



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3907 Name Edgar Metcalf Corps P.A.

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Edgar Metcalf</u> |
| 2. What is your full Address? | 2. <u>Pillars Island N.S. Bay.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>7</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 |
| | { 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, Edgar Metcalf 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.

Edgar Metcalf SIGNATURE OF RECRUIT.
R. D. Bell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edgar Metcalf 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 Sept 17th on this 17th day of Sept 1917.
 Signature of Attesting Officer J. J. Kennedy

†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 1st Regt.
 If enlisted by special authority, such will be attached to the original attestation.
 Date Sept 17/1917 Place St. John's
 Signature of Approving Officer J. J. Kennedy

† 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. 3952

Extract from Daily Orders Part II Unit Royal Newfoundland
Regiment, in France dated 28-2-19.

3952, A/Cpl. E. Metcalfe.

Confirmed to rank 30-1-19.

C.R. 3952

Extract from Orders by Major G.T. Mathias, D.S.O.
Comdg. 1st Bn. R. Mfld. Regt. 1/8-18.

Awarded by the Commanding Officer this day

3952 L/C. E. Metcalfe

Deprived of Lance stripe "Neglect of duty" (quitting
his guard without permission.

C.R.

3952

Extract from Daily Orders Part 11, The Royal WFLA. Regt.
St. John's, June 20th, 1919.

The discharge of the undersigned on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 1-7-19.

3952 Sgt. E. Metcalfe.

C.R. 395~~4~~2.

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

Date June 18th 1919.

^{52.}
~~394~~, Sgt. G. Metcalfe
3954

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 3952

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 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

3952 A/Sergt. E. Metcalfe.

C.R. 3952

Extract from Daily Orders Part 11 Unit ² The Royal Nfld. Regt.
"In the Field" 21-8-19.

3952 Cpl. E. Metcalf.

App. A/Sgt 24-3-19.

C.R.

3952

Extract of DAILY ORDERS PART II ROYAL NEW ZEALAND REGIMENT
IN FRANCE DATED FEBRUARY 16th 1919.

Appointed A/Cpl.

30/1/19.

#3952 Pte. A. Metcalfe.

C.R. 3952

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT
IN FRANCE DATED 31/1/19.

APPOINTED L/Cpl.

#3952 Pte. E. Metcalfe.

16/1/19.

C.R. 3952

Extract from Daily Orders Part 11 Unit The Royal Welch, Regt.,
B.E.F. France, 24/8/18.

3952 B/Cpl. Metcalfe, W.

Depd. L/Cpl. stripe for "Neglect of duty" 1/8/18.

NEWFOUNDLAND GOVERNMENT

C.R. 3952

Extract of Nominal Roll of Draft No. 46, -120 Other Ranks from 2nd.
Bn., Depot, Winchester, to 1st Batta., The Royal Newfoundland Regiment
B.Z.F. Embarked Folkestone, 28/5/18.

3952 L/C. E. Metcalfe

A.P. B. 105 (one for each soldier) sent to 3rd
Bcholon, B.Z.F.

C.R. 3952

Extract from Nominal Roll
Draft No. 3952 from 2nd Bn. Depot, to 1st Bn. B.E.F.
Embarked 25-5-19.

3952 L/Cpl. C. Metcalf.

C.R. 3952

Extract of Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone 3

3952 B/Cpl. E. Metcalf.

25-5-18.

C.R. 3952

Extract from ~~Naval~~ Roll, embarked St. John's for Overseas Dec. 11th 1917

#3952 L/C E. METCALF.

3952

C.R.

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt., St. John's, Dec. 8th, 1917.

3952 Pte. E. Metcalfe.

To be Lance Corporal from Dec. 8th, 1917.

C.R. 3952

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Sept. 19th, 1917.

3952 Pte. E. Metcalf.

Attested on Sept. 17th, posted to G. Company and assigned n
number as shown.

C. Matcalfe

C.R. 3952

Handwritten scribbles and symbols, possibly including the letters 'R' and 'O'.

