 5-6-19 for H. M. W. H. O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**i. Civil Re-Establishment.**

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

*E. Little*

Particulars passed to Vocational Officer for information and action.

Date .....

**a. Clothing.**

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied by Capt.

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1533 to his home at Bonnavista and Release Certificate No. 2358 issued.

Date 6-6-19 *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 4-7-19

Date 6-1-19 *J.A. Snowball*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	1/2 Form B
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 6-6-19 *J.A. Snowball*  
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

JUN 20 1919

Date June 11, 1919 *R.H. Jait Capt.*  
O. C. Discharge Depot.

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

Date June 11, 1919 *R. H. Jait*

Reg. No. *5452* Rank *Pfc* Name *Little E*

Attested ..... Address *Bonavesta*

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

Date of Allotment ..... Returned from Overseas *29-5-49*

Returned on S.S. *Coruca* Cause *Discharge*

*5-6-49*  
*20-6-49*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**