



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3496 Name Narry P. Power Corps R. G.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Narry P. Power</u> |
| 2. What is your full Address? | 2. <u>St. Joseph's R.G.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>None</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> |

FOR THE DURATION OF THE WAR

I,, 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.

Narry P. Power SIGNATURE OF RECRUIT.
Wm. Churchill Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,, 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at, on this, day of, 1915.

Wm. Churchill Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the,
 If enlisted by special authority, such will be attached to the original attestation.

Date 1915
 Place

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Harry P. Powers
 Apparent age 19 years - months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Peter Powers
61 Basil St | Relationship Father
St Johns 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 Depot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " " Pensions " _____ [" "] _____ " _____ "



FIRST NEWFOUNDLAND REGIMENT

3496

ATTESTATION OF

No. 3496 Name Harry P Power Corps R. Co.

Questions to be put to the Recruit before Enlistment

- I. What is your name? I. Harry P Power
- 2. What is your full Address? 2. 61 Brasie Sq
St. John's N.Z.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years - Months
- 5. What is your Trade or Calling? 5. blank
- 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, Harry P 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.

Harry P Power SIGNATURE OF RECRUIT.
Harold M. Chess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harry P 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. John's

on this 27 day of July 1917
Signature of Attesting Officer Wm. Churchill

†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 Harry P. Power
 Apparent age 19 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 36 inches
 Range of expansion 4 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Peter Power
61 Baylie St | Relationship Partner
St John's
 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 Depot	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>27-2-17</u>									
Joined at <u>St John's</u> on <u>February 27</u> 17									<u>Harry Capt. 1-12-17</u> <u>Reverts to file 29-6-18</u>
<u>Discharged July 29 1919</u>									
<u>Embarked St John's transport to St John's 11-12-17</u>									
<u>for S.G.S. 2-7-1918 joined Bath. Force 9-7-1918</u>									<u>Admitted 2/6</u>
<u>Trans. H. transport succed. 18/18. Dis to Camp Base dep. 9-12-1918</u>									<u>joined</u>
<u>base dep't 10-12-18 Rejoined unit 5-1-1919</u>									<u>Admitted 1/6. 16/6 (over 8 2/3)</u>
<u>Arrives from S.G.S. station to Coy Winchester 1-6-1919.</u>									<u>To file for demobilization</u>
<u>24-6-1919, Arrives Newfoundland 1-7-1919</u>									
<u>Demobilization St John's 29-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-7-1919 (date of discharge) 2 years 153 days
 " " " Pensions " [" "] " " " "

C.R. 3496.

Extract from W.O.List No. 36290.

Dis. to Camp. Adj. Bruyeres Camp ex I Sty. Hospital
6th. May 1919.

- 3496 Pte. H. Power.

V.D.S.c.

C.R. 3496

**Extract from telegram sent to Synoptical London,
June 4th, 1919.**

Infrom present whereabouts L/Cpl. 3496 Power
and reason why not previously reported in hospital.

C.R. 3496

Extract from Casualties.....List No. H.A. 35375

3496 Pte. H. Power

Adm. 1st Stationary Hospital Rouen 8 Mar'19. V.D.G. Mild.

C.R. 3496

Extract from Telegram sent to Synoptical, London,
June 2nd, 1919.

3496 Power unofficially reported in Hospital
Rouen; please verify stop.

C.R. 3496

Extract from telegram received from Synoptical, London
June 5th 1919.

In answer to your telegram June 4th L/Cpl. 3496 Power
on furlough in United Kingdom previously reported in return
of Casualties 307A March 14th.

3496

C.R. ~~3946~~

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

3496

3946 Pte. H. Power.

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

C.R. 3496

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 1st 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date

~~29/7/19.~~

29/7/19.

3496, Pte. H. Power.

C.R. 3496

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated July 19th 1919.

The discharge of the undernoted on demobilization has
been APPROVED by U.C. Discharge Depot with effect from
following date.

15-7-19.

3496, Pte. Harry Power.

