

4727

ROYAL NEWFOUNDLAND REGT.

1914-1918

Decided 14-10-60



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4727 Name Augustus Marshall Corps 6 of 6

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

- 1. What is your name? ..... 1. Augustus Marshall
- 2. What is your full Address? ..... 2. Carboneau, C.B.
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 32 Years 6 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, Augustus Marshall 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.

A  
26-4-18

Augustus Marshall SIGNATURE OF RECRUIT.  
James Arblie Signature of Witness.

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

I, Augustus Marshall 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 26 day of April 1918

Signature of Attesting Officer James Arblie

### †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 ..... 191 .....

Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....



C.R. 4727

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

4727 Pte A. Marshall

Embarked for Overseas with draft 11-6-18.

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 29, 1918.

#4727 Pte. A. Marshall.

Attested for General Service with the Royal Wfld. Regt.  
Dated from 26/4/18.

ST WIND LOND C.R. 4727

Extract from Memorial Roll Re-inforcement Draft No.55, Embarked Foliation,  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Herring Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment B.H.F.

4727 Pte. Marshall, A.

MP.

C.R. 4727

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. By T.G. Mathies, D.S.O., Commanding 1st Batta.  
3-11-18.

The following joined the Batta. 3-11-18.

4727 Pte A. Marshall.

6 Coy.

C.R. 4727

Extract from Daily Orders Part 11 Unit The Royal Field.  
Regt. St. John's, June 27th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by G.O. Discharge Depot with effect from 25-6-19.

4727 Pte. A. Marshall.



C.R. 4727

Extract from Daily Orders Part A1 Depot, St. John's,

Date

June 18th 1919.

4727, Pte. A. Marshall.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4727

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

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

4727, Pte. A. Marshall.

**Medical Report on an Invalid.**

Station Hazeley Down

Date 2/5/19

- |                      |   |  |                    |
|----------------------|---|--|--------------------|
| 1. Unit              | <u>Royal Newfoundland</u>                   | Former Trade or Occupation                   | } <u>Fisherman</u> |
| 2. Regimental No.    | <u>4727</u>                                 |  |                    |
| 3. Rank              | <u>Pte</u>                                  |  |                    |
| 4. Name              | <u>Marshall A</u>                           |  |                    |
| 5. Age last birthday | <u>23</u>                                   |  |                    |
| 6. Enlisted          | } on <u>26. 5. 18.</u><br>at <u>Ct John</u> | 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.  | <u>out</u> |
| 10. Place of origin of disability.  | <u>out</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>out</u> |

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). | } <u>no</u> |
| (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.*

*His Complaints 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*

20. Do you recommend—

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

*Repatrication*

*W.E. Proctor*

*Capt. Rams*

Officer in medical charge of case.

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

Station *St. Agley Down*

Officer in charge of Hospital.

Date *2/5/19*

\*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.

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

# MEDICAL HISTORY

Surname Marshall OF Christian Name Augustus

Table I.—GENERAL TABLE.

Birthplace:—Parish Carboneas County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	at <u>S. Johns</u>	at		
Declared Age	<u>27</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>2</u> inches		feet	inches
Weight	<u>128</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded...	<u>37</u> inches		inches
	Range of Expansion...	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arra			
	Number	<u>1 Scar</u>		
When Vaccinated	<u>1st 1/2 1910</u>			
Vision	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Amund Peterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>S. Johns</u>	at		
	on <u>26</u> day of <u>Apr</u> 191 <u>8</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>The Royal 4727</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	191	on
	day of		191	day of
[Signature]				
[Rank]				



Marshall, A

#727

Aug Sept.

July 11, 1919

#4727 Pte. Augustus Marshall,

Carbonifer, C.B.

Dear Sir:-

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

Yours truly

Captain,  
Paymaster & U.i/o Records.



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..... *Adolphus* ..... 2. Surname..... *Marshall*
3. Rank..... *Private* ..... 4. Regt. No. .... *4727*
5. Address in full to which future payments of gratuity are to be forwarded..... *Carlton Place, C. B.*
6. Date of enlistment in the Regiment..... *26 April 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Brother*
8. Relationship of such dependent..... *Brother*
9. Address in full of such dependents..... *Carlton Place, C. B.*
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 M.I.D. If so, give dates and particulars of such service..... *No*
12. Give total length of time which you served on active service, whether in M.I.D. or Overseas..... *14 Months*
- ..... 1.3

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

.....  
.....  
.....

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

.....  
.....

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

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

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

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

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

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

.....  
.....

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

.....  
.....

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: *Augustus Marshall*  
 Place of Residence: *California, C. B.*  
 Declared before me at: *St Johns*  
 This *26<sup>th</sup>* day of *June* 19*17*...

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

*W. G. Jones Jr.*

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

July 9, 1919

#4727 Pte. Augustus Marshall,

Carbonear.