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *3902*
3. Rank. *Sgt*
4. Name *Metcalf* (Surname) *E.* (Christian Names)
5. Age last birthday. *26*
6. Posted for duty on *17/9/17* at *St John's* in category (or grade).....
7. Former Trade or Occupation } *miner*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *Out*
12. Place of origin of disability. *Out*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *Out*

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

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

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

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

no
The complainant of no disability

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

no

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

no

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

no

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

yes

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

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

Repatration
Sydney E. Proun
Capt Name

Station *Hazley Down*

Medical Officer in charge of case.

Date *30/4/19*

* 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

Handwritten: m/c

2439/137/28A

O/C. 1st. R. Bld. Regt.,
Hazeley Down Camp,
WINCHESTER.

From: C.P. & O.I./c. Recds.
58 Victoria Street,
LONDON. S.W.1.

To Verses

To O/C. 1st Batt. R. W.I.B. Regt.,
B.F.I.

Pay & Record Office.

6th May 1919.

FM/FK.

Pay & Record Office.

Reference reverse. Claim

3rd March, 1919

has been forwarded to the

2855 CORPL. F. MEEGAN.
R. NEWFOUNDLAND REGT.

Minister of Militia for

consideration, please.

With reference to your
memo. 27/2/19 (1799) W.I.B./c.
(Separation Allowance form)
enclosed for completion and return
to this office, please.

duly completed, please.

Major.

Chief Paymaster & O.I./c. Recds.

For O/C. 1st Batt. R. W.I.B. Regt.
Asst. Chief Paymaster.
Capt. E.H. Marshall.

(Signed) A.F. Bernard, Maj.
Lt. Col.
Commanding 1st B. W.I.B. Regt.

FM/FK.

3439/137/P&A.

From: C.P. & O.i/c.Recds.
58 Victoria Street,
LONDON. S.W.1.

To O/C. 1st Batt.R.Nfld.Regt.,
B.E.F.

From Vice

To Versa

WF/FK.

Pay & Record Office.

3rd March, 1919

3952 CORPL. E. METCALFE.
R. NEWFOUNDLAND REGT.

With reference to your
memo. 27/2/19 (1799) N.F.P/82
(Separation Allowance Form)
enclosed for completion and return
to this office, please.

F.H. Marshall. Capt.
Asst. Chief Paymaster.
For Chief Paymaster & O.i/c.Recds.

25/3/19.

3952 A/SGT. E. METCALFE.

Herewith N.F.P/82 for above
duly completed, please.

(Signed) A.E. Bernard, Maj.
Lt. Col.
Commanding 1st R.Nfld.Regt.

2430
28/3/19

ACHT dated	//	//	
Received	//	//	
REPLY dated	//	//	
Received	//	//	
LAST Ref No.			
NEXT " "			

5988/230/P.&A

The Hon. the Minister of Militi.
St. John's,
Newfoundland.

14th April 0

SEPARATION ALLOWANCE.
3928, A/SGT. E. METCALF.

N.S.P/82 (Claim for Separation Allowance) relating to the above named S.C.S. is passed to you for enquiry and consideration, please.

Major.
Chief Paymaster & Cl/checks

MF/JF

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

<p>1. Regimental No. and Rank Name (in full) <i>OH 11</i> Date of Enlistment Unit</p>	<p><i>3952 Act. Sergeant</i> <i>Edgar Motealfe</i> <i>17/9/17</i> <i>Royal Newfoundland Regt</i></p>
<p>2. Name(s) of Dependent(s) (in full) Relationship</p>	<p><i>Mrs. Melisa Motealfe</i> <i>mother</i></p>
<p>Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)</p>	<p><i>Pilley's Island</i> <i>notre Dame Bay</i> <i>Newfoundland</i></p>
<p>3. Ages of Children: Girls under 17 years Boys " 16 "</p>	<p><i>~~~~~</i></p>
<p>4. Children's Guardian Address</p>	<p><i>~~~~~</i></p>
<p>5. Particulars of Allotment Allotted Address Date effective from</p>	<p><i>\$ 60</i> cents per day in favour of <i>Mrs. Melisa Motealfe</i> <i>Pilley's Island, Nfld.</i> <i>17/9/17</i></p>
<p>6. Date of Marriage</p>	<p><i>~~~~~</i></p>
<p>7. Have you made previous claim, for Separation Allowance? If so, state particulars.</p>	<p><i>no</i></p>
<p>8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?</p>	<p><i>no</i></p>

9. Name and address of your last Employer.

Dominion Iron Steel Co.
Halifax, Newfoundland

10. The amount of your salary or wages immediately prior to Enlistment.

\$1140 annual

11. Are your wages or any portion being paid by your employer during your absence?

no.

