



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4577 Name Power Alphonsus J Corps R. I. C.

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

- 1. What is your name? ..... 1. Alphonsus J Power
- 2. What is your full Address? ..... 2. St Mary's
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 21 Years ..... Months
- 5. What is your Trade or Calling? ..... 5. Farmer
- 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, Alphonsus J Power 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.

Alphonsus J Power SIGNATURE OF RECRUIT.

James Abble, L.P.C. Signature of Witness.

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

I, Alphonsus J Power 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. Mary's on this 22 day of April 1918

Signature of Attesting Officer Geo. L. Bartley, Major

### 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) .....



# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Alphonsus J Power  
 Apparent age 21 years - months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Theresa Power  
St Mary's | Relationship mother  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>22-4-18</u>									<i>Lance Cpl. 10</i> <i>Corporal. 22</i> <span style="float: right; font-size: small;">6/8 5/9</span>
Joined at <u>St. Mary's</u> on <u>April 22, 1918</u>									
<u>Discharged July 31, 1919</u>									<span style="font-size: 2em;">3</span>
<u>Embarked St. Mary's train to Halifax N.S. 11-6-18.</u>									
<u>To Newfoundland for demobilization 24-6-1919.</u>									
<u>Arrived Newfoundland 1-7-1919</u>									
<u>Demobilization St. Mary's 31-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 31-7-19 (date of discharge), 1 years 101 days  
 " " Pensions " " " " " " " " " " " "

3  
C.R. 4577

Extract from daily orders part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 7th 1919.

The discharged of the undernoted on demobilisation has  
been CONFIRMED by officer i/o records from noted date  
21-7-19.

4577, Cpl. Alph. Power.

C.R. 4577

extract from daily orders part II Royal Newfoundland Regt.  
Regt. St. John's dated July 8th 1919.

The discharge of the undernoted on demobilisation has been  
APPROVED by C.O. discharge Regt with effect from following  
date 17-7-19.

4577, Cpl. A. Power.



C.R. 4577

Extract from Daily Orders Part II Unit The Royal Field Artillery  
St. John's, July 3rd 1919.

4577 Cpl. J. Power

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed  
Glasgow 24th June, 1919.

C.R. 4577

Extract from Daily Orders part 41, Unit the R.N.R.  
by Lieut. Col. B.J. Barton, D.S.O. Officer Commanding  
2nd Battalion Royal Newfoundland Regiment dated 22-<sup>5</sup>15.

To be Acting Corporal.

4577 L/C. A. Power.



C.R.

4577

Extract from telegram received from Synoptical London.  
Dec. 11th, 1912.

With reference your telegram Nov. 30th owing to error  
in transmission of your telegram amount was paid 5577 Rose,  
efforts being made to recover In the meantime £.55 will be  
paid 4577 Power.

C.R. 4577

Extract of Telegram to Pay and Record Office, London from Military  
St. John's, dated November 30th 1918.

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With reference my telegram Aug. 6th #4577 Power 23 payee states  
amount not received up to October 4th report by telgraph



C.R. 4577

Extract from Daily orders part 11. From Unit The Royal Welch  
Regiment, St. John's dated June 14th 1916.

4577 L/C A.J. Power.

Unboxed for Overseas with draft 11-6216.

C.R. 4577

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 10, 1918.

#4577 Pte. A. Power.

To be Lance Corporal from 10.6.18



C.R. 4577

Extract from Daily Orders part 11, from Unit The Royal Wfld.  
Regt. St. John's, dated April 23, 1918.

#4577 Pte. Alphonsus J. Power.

Attested for General Service with the Royal Wfld. Regt. with  
effect from 22/4/18

Power, A.

C.R. 4577

P.F.R.U.