Dear Sir:-

Please find enclosed Discharge Certificate

No. 2873

Yours truly

Captain C  
Paymaster & U.I.C. Records

# 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 24-6-19

Regimental No 4727

Name Marshall, Aug. Rank Pte

Address Carbonear

Present Medical Category A1

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

Members of Board

*R. H. Sait Capt.*

O.C. Discharge Depot.

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

Military Service: 440 days

M. O. Depot

# RECEIPT FOR A SOLDIER'S DOCUMENTS

## HEADQUARTERS NEWFOUNDLAND REGIMENT

Please receive documents as indicated below		Non-effective account.	Medical history sheet.	Mfld. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certifiates	Allotment papers	Headquarters Travelling Board	Proceedings on discharge	
No.	RANK AND NAME	N. F. P. 696	B. 178	B. 178a	B. 179	B. 368	W. 3104	D. 400A.	B. 103	B. 130	B. 121	B. 122	1st. Board	2nd Board	3rd Board	4th Board	Board	B. 1016	Form L	Form K	A. F. W. 5463	D. F. 2	D. F. 1
427	A. E. Marshall. A.																						/

Received above noted documents,

Dated \_\_\_\_\_ 19 \_\_\_\_\_

Signature of Officer forwarding documents: \_\_\_\_\_

Date 4. 7. 1919

# The Royal Newfoundland Regiment

Class for Demobilization: 7/16/

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24.6.19

Regimental No 4727

Name Marshall Aug Rank Pte

Address Carbonear

Present Medical Category A i

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

Members of Board

R. J. East Major  
O.C. Discharge Depot.

M. J. [Signature]  
Senior Medical Officer

G. W. [Signature]  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 727 Rank Plat Name Marshall A.  
 Date of Enlistment 26-1-18 Address Levobourne District Antigonish  
 Occupation Fisherman Classification for Discharge F1 Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 24-6-19 \_\_\_\_\_  
 O. C. Discharge Depot. A. Marshall

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

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

Date \_\_\_\_\_ O i/c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. P. 1912 to his home at Barboursville and Release Certificate No. 2998 issued.

Date 24-6-19 *J. H. Brown*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-7-19

Date 24-6-19 *J. H. Brown*  
Depot Paymaster.

Discharged approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Fam B*

Date 24-6-19 *J. H. Brown*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents:

**Eligible for War Service Gratuity**

Date JUN 25 1919 *R. H. Sait* MAJOR  
O. C. Discharge Depot.

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

## Civil Re-establishment Committee



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

To resume former Occupation.

*A. Marshall*

Signature of Man.

*J. A. Snowball*

Signature of the Vocational Officer or his Representative.

Reg. No. 4727.

Place

ST. JOHN'S.

Date

24-6-19.

191



**Medical Report on an Invalid.**

Station Idagley Town  
 Date 2/5/19

- |                      |  |  |                  |
|----------------------|--|--|------------------|
| 1. Unit              | <u>Royal Newfoundland</u>                  | 7. Former Trade or Occupation                | <u>Fisherman</u> |
| 2. Regimental No.    | <u>4727</u>                                | 7A. If with previous service in Army, state— |                  |
| 3. Rank              | <u>Plt</u>                                 | (a) Former Unit;                             |                  |
| 4. Name              | <u>Marshall A.</u>                         | (b) Regimental No.;                          |                  |
| 5. Age last birthday | <u>22</u>                                  | (c) Date of Discharge;                       |                  |
| 6. Enlisted          | { on <u>26. 5. 18</u><br>at <u>St John</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> |

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). | } <u>na.</u> |
| (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?

*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.*

20. Do you recommend—

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

*Repatriation*

*W. E. Procmier*

*Capt. R. M. C.*  
*Major*

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 *2/5/19.*

\*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.

ST. JOHN'S, JUN 24 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. A Marshall

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

4727 Pt. A Marshall 2.500

ACCOUNT	<u>Btm</u>
CH. NO.	<u>24846</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 2.500

A. Marshall  
Billeting Officer.  
A. Marshall

Celts.



A Marshall

C.R.

4727

110







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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regt. No.	Rank	Name	Amount	Signature
4727	Lt	Marshall A	\$250	A Marshall

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

A. Marshall

Date

July 1/18





Receipt for Army Book 64

No. *4727*.....Name.....*A. Marshall*.....

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

Name *A. Marshall*.....

Date *7.11.20*.....

Place *Adrian near*.....

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

*30/11/20*

*[Signature]*

1031

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

---

Fold Here

OCT 5 1921.

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

Augustus Marshall

in respect of his service as No. <sup>4727</sup>~~2700~~ Rank Pte.

Name A. Marshall Royal Nfld. Regt.  
Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Victory and British War Medals

Signature Augustus Marshall

Date Oct 11<sup>th</sup> 1921

Address Carbonear

[P.T.O.]