12. If paid, what is the amount per month?

13. Name of Corps prior to Enlistment in the Newfoundland Contingent.

CERTIFY that the above is a true statement

[Signature]

Signature of Officer forwarding this Application.

Unit

1st Coy Newfoundland Regt

Date

25/3/19

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____

3439/137/P&A

SUSPENSE / ~~UNRECORDED~~

ppm and mi

O/C. 1st Batt. R. Nfld. Regt.
B.E.F.

WF/PK.

Pay & Record Office.

3rd March 9.

3952 CORPL. E. METCALFE.
R. NEWFOUNDLAND REGT.

With reference to
your memo. 27/2/19 (1799):
N.F.P/82 (Separation Allowance
Form) enclosed for completion
and return to this office,
please.

Capt.

Asst. Paymaster.

For Chief Paymaster & O.I/c. Recds.

*√ 2430
28/3/19*

From

MEMORANDUM
 CHIEF PAYMASTER & OFFICER I.C. RECORDS.,
 NEWFOUNDLAND CONTINGENT,
 58, VICTORIA STREET,
 LONDON, S.W. 1.
 ENGLAND.

Date 27-2-1919

3952 Cpl. E. Metcalfe

The above N.C.O. wishes to make application for separation allowance to be made to his mother Mrs Melissa Metcalfe, Pilley's Island. N.D. Bay. He has an allotment in his favor at present of 60cts per day.

Will you forward the necessary forms please

1799
 1 MAR 1919

F.W. Waterman Lt ASST. ADJT.
 1ST BN ROYAL NEWFOUNDLAND REGIMENT.

3439/137

F.W. 2

P.S.
 R.F.C.
 G.P.O.
 P.S.



No. 4620/197

From: **NEWFOUNDLAND**

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

CHIEF PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

To: Officer Commanding,
1/Bn. Royal Newfoundland Regiment,
B.E.F.

24th March 1919

3952 Cpl. Metcalfe

With reference to the following telegram from the Minister of Militia, / / (89)

"Pay to- 3952 Metcalfe

£4. 2. 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.

[Signature]
Chief Paymaster & O. i/c Records

6-4-1919

3952 Cpl Metcalfe

This N.C.O. wishes this amount retain to the credit of his account - please.

Approved

No. 6190/455

NEWFOUNDLAND CONTINGENT

~~038034~~

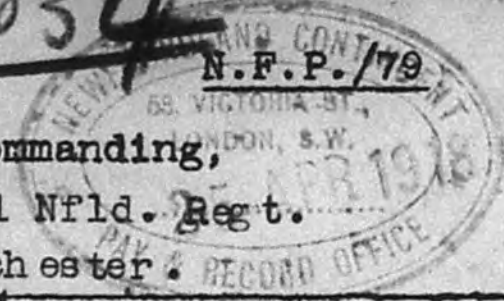
N.F.P./79

From:

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

To:

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



22nd April 1918

April 24 1918

Subject: 3952, L/Cpl. C. Metcalfe C

With reference to the following telegram (3373) from the Hon. Minister of Militia, received 13/4/18

Pay to 3952 Metcalfe £5:2:0

Draft £5:2:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Signature]

COMMANDING OFFICER COMDG. 1st NEWFOUNDLAND REGT. BATH

Officer Comdg. Bath
1st Newfoundland Regiment

Received the sum of Five
Pounds Two Shillings on account of
cable remittance from Newfoundland.