2









FORM K

Nº 4063 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alphonsus Power, Regl. No. 4577

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Fifty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3930	mother	Mrs James (Theresa) Power	St Marys	
			Total Allotment, \$	<u>50<sup>s</sup></u>

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

Sig.) [Signature]  
 Officer Commanding  
B Company  
[Signature]  
May 17 1918

(Sig.) Alphonsus Power  
 (Rank) Pte



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

Sir:-

Please charge the amounts 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 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4577	4/c	Power, A	\$250	A. Power

I have the honour to be, Sir,  
~~for the Committee,~~  
Your obedient servant.

Date

July 7/18

A. Power

No. 16520/1797.

N.F.P. 179.

NEW FOUNDLAND CONTINGENT

From:

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

Officer Commanding,  
2nd. Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

OctM 12th, 1918

Oct. 16<sup>th</sup> 1918

Subject: 4577, L/C. A.J. Power,

With reference to the following telegram ( 8772 ) from the Hon. Minister of Militia, received

"Pay to 4577, L/C. A.J. Power, £2.0.0.

Draft £ 2.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

*A. J. Barton* : LIEUT. COLONEL,  
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.  
Officer Comdng. Batt'n  
Royal Newfoundland Regiment

Received the sum of £2-0-0

Two pounds on account of cable remittance from Newfoundland.

Alphonsus J Power  
No. 4577 Rank L/C

*A. A. Munnell Maj.*  
Chief Paymaster & O. i/c Records.

Witness  
*E. Munnell*



No. 20489/2323/P&A.

065895

N.F.P./79.

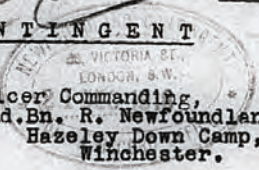
NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.



10th. December, 1918.

Subject: 4577. L/C. J. Power.

With reference to the following telegram (10349) from the Hon. Minister of Militia, received

Pay to 4577 Power - £3:0:0

Draft £3:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*R. J. Mercer Maj.*  
Chief Paymaster & O. i/c Records.

Dec 14 1918.

Receipt hereunder.  
*Ok*  
LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg. Batt'n,  
Royal Newfoundland Regiment.

Received the sum of £3.0.0  
Three pounds on account of  
cable remittance from Newfoundland.

Repayment Power  
No. 4577 Rank LC  
Witness R. J. Mercer, cpl.

Power, A

4577

3  
May & Sept.



3  
July 31st 1919.

#4577, Spl. A. Power,  
Cambridge, U.S.A.,

Dear sir:

Enclosed please find Discharge Certificate  
# 3229.

Yours truly,

Capt. & Paymaster.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4277 Rank. Cpl Name. Powers, A  
 Intended place of residence. Cambridge, U.S.A.

2. Occupation Farmer  
 Classification of soldier. F1 Medical Category A1

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 JUL 4 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, ST. JOHN'S  
 Date JUL 4 - 1919  
 Signature of soldier  
 Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 4 - 1919  
 Signature of soldier  
 Signature of witness

9  
30  
31  
101

### STATEMENT OF SERVICE

7. Enlisted for service. 22-4-18 No. of days on Military  
 Discharged from service. 17-7-19 Plus 14 days Service. 466

### 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  
 Date JUL 17 1919  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place, ST. JOHN'S  
 Date July 21/1919  
 Officer in Records  
 The Royal Newfoundland Regiment

AD B 2079/3128



# The Royal Newfoundland Regiment

Class for Demobilization: 7/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 3.7.19

Regimental No 4577

Name Power A.

Rank Cpl.

Address Cambridge N.S.A.

Present Medical Category A1

Recommended for: (a) Immediate discharge

(b) Standard Medical Board

Members of Board

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

J. P. ...  
Senior Medical Officer

W. C. ...  
M.O. Depot



# The Royal Newfoundland Regiment

## DEMOLITION OF

Reg. No. 4597 Rank Cpl Name Paul A. [unclear]  
 Date of Enlistment 22-11-18 Address [unclear] District [unclear]  
 Occupation Farmer Classification for Discharge [unclear] Medical Category A+  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 3-7-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOLITION

#### 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 [Signature]

Date 4-7-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. TP21524 to his home at Cambridge, USA and Release Certificate No. 3197 issued.