C.R. 3496

Extract from telegram received from Synoptical, London
June ^{3rd}~~2nd~~, 1919

In answer to your telegram June 2nd

3496 Power.

discharged to Camp adjutant Bruyeres Camp May 6th ex No 1.
Stationary Hospital, Rouen.

C.R. 3496

Extract of Telegram from Military to Syn., London
dated April 4th/19.

PLEASE ARRANGE TO HAVE 3496 POWER REPATRIATED WITH
NEXT DRAFT

Extract from War Office List No. H. A. 32998.

C.R. 3496

to 3 Emp. Base Dep. ex 20 ~~Seniors~~ Gen. H. Dannes
Camiers 9th, m December 1918.

#3496 Pte. H. Power.

Scabies Mild.

C.R. 3496

Extract from Casualties List No. H.ATS2080.

3496 Pte. H. Power.

Admitted 20 Gen. H. Dames Camiers 7 Dec, 18.

Scabies mild.

C.R. 3496

Extract from Nominal Roll to B. E. F. embarked
Folkestone 2-7-18

#3496 Pte.H.P.Power.

C.R. 3496

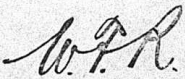
Feb. 2, 18.

Mrs. P. Power,
61 Brazil Square,
City.

Dear Mrs. Power,

I am directed to acknowledge receipt of your letter of 26th January, concerning L/Cpl. H. Power. I have to inform you that notification was received only a few days ago, of any men being left in Halifax. We are awaiting further advice concerning these men to enable us to notify those concerned.

Yours faithfully,


Major.
Chief Staff Officer.

WPR-KMD.

61 Brazil Square
City
Jan 26/18

JR Bennett
minister of medicine.

ANSWERED

FEB 26 18

Dear Sir

I received a letter from my son
"Lance Corp H B Power" who left here for overseas
early in december, stating he had been
left behind at Halifax owing to illness.
I am surprised your department have
not advised me of this.

Would be much
obliged if you will let me have particulars
of his illness etc.

Yours Respectfully
H Power

Mrs P. Power
61 Brazil Square
City

C.R.

3496

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt. Nov. 30th, 1917.

3496 Pte. H. Power.

To be L/Cpl. from Dec.1st, 1917.

C.R. 3496

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

#3496 L/C H. POWER.

3496

C.R.

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt., St. John's, Feby. 25th, 1917

3496 Pte. H.P. Power.

Attached to the Strength from Feb. 27th, 1917.

A. Lowry

C.R. 3496

~~1110~~

NEWFOUNDLAND CONTINGENT

TELEGRAM full text/extract from MINISTER OF MILITIA,

No. _____ Dated / / (), received / /

Decoded by _____ Checked by 4 6 19 220 7 5 6 19Branch _____ Acted upon (Initial) J. S. R.A.P.

Acknowledged per No. _____ Dated / /

Rods.

Please inform-present whereabouts-of-B3496-Power-
and-reason why-not previously reported-in hospital-

File

42 - 43

N.F.P./39.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~Subi-text~~ extract from MINISTER OF MILITIA No. CG37/4/45

Dated 5/4/19 (120), Received 5/4/19

Decoded by N.M. Checked by R.A.P.

Branch O/Transport. Acted upon (Initial) [scribble]

Acknowledged per No. _____ dated / /

Hop Travel

763. Arrange to have - 3496 - Power - 8344 - O'Brien repatriated - next - draft.

Working file 42 43

proceeded 22⁵/19

now attached report

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~Full text~~/extract from MINISTER OF MILITIA,

No. _____ Dated 4/6/19 (220), received 5/6/19

Decoded by J. S. Checked by R.A.P.

Branch Roda. Acted upon (Initial) _____

Acknowledged per No. _____ Dated / _____

[Handwritten signature]

Please inform-present whereabouts-of-B3496-Power-
and-reason why-not previously reported-in hospital-

3496 Power

On furlough

See ^{100.} Casualty report 307A dated 14³/19.

[Large handwritten signature]

Extract

N.F.P./104.

NEW FOUNDLAND CONTINGENT

TRANSLATION ~~Full text~~/extract of TELEGRAM to MINISTER of MILITIA.