Lt. C. Metcalfe
No. 3952 Rank R/Lt

FORM K

N^o 3639



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eggar Mitchell, Regl. No. 3052
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Seventy Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :

Allotment begins Oct. 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>312 B</u>	<u>Mother</u>	<u>William Mitchell</u>	<u>Pilley's Island</u>	<u>60</u>
		<u>Mitchell</u>	<u>Rd. 1</u>	
Total Allotment, \$				<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding
9 Company
Sep 25 1917

(Sig.) [Signature]
 (Rank) Private



1ST. NEWFOUNDLAND REGIMENT /

ALLOTMENTS

I, Eneas Metcalf, Regl. No. 3952
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 60 Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz :
 Allotment begins Oct. 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3153	Mother	Mellisa (Martin) Metcalf	Pilley's Island N.D.B.	60
			Total Allotment, \$	<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) [Signature]
 Officer Commanding
 9th Company
[Signature]
 Sep 25 1917

(Sig.) [Signature]
 (Rank) Private

No. *3952* Name *Pte McKeally* Sqn., Batty., or Company } *A B* Corps *Royal Newfld* Date of enlistment } *17.9.17* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. } Company, etc. } *W. M. Evans* } Character }

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
<i>Field</i>	<i>19/7/18</i>	<i>Pte</i>		<i>neglect of duty, allowing two prisoners to escape</i>	<i>Lt Ross Pte Cox " Ross</i>	<i>reprimand of name strip</i>	<i>2/8/18</i>	<i>major Mathews</i>	<i>2/8</i>

Army Form B. 123.

Metcalfe, E

3952

Ray Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3952 Rank Serjt Name Micalf E.
 Intended place of residence Pelley's Island
 Occupation Cookman
 Classification of soldier E Medical Category AI

3. The above named man is discharged in consequence of... **DEMOBILIZATION**.....

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 17 1919
 For [Signature] Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date ST. JOHN'S
JUN 17 1919
[Signature] Signature of soldier
[Signature] Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date ST. JOHN'S
JUN 17 1919
[Signature] Signature of soldier
[Signature] Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-9-17 No of days on Military Service
 Discharged from service 17-9-19 PLUS 14 DAYS Service 667

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
JUL 1 1919
[Signature] Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld.
 Date July 15/1919
[Signature] Officer i/c Records
 The Royal Newfoundland Regiment

a 7/B 2079/3046

July 15, 1919

#3952 Sgt. Edgar Metcalf,

Pilley's Island

Dear Sir:-

Please find enclosed Discharge Certificate #3046.

Yours truly

Captain & Paymaster

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

MEDICAL HISTORY

OF

Surname McLennan Christian Name Edgar

Table I.—GENERAL TABLE.

Birthplace:—Parish Pilly's Island N.D.B. County Wick

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	17th	Sept		191
	at	St. John's Wick	at	
Declared Age	23	years		days
Trade or Occupation	Fisherman			
Height	5	feet 8 inches		
Weight		131 lbs.		
Chest Measurement	Girth when fully expanded... 37 inches			
	Range of Expansion... 5 inches			
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
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 Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	17th day of Sept	on	day of 191
		Corps.		Corps.
		Regtl. No.		Regtl. No.
Joined on Enlistment	1st Wick Regt. 3952			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Miner*
2. Regtl. No. *3962* 3. Rank. *Capt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Metcalfe, E.* (Surname) *E.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *26*...
6. Posted for duty on *17.9.17* at *St John* in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

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

nil
nil
nil
nil

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service.. .. . | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

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

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

He complains of no disability.

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

20. Do you recommend—

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

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

Repatriation

W. P. Weimer, Capt. R.A.M.C.
 Medical Officer in charge of case.

Station Harley Camp

Date 30 H 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

The Royal Mfld. Regiment

DEMOBILIZATION

No. 3957 Rank _____

Name Rekalgis E

Warned for demobilization on

JUN 17 19

July 21, 1919

#3952 Sgt. Edgar Metcalf,

Pilley's Island, N.D.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.

