



4 THE ROYAL NEWFOUNDLAND REGIMENT 1

ATTESTATION OF

No. 4525 Name Regular Steward Corps Trill

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Steward Regular
2. What is your full Address? 2. Weld Cove White Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 20 Years Months
5. What is your Trade or Calling? 5. Fireman
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, Regular Steward 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.

Stewart Regular SIGNATURE OF RECRUIT.
As my name Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Regular Steward 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 20 day of April 1918
Signature of Attesting Officer Broj Learty 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 April 20 1918
Place St John's } 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: Stewart Regular
 Apparent age: 20 years 0 months Height: 5 feet 9 1/4 inches
 Chest Measurement { Girth when fully expanded: 38 inches
 Range of expansion: 3 inches
 Distinctive marks: _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin: Mr William Regular
Walden Cove White Bay Relationship: father
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(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 Lepot	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>20-4-18</u>									
Joined at <u>St John's</u> on <u>April 20-1918</u>									
<u>Discharged July 14-1919</u>									
<u>Embarked St John's S.S. Colombia to Halifax N.S. 22-7-18</u>									
<u>Embarked for N.S. 23-11-1918</u>									
<u>Disembarked France 28-11-18.</u>									
<u>Joined Battalion 5-1-19.</u>									
<u>Transferred from Rouen 22-4-19 Arrived Winchester 23-4-19.</u>									
<u>to Newfoundland for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
<u>Demobilization St John's 14-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>14-7-1919</u> (date of discharge) <u>1</u> years <u>86</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4525

extract from daily orders part 11 Royal Newfoundland Regiment
 depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
 confirmed by officer i/c records from noted date.
 17-7-19.

4525, Pte. Stewart regular.

C.R. 45-25

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, June 19-1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Report with effect from 30-6-19.

4525 Pte. S. Regular.

C.R. 4525

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

Date June 18th 1919.

4525, Pte. S. Regular.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4525

Extract from Nominal Roll 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.

4525 Pte. S. Regular.

C.R. 4525

Extract from Nominal Roll of Draft No. 56, from the 2nd.,
Battalion of the Royal Newfoundland Regiment to the 1st.,
Battalion of the Newfoundland Regiment B.N.F., Embarked

#4525 Pte. S. Regular.

C.R. 4528

Extract from Daily Orders part 11, Coy Unit The Royal
H.A. Regt. St. John's, dated July 25, 1916.

The following men embarked for overseas on H.M.S.
"Columella" July 28, 1916.

#4525 Pte. Stewart Regular.

C.R. 4525

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated April 20, 1918.

#4525 Pte.S.Regular.

Attested for General Service with the Royal Nfld.
Regiment, from 19/4/18.

Regular, S.

C.R. 4525

P. V. P. P.

Medical Report on an Invalid.

Station Hazelton

Date 1/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 4585
- 3. Rank Pte
- 4. Name Reginald Stewart
- 5. Age last birthday 21
- 6. Enlisted { on Apr 20/18
at St John's
- 7. Former Trade or Occupation } Fisherman
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
(b) constitutional or hereditary, and not aggravated by service during the present war.
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.
- na.

13. What is his present condition?

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

He complains of no disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

Repatriation

20. Do you recommend—

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

W. E. Proctor — *Capt R. D. ...*

Officer in medical charge of case.

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

Station *Hazeley Down*

Date *1/5/19*

Officer in charge of Hospital.

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

No. 4525 Name Regular S. Sqn., Batty., or Company D. Corp. Newfoundland Date of enlistment 20/4/18 G.C. Badges 1 Service or Proficiency Pay 100
 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. Character

Army Form B. 122.

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
India	8/4/19	Pte		Deficiencies - 8	C. H. S. New	Pay by same	8/4/19	Major Bennett	

Regular, S

4525

Ray sept.

July 14, 1919

#4525 Pte. Stewart Regular,

Wild Cove,

St. Barbe.

Dear Sir:-

Please find enclosed Discharge Certificate #3006.