No. 253 5/ 6/19 . M. of M. Reply No. _____ d/d / /

Coded by _____ Branch Rods. Checked by _____

With reference to your telegram 4th June-B3496-Power-
on furlough-U.K.-previously reported-in-return of
casualties-307a-March 14th-

TO,- 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.
3496	7/c	Power. H.	\$2.50	

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

Date 26-6-18

H. Power

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM full text/extract from MINISTER OF MILITIA,

No. _____ Dated 2 / 6 / 19 218, received 3 / 6 / 19

Decoded by J. S. Checked by _____

Branch Reds Acted upon (Initial) A.S.H.

Acknowledged per No. _____

Dated / /

3496-Power-unofficially-reported-in hospital at-Rouen-
verify carefully and report whether correct-condition of-
fullstop-

F

Power H

3496

Ray Dem

July 29th 1919.

#3496, Pte.H.Power,
61, Brazil's Square.

Dear Sir:

Enclosed please find Discharge Certificate
~~4222~~ 3296.

Yours truly,

Capt. & Paymaster.

RS).

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3496 Rank PLC Name Power H.
 Intended place of residence 61 Brazil Sq.

2. Occupation Blank
 Classification of soldier F Medical Category A 1

3. The above named man is discharged in consequence of
DEMobilIZATION
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 15 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 15 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 15 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 27-2-17 No. of days on Military
 Discharged from service... JUL 15 1919 Plus 14 days Service... 853

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, 14 ~~twenty-eight~~ days from date.
 Place, ST. JOHN'S
 Date JUL 15 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 29/1919
 Officer in Charge of Records
 The Royal Newfoundland Regiment

7
31
30
31
30
29
153

2079/8296

The Royal Newfoundland Regiment

Class for Demobilization: E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date July 11/19

Regimental No. 3496

Name Powell Harry

Address 61 Barrage Square

Present Medical Category A-1

Recommended for: (a) Immediate discharge

(b) Standing Medical Board

Members of Board

K.R. Cooke Capt.
O.C. Discharge Depot.

W. Pasquam
Senior Medical Officer

W.O. Berden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5496 Rank Plt Name Round A
 Date of Enlistment 27-2-17 Address 60 St. John's District St. John's
 Occupation Plt Classification for Discharge 17 Medical Category H
 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 17-1-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

i. 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
 (b) Clothing Supplied

Date 15-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3632 to his home at Brazil Sq and Release Certificate No. 3632 issued.

Date 15-7-19

Arthur Houston
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 29-7-19

Date 15-7-19

H. Mans
Depot Paymaster.

Discharge approved for 15-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 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 15-7-19

Arthur Houston
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

JUL 15 1919

Date

N.R. Cooper
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.

Signature of Man.

Reg. No. 3496

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

15-7-19.

191



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Power, Harry*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3496*

Intended address *61 Brazil St. N.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Wounds on left side of neck.*

Figure on discharge *Med.*

Christian name of Father *John*

Christian name of Mother *Francis*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St. John's Nov. 2-1898*

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)

Harry Power

(Rank)

[Signature]

Station

St. John's

Date

11-7-19

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

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

200M.—1-16.

H. Q. 1772-30-920.

Unit, Regiment or Corps *1st Inf. Regt. Apts.*

Regimental No. *24.16*

Rank *L/Cpl*

Name *Edward Henry*

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report		Record of promotion, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 212, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 212, Army Form A. 38, or other official documents.
Date	From whom received				
		<i>Taken on Strength of 2^o 6 Casualty 3.1.18</i>			
		<i>Embarked at Halifax N.S. 3.2.18</i>			

W. H. Threlkeld
.....
 Q. i/c Casualty Unit, M. D. 6
.....
 LIEUT.

(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) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 28th. 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..... *Tower* S. Surname..... *Harry J*

3. Rank..... *Rtc* 4. Regtl. No. *3496*

5. Address in full to which future payments of gratuity are to be forwarded..... *61 Brazill Sq*

6. Date of enlistment in the Regiment..... *Feb. 27th 1917*

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

8. Relationship of such dependents..... *Not Applicable*

9. Address in full of such dependents.....
..... *Not Applicable*

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

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *No*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *In Nfld. from Feb. 27th 1917*

..... *Overseas from Dec. 9th 1914 to July 2nd 1919*

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... *Received one month's Gratuity of (\$70⁰⁰)... Seventy dollars from Militia Dept.*

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? .. *Yes.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? .. *No.*

19. Are you now serving in the Regt.? .. *No.* ... If not give? - (a) Date of discharge... *July 29/19* ... (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....