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..... *Edgar* 2. Surname..... *Metcalf*

3. Rank..... *Sergeant* 4. Regt. No..... *3952*

5. Address in full to which future payments of gratuity are to be forwarded..... *Pelley St. N.S.B.*

6. Date of enlistment in the Regiment..... *Sept 17/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Melissa Metcalf*

8. Relationship of such dependents..... *Mother*

9. Address in full of such dependents..... *Pelley St. N.S.B.*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas*

.....

12. Give total length of time which you served on active service, whether in field or Overseas..... *From Sept 17/17*

To June 17/19 13.....

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?.....
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?.....

(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.....

..... *No*

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, Belgium & Germany - From May 25/18 to Feb. 1919. Ypres.

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.....

..... *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.

Edgar McAuliffe

Signature of Applicant:

Place of Residence:

Declared before me at:

This

Philip L. W.D.B.
M. Phair, field
17th day of *June* 19...*19..*

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

John McCarthy

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

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

NOTICE:

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

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

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

- 417*
- 339*
- All for comm. [unclear]*
- 417*
- Name in full of soldier. Rank. Reg't. or Unit. Reg't. No.
 Edgar J. Metcalfe Pte. Royal Nfld. 3952
 - Age of soldier. 23 yrs. 7 mos. (Singles) Married or single.
 - Name in full of mother. Age. Occupation. Permanent Address
 Melissa Metcalfe 69 yrs. (domestic) Pilley's Island.
 - Give name of your husband. Age. ^{at time of death} Occupation. Where employed.
 Martin Metcalfe, ~~died Jan 1st 1910~~ 63 Fisherman & Miner Pilley's Island
 - If your husband is not supporting you, state the reason.
~~not a~~ *above - Husband dead*
 - If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue
 - If you are a widow, state date and place of death of your husband.
 Martin Metcalfe died at Pilley's Island Jan 1st 1910.
 - Have you married again since death of above mentioned husband.
 No
 - Names of your other children. Address in full. Age. Occupation. Married or single.
 Bertha Pilley's Isld. 34 domestic single
 Albert Edward Habana Mines 33 Miner Married
 William Francis Bell Isld. 31 " Married
 Annie Alice " 26 domestic Married
 Flora Belle Wesleyville 22 " Married
 (adopted) - George Pilley's Isld. 9 yrs schoolboy single

10. State amount earned by (a) Yourself *Nothing*
(b) Your husband. *(dead) - - - -*
-
11. State amount and source of any other income. *\$18.00 per month. (Allotment on behalf of soldier only)*
-
12. State value of real property belonging to you and your husband. *\$1000 house land.*
-
13. State value of personal property belonging to you and your husband. *Nothing*
-
14. If husband is dead, state value of real and personal property left by him. *House Land \$1000.*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *\$350.*
-
16. Was this amount contributed weekly or monthly. *Monthly, in amounts ranging from \$20. to \$40.*
-
17. Did this amount include payment of son's board, etc. *No*
-
18. State your son's trade or occupation prior to enlistment. *Fisherman Miner.*
-
19. State amount of his wages per week. *\$30. per week.*
-
20. State name and address of his last employer. *Dominion Iron & Steel Co. Bell Bld.*
-
21. State amount of monthly support from son since enlistment. *The allotment only. (\$18.00)*
-
22. State amount of allotment received by you from son monthly. *\$18.00.*
-
23. State from what date did you receive allotment. *January 1918.*
-
24. Actual amount contributed by other children. *Weekly. Monthly.*
One son a discharged soldier sends an occasional gift of about \$5. or \$10. per month.
-
25. Are any of these children in the employ of you or husband. *Yes. one*
-

26. If not receiving support from other children, state cause. Explain fully. *Other children are married and have families to support except the ^(return holder) just referred to who has recently married*

27. With whom are you residing at present? *I and my one unmarried daughter and maintain the little boy. live on my own house*

28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *No.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much *No.*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much *No.*

31. Was the soldier at the times of his enlistment an employee of the Nfld. Government. *No.*

32. In what capacity and in what place.

33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regt. If so, how much? *No.*

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence ACT.

Signature of applicant... *Melissa Metcalfe*.....

Place of residence... *Pilley's Island*.....