Yours truly

Captain,
Paymaster & O.i/c records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4525 Rank Pte Name Regular S
 Intended place of residence Mild Cove ST Barts

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

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

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S J. M. Lewis
 Date JUN 16 1919 J. M. Lewis
 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 I Regular
JUN 16 1919 J. M. Lewis
 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 and Date ST. JOHN'S I Regular
JUN 16 1919 W. J. Calver
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 20-4-18 No of days on Military
 Discharged from service 20-6-19 PLUS 14 DAYS Service 457

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 R. H. Lait Major
JUN 30 1919 R. H. Lait Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's Nfld. M. Bowley Capt.
 Date July 14/1919 M. Bowley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

A/B 2079/3004

The Royal Newfoundland Regiment

Class for Demobilization:—

B.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *16.6.19*

Regimental No *4526*

Name *Regular Stewart* Rank

Address *Wick Cde White Bay*

Present Medical Category *A5*

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

Members of Board

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

A. A. Anson
Senior Medical Officer

S. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4525 Rank Pte Name Regular J
 Date of Enlistment 20-4-18 Address Waterloo Ave District A Barb
 Occupation Fisherman Classification for Discharge E1 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 208	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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. H. H. H. H.

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 _____
- (b) Clothing Supplied _____

Date 16-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 8765 to his home at Walden St. Bank and Release Certificate No. 2482 issued.

Date

16-6-19

J.A. Lumball
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 14-7-19

Date

16-6-19

J.A. Lumball
Depot Paymaster.

Discharge approved for

30-6-19

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

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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

16-6-19

J.A. Lumball
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date

JUN. 30. 1919

R.H. Salt
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.

J. Regular

Signature of Man.

Reg. No. 4525

J. A. Snowlett

Signature of the Vocational Officer or his Representative.

Place

St John

Date

11-6-18

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Confidential Information

For the use of the Civil Re-establishment Committee.

Report No.	Class	No. of C.R.C. File	No. of H. Q. File
Name <u>Walsh, L.</u> No. <u>8126</u> Rank <u>Sgt</u> R. N. R. or Regiment.			
Home Address <u>St. Johns 21 Field St</u>			
Age <u>21</u> Height <u>5</u> ft. <u>9 1/2</u> ins. Complexion <u>Dark</u> Eyes <u>Brown</u> Hair <u>Black</u> Character			
Date of enlistment <u>20-4-18</u> Where enlisted <u>ST. JOHN'S</u> Where seen service <u>France</u>			
Ship returned by <u>CORSICAN</u> Date of return <u>JUN 1 - 1919</u> How Long <u>13 mos</u>			
Birthplace <u>White Bay</u> Date of discharge <u>20-6-19</u> Religion <u>Method</u>			
Name and address next of kin <u>Father - William - 21 Field St -</u>			
Cause of disability			
Condition which prevents the soldier from earning a full livelihood			

Degree of incapacity (Please state in fractions) Eng. Board..... Newfoundland Board.....

Probable duration of incapacity.....

Is final disability likely to prevent return to previous occupation?

Recommendation of Newfoundland Board

Members of Board

INFORMATION TO BE FURNISHED BY SAILOR OR SOLDIER.

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Fisherman

Regular trade or profession.....

Average earnings previous to enlistment \$ 2.00 Any other income.....

Name and address of last employer.....

If in receipt of sick benefits or other insurance—name of society..... Amt. per mo \$.....

At what age left school? 12 What grade, standard, &c., was he in? 11 Standard

Has he had any further education since leaving school, if so what?.....

Whether given Vocational Training while in Hospital in England. If so, what subjects?.....

If unable to follow previous occupation, name preference.....

References.....

Witness W J O'Leary Qms I declare that the above statement is correct.

Date JUN 16 1919 Signature Y Regular

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

PENSION—Class..... Amount per month, \$..... Period granted for..... Dating from.....

First Payment date.....