Date 4-7-19 *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 31-7-19

Date 4-7-19 *Depot Paymaster.*

Discharged approved for 17-7-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 288	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 4-7-19 *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 6/17/19 *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. Power*

Signature of Man.

*W. M. Blonstein*

Reg. No. 4377.

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 4-7-19. 191



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

# MEDICAL HISTORY

OF

Surname Howe Christian Name Alphonsus

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>S. Marys</u> County <u>Nfld</u>	
<b>SPECIAL RESERVE.</b>	
Examined	on <u>22</u> day of <u>Apr</u> 191 <u>8</u> at <u>S. Johns</u>
Declared Age	<u>25</u> years — days
Trade or Occupation	<u>Farmer</u>
Height	<u>5</u> feet <u>6</u> inches
Weight	<u>148</u> lbs.
Chest Measurement	Girth when fully expanded... <u>37</u> inches
	Range of Expansion... <u>4</u> inches
Physical Development	
Vaccination Marks	Right
	Left <u>1 Scar</u>
When Vaccinated	<u>10 7 2 2 9 0</u>
Vision	R. E.—V= <u>6/6</u>
	L. E.—V= <u>6/6</u>
(a) Marks indicating congenital peculiarities or previous disease	(a)
(b) Slight defects but not sufficient to cause rejection	(b)
Approved by (Signature)	<u>Lorne P. Adams</u>
(Rank)	<u>Major</u> Medical Officer.
Enlisted	at <u>S. Johns</u> on <u>22</u> day of <u>Apr</u> 191 <u>8</u>
Joined on Enlistment	Corps. <u>The Royal Nfld Regt</u>
	Regtl. No. <u>4577</u>
Transferred to	
Became non-effective by	on _____ day of _____ 191 <u>1</u>
(Signature)	
(Rank)	

**REGULAR ARMY.**

on \_\_\_\_\_ day of \_\_\_\_\_ 191  
 at \_\_\_\_\_  
 years \_\_\_\_\_ days  
 feet \_\_\_\_\_ inches  
 lbs. \_\_\_\_\_  
 inches \_\_\_\_\_  
 inches \_\_\_\_\_



**Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.**

Date	Brief Details, and Signature
23-4-18	Vacc. <i>JD</i>
17-5-18	TAB <i>JD</i>
16-6-18	do. <i>Ally</i>
10-7-18	TAB <i>JD</i>
	3

*I hereby certify that the soldier  
 here named, from a Travelling Medical  
 Board, and has been classified as  
16. for Discharge on Demobilisa-  
 tion. Medical category *AIH*  
3.7.19  
Date of V.M.B. *[Signature]*  
Assistant Surgeon  
 Director of Post-Headquarters*

**Table IV.—SERVICE TABLE.**

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation





## 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 *Alphonsus Power*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4577*

Intended address *Cambridge. U.S.A.*

Height on discharge *5* Feet *7*

Color of hair on discharge *light.*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks           

Figure on discharge *medium*

Christian name of Father           

Christian name of Mother *Theresa.*

Wife's maiden name in full           

Date and place of marriage           

Christian names of children           

Place and date of soldier's birth *St Mary's, Oct 22<sup>nd</sup>, 1896*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Alphonsus Power*

*SpH*  
(Rank)

Station *St Johns*

Date *3-7-19*

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

Medical Officer i/c Hospital.  
Unit or Command Depot.

Station

Date



**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 West Surrey Regt*
2. Regtl. No. *4577* 3. Rank..... *R Cpl*
4. Name *Power*..... *Alphonso*  
(Surname) (Christian Names)
5. Age last birthday... *22*.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Farmer*
- 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.
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  
(b) Where (if any)  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 n (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. *nil*
12. Place of origin of disability. *nil*
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*



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? }

*He complains of no Disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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.)*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
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?

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

*Repatriation*

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

*W. S. Proctor* *J. J. Lane*  
 Medical Officer in charge of case.