Declared and subscribed before me at... *Pilley's Island District of Twillingate*.....

this... *Twenty fifth* day of... *October*... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace... *W. J. Woods*.....

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

Signature of Clergyman... *William Marsh, Adjutant, S.A.*.....

Signature of Member of Patriotic Fund Committee.....

Approved
[Handwritten signatures]

MEDICAL CERTIFICATE

For information of the Separation Allowance Department.

1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed. } *Edgar J. Mitealy.*
3952
2. Name and age of said soldier. } *Edgar J. Mitealy.*
23 years 7 months.
3. Is said a chronic invalid and totally incapacitated } *no.*
4. Of what nature is disability } *widow 62 years of*
age.
5. From what date has this total incapacity been existent? } _____
6. How long is total incapacity likely to continue and what will be the effect on earning power. } *can earn nothing as*
has not strength to work
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date? } *has been unable to*
work for 10 years
can only do little light
things about her home.
8. Are you the regular attending physician. } *Yes.*
9. Relationship to soldier of applicant. } ~~*Brother*~~
Mother

I certify that the above statements are correct.

Gibbys BlouelPlace.
Oct. 1. 1918Date.

J. H. Kellam M.D.
.....
Physician.

2952

Pilleys Island

Aug 29th 1918

Lieut. J. M. Howley

Dear Sir:-

Would you kindly inform me, as to how a woman whose husband is a soldier, or who is a widow and her youngest son is serving with the colours may benefit through any of the Patriotic funds.

I refer to the following instance:-
Mrs. Metcalfe of this place is a widow over 60 years of age. An older son of hers has been discharged from the regiment on account of disabilities received on July 1st 1916. He receives no pension.

The youngest son is now serving with the Regiment in France, and the only income of the mother is his monthly allotment, of which she sends him a part, and what help her other sons can give. Is she not entitled to assistance from the Patriotic Fund? Or is there not a Fund for the Benefit of such people?

Yours very truly
Adjutant Marsh S.

2952

Sept. 2nd. 1918.

Adjutant Marsh, S.A.,
PILLEY'S ISLAND.

Dear Sir:

With reference to your letter of Aug. 28th on behalf of Mrs. Metcalf I enclose form of claim for Separation Allowance, which kindly have completed on behalf of Mrs. Metcalf and return to this office, on receipt of which her claim will be considered.

Yours truly,

Lieut.
For Paymaster

May 21, 1919

Mrs. Melissa Metcalf,
Pilly's Id., N.D.B.

Dear Madam:

3952

Acting in the instructions
of your son, #3925, Acting Sergeant Metcalf, I en-
close herewith form of claim for Separation
Allowance, which kindly have completed, and re-
turned.

Yours truly,

Lieut.
For Paymaster.

Casualty Form - Active Service.

Regiment or Corps *H. Royal Newfoundland*
 Rank *Pte* Surname *Mitcalfe* Christian Name *Edgat*
 Religion *S.A.* Age on Enlistment *23* years *7* months
 Enlisted (a) *17.9.17* Terms of Service (a) *Duration* Service reckons from (a) *17.9.17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate *25 MAY 1918*
 Occupation *Fisherman* *J. M. Curran* 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 ...	<i>25-5-18</i>		
		Disembarked ...	<i>27-5-18</i>		
		<i>Joined Battalion</i>	<i>31-5-18</i>		
<i>28</i>	<i>O.C.</i>	<i>Appt'd of lance stripe</i>	<i>~</i>	<i>2.8.18</i>	<i>B 2069, B.O. 390</i>
		<i>Appt'd 2/Corp. 16/1/19</i>			<i>B 213 20/1/19</i>
		<i>Appt'd 4/Corp. 30/1/19</i>		<i>B 213 1/2/19</i>	
		<i>Conf'd to rank</i>			<i>B 213 22/2/19</i>
		<i>Appointed 4/sgt.</i>		<i>24.3.19</i>	<i>B 213</i>
		<i>Arrived in UK</i>		<i>23/4/19.</i>	

ms

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W 5635 M2733 2056a 9,17 (35-11), C. P. & S., Ltd., Form B.1103 2/1907. P.T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Number of Sheet

First

Signature of O. C. Company

W. H. J. 7/22

Regimental Number and Name		Enlistment		Trade
No.	<i>3952</i>	Age on	<i>23</i> years <i>7</i> months	<i>Fisherman</i>
Joined <i>Mitcalfe Edgar</i> Date		Place and Date of Enlistment	<i>14-9-17</i> <i>St. John's</i>	Religion
Joined	Date			
Joined	Date	Period of		
Joined	Date		with Colours <i>302</i> years.	
		with Reserve <i>365</i> years.		