..... *Joined 1st Batts in France July 1st 1919. Served at Ypres, Lidzheim, Vichy. Also Germany & Rouen*

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.

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

MEDICAL HISTORY

Surname *Power*

OF
Christian Name *Harry*

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>27th</i> day of <i>Feb'y</i> 191 <i>7</i>	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
	at <i>St Johns</i>	at _____	at _____	at _____
Declared Age	<i>19</i> years	_____ years	_____ years	_____ days
Trade or Occupation	<i>Clerk</i>		_____	_____
Height	<i>5</i> feet	<i>6</i> inches	_____ feet	_____ inches
Weight	<i>120</i> lbs.		_____ lbs.	_____ lbs.
Chest - (Grith when fully expanded ... Measure-ment {	<i>36</i> inches		_____ inches	_____ inches
	Range of Expansion .. <i>4</i> inches		_____ inches	_____ inches
Physical Development	_____		_____	_____
Vaccination Marks {	Arm	_____	_____	_____
	Number	<i>one scar</i>		_____
When Vaccinated	<i>1910</i>		_____	_____
Vision	R. E.—V= <i>6/6</i>	_____	R. E.—V=	_____
	L. E.—V= <i>6/6</i>	_____	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)	<i>L. M. Peterson</i>		_____	_____
(Rank)	<i>major</i>		_____	_____
	- Medical Officer.		Medical Officer.	
Enlisted	at <i>St Johns</i>	at _____	at _____	at _____
	on <i>27</i> day of <i>Feb'y</i> 191 <i>7</i>	on _____ day of _____ 191	on _____ day of _____ 191	on _____ day of _____ 191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<i>4/1st Nfld Regt</i>		_____	_____
Transferred to	<i>3496</i>		_____	_____
Became non-effective by	on _____ day of _____ 191	on _____ day of _____ 191	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 New Zealand* }
 2. Regtl. No. *3496* }
 3. Rank. *Pte* } *Clerk.*
 4. Name *Power* }
 (Surname) } *Henry.*
 (Christian Names)
 5. Age last birthday. *20.*
 6. Posted for duty on *Feb 27/1917* at *S. John's*
 in category (or grade).....
 7. Former Trade or Occupation }
 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.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

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.. .. . *n.a.*
 - (iii) Climate in pre-war service
 - (iv) Ordinary military service before the war
 - (v) Serious negligence or misconduct on the man's part. } *V.D.G. cured.*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *n.a.*

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

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. Procuier, Capt Rame.
 Medical Officer in charge of case.

Station *T.S.S. Cassandre.*
 Date *30-6-19.*

* 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.

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... *Regt. Newfoundland Ppt* Former Trade or Occupation } *Clerk*
2. Regt. No. *3496* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Power* *Harry* (Surname) (Christian Names) (a) Former Regts. or Corps ; with Regt. Nos.
5. Age last birthday... *20*
6. Posted for duty on *27 Feb 1917* at *St John's* 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 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. *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
- | | | |
|--|---------------------|-------------------|
| (i.) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii.) Previous active service | } na. | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | } U.S. (cases) | |
| (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, eyes, 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.)

na.
 Complaint 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?

Reparation

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

W.S. Prosser Captain
 Medical Officer in charge of case.

Station .. T.S.S. Canada

Date .. 30-6-19 ..

* 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.

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pt. H Power

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

3496 Pt H Power 15.50

ACCOUNT	<u>Btm</u>
CH. NO.	<u>3012</u> INITIALS <u>JS</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15.50

M. Blouin
Billeting Officer.

C. B. S.

Casualty Form—Active Service.

C.R.