Station *Ragley Down* .. .. .

Date *10/11/19* .. .. .

\* 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.

August 1st 1919.

Mr. A. Cowe,

888 Massachusetts Avenue,  
Cambridge. U.S.A.

Dear Sir:

Referring to your application, I enclose  
cheque for seventy dollars (\$70.00) being amount  
of first payment due you on account of war Ser-  
vice Gratuity.

Yours truly,

Capt. & Paymaster.

RS/.



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 20th. 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 *Rephousis* ..... 2. Surname *Powers* .....
3. Rank *Corporal* ..... 4. Regtl. No. *4877* .....
5. Address in full to which future payments of gratuity are to be forwarded. *888 Massachusetts Avenue, Cambridge, Mass.* .....
6. Date of enlistment in the Regiment. *April 20, 1918* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. ....
8. Relationship of such dependents. *Terese M. Powers, Mother* .....
9. Address in full of such dependents. *888 Massachusetts Ave, Cambridge, Mass.* .....
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 Hfld. If so, give dates and particulars of such service. *Overseas* .....
12. Give total length of time which you served on active service, whether in Hfld. or Overseas. *Twelve months* .....
- ..... 1.2 .....



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.

*no*

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

*no*

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

*no*

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

*no*

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

*no*

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

*no*

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

*no*

*July 18/19*

(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.

*England*

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: - *Alphonse Bove*  
 Place of Residence: *888 Massachusetts Avenue, Cambridge, Mass.*  
 Declared before me at: *St John's*  
 This *7<sup>th</sup>* day of *July* 19*19*....

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

*John M. Carthy*  
*J.P.*

POST DISCHARGE PAY.			Net amount due
Date paid	Paid	War Service Gratuity.	
	Soldier. Dependant:	<i>4 mos</i>	<i>\$ 280<sup>00</sup>/<sub>100</sub></i>
.....			
.....			
.....			
Certified correct.		Register	<i>7</i>

6031

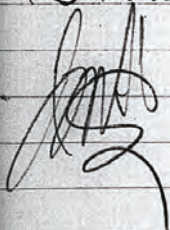
778 Mass Ave  
Cambridge Mass  
Aug 4<sup>th</sup> / 19.

Capt Jas Hawley  
Militia Office.  
St John's.

Dear Sir:-

As the discount on  
foreign money in America is  
so very high, I beg to ask  
you to forward the gratuity of  
\$3.74 compl allowed to St Mary's  
per Jas D Burks, and he will  
send me an order for the  
amount.

Thanking you in anticipation  
Yours obediently  
W. J. Owen





Sept 1, 1919

J. D. Burke, Esq.,  
St. Mary's N.M.

Dear Sir:-

At the request of: Alphonsus Power, I enclose  
cheque for Seventy dollars (\$70.00), being amount due  
him in payment of war Service Gratuity.

Yours truly,

Captain & Paymaster.

Enc'l 1.





1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alphonsus Power, Regl. No. 4577  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
     Dollars and Fifty Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3930	mother	Mrs James (Theresa) Power	St Marys	
Total Allotment, \$				<u>50<sup>00</sup></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  
B Company

St John's  
May 17 1918

(Sig.) Alphonsus Power

(Rank) Pte



1893

Mary's  
July 15 1918

The Paymaster  
Separation allowance Branch  
Sergeant's

Dear Sir: -

I enclose herewith the  
Papers you sent and have  
them signed by the P. P.  
Magistrate and Chairman of  
the Patriotic Committee.

They are answered to the  
best of my ability.

My son in the American Army  
made his allotment to  
his sisters residing in the

United States, and you see  
now that my son Alphonsus  
is my sole support.