C.R. 4727

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919,

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

DATE *May 11<sup>th</sup>* 1920  
PLACE... *Castroville*.....

NO. *4727*..NAME. *A. C. Marshall*

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name. *A. Marshall*

Date *May 11*.....

Place... *Carlisle*.....

**Casualty Form—Active Service.**Regiment or Corps... ROYAL NEWFOUNDLAND REG.Rank 2nd Lt Surname Marshall Christian Name AugustusReligion C. Age on Enlistment 22 years 6 monthsEnlisted (a) 26/4/18 Terms of Service (a) DURATION. Service reckons from (a) 26/4/18

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

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....Occupation Fisherman G. W. Emmons Signature of Officer.

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
	From whom received	Record of promotions, reductions, transfers, casualties, etc., 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.			
			Embarked ...	<u>26 Nov 18</u>	
			Disembarked...	<u>9/18</u>	
			Joined <u>2nd Battalion</u>	<u>3 NOV 1918</u>	
		<u>Arnold M. K.</u>		<u>03. 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, Scholes-Smith, A.S. (17581), W.T. W 1887-P 1124, 1,000,000, 1918, D &amp; S. Form B/103. (E. 1854.)

I.P.T.O.

Next of kinFather Augustus Marshall Carboneat A.S.D.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet 1

Regiment of Royal New Zealand

Signature of O. C. Company Wm Churchill Smith

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>477 Marshall Coy</u>	Age on <u>22</u> years <u>0</u> months	<u>Gasfitter</u>		
Joined _____ Date _____		Place and Date of Enlistment <u>St Johns 26.11.18</u>	Religion <u>CPR.</u>		
Joined _____ Date _____		Period of } with Colours <u>55</u> years. with Reserve <u>36</u> years.	Place of Birth <u>Carlisle</u>		
Joined _____ Date _____					
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
<u>Ab. Sea</u>	<u>1-7-18</u>	<u>Pte.</u>		<u>Threatening to strike a N.C.O.</u>	<u>Sgt. T. Mackay, Hpt. R. Munn,</u>	<u>7 days detention</u>	<u>3-7-18</u>	<u>Col. S. G. L. Steele.</u>	<u>7</u>
				<u>Demobilized St John's</u>			<u>9</u>	<u>19</u>	

To be carried over

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4727 Rank Plt Name Marshall A  
 Intended place of residence Carboneau

2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

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 JUN 24 1919 ST. JOHN'S  
 Date ST. JOHN'S ST. JOHN'S  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date JUN 24 1919  
ST. JOHN'S  
A. Marshall  
 Signature of soldier  
J. A. [unclear]  
 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  
ST. JOHN'S  
JUN 24 1919  
A. Marshall  
 Signature of soldier  
James [unclear]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military  
 Discharged from service 25-6-19 PLUS 14 DAYS Service 440

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S ST. JOHN'S  
 Date JUN 25 1919  
R. H. [unclear] 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 St. John's  
 Date July 9/1919  
[unclear]  
 Officer i/c Records  
 The Royal Newfoundland Regiment

2182079/2173



# 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 Office 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 *Augustus Marshall*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4727*

Intended address *Carbonear*

Height on discharge *5* feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Augustus*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Carbonear, 24<sup>th</sup> October, 1846*

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) *Aug. Marshall*

*PL*  
(Rank)

Station *St. John's*

Date *24-6-19*

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

# The Royal Newfoundland Regiment

DEMOBILIZATION OF *PI-1-116*  
 Reg. No. *4727* Rank *Plt.* Name *Marshall A.*  
 Date of Enlistment *26-11-18* Address *Carleton Place* District *Carleton Place*  
 Occupation *Palomares* Classification for Discharge *E* Medical Category *A1*  
 Recommendation S. M. B. ..... Disability Rating *11-1-11*  
 Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122		Board Ist	" 2	
B 178a	D 400A	B 1915	1	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	1		" 6	
B 179c	B 120	M 93				

Date *24-6-19* O. C. Discharge Depot. *A. Marshall*

## 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 *\$60.00*

(b) Clothing Supplied

Date .....

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R 1912 to his home at barbarueer and Release Certificate No. 2798 issued.

Date 24-6-19 *J. H. Brown*  
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 24-1-19 *J. H. Brown*  
Depot Paymaster.

Discharge approved for 25-6-19  
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
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Form B

Date 24-6-19 *J. H. Brown*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 25 1919 *R. H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date July 8/19 *[Signature]*



Reg. No. *4727* Rank *Plt* Name *Marshall A.*

Attested ..... Address *Carboneas*

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

Date of Allotment ..... Returned from Overseas .....

Returned on S.S. ..... *Discharge*

*24.6.19*

**PASSED TO DEMOBILIZATION OFFICER**

*25.6.19*

**DISCHARGE APPROVED ON DEMOBILIZATION**