Rank ~~Private~~ ^{Private} ~~Private~~ Regiment or Corps Royal Newfoundland 27. 2. 1898
 Surname: Pomeroy Christian Name Samy P.
 Religion R.C. Age on Enlistment 19 years 0 months
 Enlisted (a) 27-2-17 Terms of Service (a) 7 months Service reckons from (a) 27-2-17
 Date of promotion to present rank RFB 1918 Date of appointment to lance rank
 Extended () Re-engaged () Qualification (b) Medical
 Occupation Clerk Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	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				
		A I	Embarked	2 JUL 1918	
		28. 6. 18.	Disembarked	5 JUL 1918	
			Joined Battalion	Field	9.7.18 151324.18/17/18
				Truro	10/1/18 11213 24/1/18
				6th C.C.S	15/4/18 6.2.9498
				Wantage Bay	8/5/18 8.2.151
				Rever	10/1/18 8.2.37.880
			Joined Batt.	5	JAN 1919
					8/3/19 24 25375
					6.5.19 memo
					HP stoppage 9 ¹⁹ to 6 ¹⁹ (59 days)
					01643

(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, Showing Smith, Ac.

W 2655 212731 24/04/17 (35-11), C. P. & S., Ltd., Form B.103 2/11/97.

P.T.O.

NEXT OF KIN:

Cater Pomeroy, 61 Brazil Square, St. John's, Nfld.

Date	From whom received	Report <small>Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B213, Army Form A, 36, or in other official documents. The authority to be quoted in each case.</small>	Place of Casualty	Date of Casualty	Remarks <small>Taken from Army Form B 213, Army Form A 36, or other official documents.</small>
	<i>W. H. Reed</i> <i>London</i>	<i>Col. H. R. Fox</i> <i>release</i>		<i>1-6-19</i>	<i>Amo.</i>
<i>26.4.19</i>			<i>Whit</i> O. i/c. M. I. Sub Section Record Office, British Forces in France & Flanders.		Captain for
	<i>Jmt</i>				

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet One

Regiment of 1st Newfoundland.

Signature of O. C. Company _____

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <i>Promoted Lance Corp. 1-12-17.</i>
No.	<i>Cowen H.P.</i>	Age on	<i>19</i> years - months	<i>Soldr.</i>	
<i>3246</i>		Place and Date of Enlistment	<i>St. John's</i>	Religion	
Joined		Date	<i>27-2-17</i>	<i>R.C.</i>	
Joined		Date	Period of } with Colours ^{<i>15 1/2</i>} years. with Reserve _{<i>3 1/2</i>} years.	Place of Birth	
Joined		Date			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized St. John's, 29 7/9</i>					

To be carried over

Reg. No. *3496* Rank. *Plt.* Name. *Powers, H.*

Attested Address. *Brazils Square*

Allotment..... Allottee

Date of Allotment..... Returned from Overseas. *JUL 1 1919*

Returned on S S. *Cassandra* Cause. *Discharge*

15-7-19
18-7-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION.

13496

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 3496 Rank Plt. Name Power A.
 Date of Enlistment 27-2-17 Address 61 Broad St. District St. John's
 Occupation Clerk Classification for Discharge 1 Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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
B 179c	B 120	M 93		

Date 14-7-19 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 \$6.00

(b) Clothing Supplied [Signature]

Date 15-7-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at Brazilsg and Release Certificate No. 3632 issued.

Date 15-7-19

Arthur Lester
 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 29-7-19

Date 15-7-19

Arthur Lester
 Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot:

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	<u>L Form B</u>
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 15-7-19

Arthur Lester
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 15 1919

Date

L.P. Cooper
 O. C. Discharge Depot.

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

Date July 28th 19

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President of Legislative Council),
Chairman.
Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to

No.....

C.R.

3496

St. John's,

Feb. 24, 1920

Lieut. Col. Rendell, C.B.E.,
Chief Staff Officer,
City.

3496 R. Haines

Sir:-

I have the honour to acknowledge your communication of Feb. 13th, together with Documents forwarded by the Chief Staff Officer, London, concerning the above noted.

I have the honour to be,
Sir,
Your obedient servant,

Secretary.

WHP/ET