I am,

Respectfully yours  
Geresa M. Power



MOTHER  
MOTHER

ROYAL NEWFOUNDLAND REGIMENT  
(Separation Allowance Branch)

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.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
*Alphonsus Power* *Lepl.* *R. Ryld* *4577*

2. Age of soldier. *22 yrs* Married or single. *Single*

3. Name in full of mother. Age. Occupation. Permanent Address.  
*Jeresa M. Power* *52* *House wife* *St. John's*

4. Give name of your husband. Age. Occupation. Where employed  
*James Power* *Dead*

5. If your husband is not supporting you, state the reason.

6. 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.)

7. If you are a widow, state date and place of death of your husband.  
*St. John's*  
*July 10 1906*

8. Have you married again since death of above mentioned husband? *No.*

9. Names of your other children. Address. Age. Occupation. Married or single.  
*Patrick Power* *New York (30th Ave)* *Agent* *Married*  
*L. dea. Power* *Boston 26* *Sales woman* *Single*  
*P. dea. Power* *Ann Army* *25* *25* *Single*  
*Hannah Power* *Boston 25* *Sales woman* *Do.*  
*Mary Power* *St. John's 19* *Teacher* *Do.*  
*Bonide Power* *St. John's 16* *Joiner* *Do.*  
*James Power* *St. John's 13* *Do* *Do*

*Allotment correct for 50 cents per day commencing Jan 1, 1908.*



10. State amount earned by (a) Yourself none  
(b) Your husband \_\_\_\_\_
11. State amount and source of any other Income none
12. State value of real property belonging to you and your husband. none
13. State ~~value~~ value of personal property belonging to you and your husband. \$ 500.00
14. If husband is dead, state value of real and personal property left by him none
15. Actual amount contributed by soldier during the year prior to enlistment \$ 100.00
16. Was this amount contributed weekly or monthly. yearly
17. Did this amount include payment of son's Board, etc. no
18. State your son's trade or occupation prior to enlistment. Working, wherever he could earn
19. State amount of his wages per week.
20. State name and address of his last employer. No permanent employer
21. State amount of monthly support from son since enlistment \$ 15.00
22. State amount of allotment received by you from son monthly. \$ 15.00
23. State from what date did you receive allotment? 7 June 1918
24. Actual amount contributed by other ~~children~~ children you any any for their own support  
Weekly. Monthly.
25. Are any of these children in the employ of you or husband? no



26. If not receiving support from other children, state cause. Explain fully? "see 24"

27. With whom are you residing at present? Keep house myself

28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. No. by son enlisted in Apr

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 time of his enlistment an employee of the Nfld. Government? No

32. In what capacity and in what place? No

33. Is he in receipt of a salary as such while serving in the Royal Nfld. Regt. If so, how much? \_\_\_\_\_

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. Mrs (James) Gerena Power

Place of residence. St. Marys

Declared and subscribed before me at. St. Marys

this. 135 day of July 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, or Justice of the Peace. Dr. Hogan S.M.

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. S.P. Driscoll, P.P.

Signature of Member of Patriotic Fund Committee. Stephen Gibbons

Approved

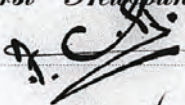
W.F.P.  
[Signature]

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>/~~xx~~

July 7 19 19

Received from the First Newfoundland Regiment  
the sum of Seventy  Dollars.  
on account of Pay. *W. L. H.*  
~~Balance~~

Alphonse Towers

Ch. No.	2453	Initials.	<i>W. L. H.</i>
Pay Ledger	71	Initials.	<i>W. L. H.</i>
Gen. Ledger		Initials.	

Regtl. No. 4577 Rank *Capt.*



No. 14677 Rank *pt*

Name *A. J. Power*

*10*

M.

4577 Power

One payment W.S.E. is  
authorized please.

7/7/19

F.C.S.  
W.S.E.



9th. May 1916.

A. Sonie, Esq.,  
Mailman,  
St. Mary's.

*J.P.A.*

Dear Sir,-

I enclose herewith cheque for \$2.00,  
being the amount due you for Transportation a/c  
No. 4577 Private A. J. Power.

Yours faithfully,

Capt. Symington.

Encl.  
J/H.