Good Conduct Badges, Service pay or proficiency pay
Promoted Lt. Col. 8-12-17.

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
				<i>Demobilized St. John's, 15 ²/₁₇</i>					

To be carried over

D.3952.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8902 Rank Serjt Name Mitchell E
 Date of Enlistment 17 9-17 Address Pellys Rd District Drg Jate
 Occupation Fisherman Classification for Discharge 4 Medical Category F1
 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 16-6-19 for O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E Mitchell

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied [Signature]

Date 17-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. to his home at and Release Certificate No. 2004 issued.

Date

17-6-19

J.A. Snowcroft
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

17-6-19

H. J. Hunsitt
Depot Paymaster.

Discharge approved for

1-7-19

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

17-6-19

J.A. Snowcroft
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

JUL 1 1919

R. J. Hunsitt
O. C. Discharge Depot.

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

Date

July 10/19

James Clouston
Good Shepherd

Reg. No. 3917 Rank Sgt. Name Mitchell

Attested Address Alley Island

Allotment Allottee

Date of Allotment Returned from Overseas 29.5.19.

Returned on S.S. Crossian Cause Overcharge

16.6.19.
1.7.19.

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.



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 *Edgar Metcalfe*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3952*

Intended address *Pillay's Island, N.S.B.*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father _____

Christian name of Mother *Melissa*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Pillay's Island, Feb 18th, 1893*

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) *Edgar Metcalfe*

Stewart
(Rank)

Station *S + P. H. S.*

Date *16-6-19*

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

Station _____

Date _____



The Royal Newfoundland Regiment

Class for Demobilization:—

Ej

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 16. 6. 19

Regimental No 395-7

Name initials edgar

Rank Supt

Address Pellys Island N. D. Bay

Present Medical Category Ai

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

P. Peterson
Senior Medical Officer

D. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3902 Rank Sergeant Name Mitchell E. J. J. J.
 Date of Enlistment 17-9-19 Address Pillys Gey District St. John's
 Occupation Fisherman Classification for Discharge F1 Medical Category 171
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 16-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

[Signature]

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 17-6-19 O. i. c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R 1832* to his home at *Prilleys Road* and Release Certificate No. *2854* issued.

Date

17-6-19

J.A. Snowcroft
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 *15-7-19*

Date

17-6-19

H. Winstanley
Depot Paymaster.

Discharged approved for

1-7-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date

17-6-19

J.A. Snowcroft
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional document

Eligible for War Service Gratuity

Date

JUL 1 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~~

E. M. Peck

Signature of Man.

Reg. No. 3952.

J. A. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

St. John

Date

17-6-19

191

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. file
Attention of

NAME ~~METCALFE~~, Edgar Jones

Dept. of Veterans Affairs
War Service Records
JUL - 8 1963
Referred to SERVICE 3952
Checked NUMBER ROYAL Nfld REGT.

OTTAWA 4, Ont.,
Date JULY 7, 1963

C.P.C. No. -----
W.V.A. No. 221602

~~ARMY~~
ARMY
~~REGT.~~

The DEPARTMENT has received information from

~~S.T.M.O., D.V.A., Camp Hill Hospital, Halifax, N.S., Tel. Memo d/3-7-63~~
(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death May 26, 1963
Cause of Death
Place of Death Glace Bay General Hospital, Glace Bay, N.S.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~BAK~~
~~DGX~~
H.O.

} Destroy form if advice of death already received.

E. C. Richards

for
Chief, Central Registry