No. M 101

(Arsonia) May 1<sup>st</sup> 1918

To the mailman S. Marys

Please deliver to bearer

US 77 Ste A. J. Lawe

passage from ~~Holyoke~~ <sup>St Josephs</sup>  
to S. Marys ~~and~~

~~return~~ the sum of two dollars  
(\$ 2.00)



And charge to account of





St Mary's

4/5/18

Dear Sir

Kindly send by  
return mail the amt.  
of two dollars (\$2.00)

yours very truly  
A. Bonis

570

NOV 10 1918  
MAY 1 1918  
COMMANDING

(mailman)

*Isamant*

*JBH*

CERTIFIED CORRECT

ACCOUNT	<i>2</i>	INITIALS	<i>JBH</i>
CH. NO.	<i>114</i>	INITIALS	<i>JBH</i>
IND. LEDGER	<i>1</i>	INITIALS	<i>JBH</i>
PAY LEDGER	<i>1</i>	INITIALS	<i>JBH</i>
GEN LEDGER	<i>1</i>	INITIALS	<i>JBH</i>

C.R. 4577

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 *Alphonso J. Powers*

Date *11/25/19*

Place *Cambridge Mass*



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B 121.  
39

Number of Sheet one

Regiment of Royal Marines

Signature of O. C. Company G. J. James

4577

Regimental Number and Name		Enlistment		Trade
No.	<u>Power, A. J.</u>	Age on	21 years months	<u>Farmer</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's 22.4.18</u>	Religion
Joined	Date	Period of } with Colours <sup>10</sup> / <sub>365</sub> years. with Reserve <sup>365</sup> / <sub>365</sub> years.		<u>R.C.</u>
Joined	Date		Place of Birth	
Joined	Date		<u>St. Mary</u>	

Good Conduct Badges, Service pay or proficiency pay

10-6-18 Promoted lance corporal

ack call 22-5-19

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>		<u>31</u>	<u>7</u>		

To be carried over

Army Form B. 121.

4477

Demobilization and Release Certificate

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4577 Rank Sgt Name Robert A. [unclear]  
 Date of Enlistment 22-11-18 Address [unclear] District [unclear]  
 Occupation Farmer Classification for Discharge F-1 Medical Category A-1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1936	B 288	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 3-7-19 f [Signature] O. C. Discharge Depot.

## 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 [Signature]

Date 4-7-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 12154 to his home at banking usa and Release Certificate No. 3147 issued.

Date 4-7-19

*[Signature]*  
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 4-7-19

*[Signature]*  
Depot Paymaster.

Discharge approved for 17-7-19

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

N.F. P36	B 208	B 121	N.F. Med	D.F. 1
B 178	W 340A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178b	D 400B	Form L	do 3rd	" 4
B 178c	D 400C	Form K	do 4th	" 5
B 179a	B 103	ME 2		" 6
B 179b	B 120	M 93		
B 179c				

*[Handwritten: 2 Form B]*

Date 4-7-19

*[Signature]*  
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 July 17 1919

*[Signature]* MAJOR

O. C. Discharge Depot.

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

Date July 21 1919

*[Signature]*

Reg. No. 4572 Rank. Cpl. Name. James A.  
Attested ..... Address. St Marys.  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas. JUL 1 1919  
Returned on S S. Cassandra Cause. Discharge

4.7 19  
17.7 19

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.



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 } *James*
2. Regtl. No. *4577* 3. Rank..... *Pvt. Corp* 7a. If the soldier claims previous service in Army, he should state—
4. Name *James* *rephonic* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday..... *32*
6. Posted for duty on..... at.....  
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  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *no*
12. Place of origin of disability. *no*
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. *no*



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 ?

*Re Complaints of no Disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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.)*

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
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 ?
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 ?

*Repatriation*

20. Do you recommend—
- (a) Discharge as permanently unfit ?
  - (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invaded at Foreign Stations.

*W. E. Proctor* *Rams*  
 Medical Officer in charge of case.

Station *Sayre, Down*  
 Date *10/24/19*

\* 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