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

MEDICAL HISTORY

Surname Regulas

Christian Name Stewart

Table I.—GENERAL TABLE.

Birthplace:—Parish Widmore White County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>20th</u> day of <u>April</u> 191 <u>8</u> at <u>St Johns</u>		on _____ day of _____ 191	
Declared Age	<u>20</u> years — days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>9 1/2</u> inches		feet	inches
Weight	<u>149</u> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded... <u>38</u> inches			inches
	Range of Expansion... <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= <u> </u> L.E.—V= <u> </u>	
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>[Signature]</u>			
(Rank)	<u>[Rank]</u>			
Enlisted	at <u>St Johns</u> Medical Officer. on <u>20th</u> day of <u>April</u> 191 <u>8</u>		at _____ Medical Officer. on _____ day of _____ 191	
Joined on Enlistment	Corps. <u>The 3rd</u>	Regtl. No. <u>4525</u>	Corps.	Regtl. No.
Transferred to	<u>Widmore</u>			
Became non-effective by				
(Signature)	on _____ day of _____ 191		on _____ day of _____ 191	
(Rank)				

The Royal Nfld. Regiment

DEMOBILIZATION

No. 45X Rank _____

Name Reginald S

Warned for demobilization on

JUN 16 19

HAMMERMILL
DONOR

Medical Report on an Invalid.

Station Wazley Down
Date 1/5/19

1. Unit Royal Newfoundland 7. Former Trade } fisherman
or Occupation }
2. Regimental No. 4535 7A. If with previous service in Army, state—
3. Rank plc (a) Former Unit;
4. Name Reginald Stewart (b) Regimental No.;
5. Age last birthday 21 (c) Date of Discharge;
6. Enlisted { on apl 20/18 (d) Cause of Discharge.
at Algoa

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. na

13. What is his present condition?

No complaints of no disability

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

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
 (b) Where?
 (c) Opinion?

16. Was an operation performed? If so, what?

na

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

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

Repatriation

W. E. Prosser

Sgt. R. M. Cap Rame
 Officer in medical charge of case.

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

Station *Dozely Down*

 Officer in charge of Hospital.

Date *1/5/19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

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

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

Name in full *Regular, Stewart*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4525*

Intended address *Wild four white Bay St Barbs*

Height on discharge *5* Feet *9 7/8*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *Tall*

Figure on discharge *Tall*

Christian name of Father *William*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *White Bay 7-4-1898*

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)

Stewart Regular Ho

(Rank)

Station

Date

13 6 19

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

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

Station

Date

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REG

Rank Pte Surname Regular Christian Name S.

Religion Methodist Age on Enlistment 20 years — months

Enlisted (a) 20/4/19 Terms of Service (a) DURATION Service reckons from (a) 20/4/19

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

Extended () Re-engaged () Qualification (b) —

Occupation Fisherman or Corps Trade and Rate 1st Lance Corp Signature of Officer M. Long

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 ...			
		Disembarked... Joined Batt.		28 NOV 1918 5 JAN 1919	
		Arrived in UK		9/2/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

(1750L) Wt. V 1887-P 1124, 1,000,000, 5/12, D & S. Form B/103. (E. 1256.)

Next of kin: Father: William Regular, Wild Cove, White Bay, N. F. S. D.

July 16, 1919

#4525 Pte. Stewart Regular,

Wild Cove,

White Bay.

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 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 *Stewart* 2. Surname *Regular*
3. Rank *Pte* 4. Regt. No. *4578*
5. Address in full to which future payments of gratuity are to be forwarded *Wald Cove*
6. Date of enlistment in the Regiment *White Bay*
Apr 20/18
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.....
9. Address in full of such dependents.....
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 or overseas, 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 Apr 20/18
To June 16/19..... 1. 2.

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.

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?

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

No
June 16/19
Temporary *Reinstatement*

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

France & Germany - From Nov 1918 to Apr 1919

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.

Stewart Regular

Signature of Applicant:

Place of Residence:

Declared before me at:

This

17th day of

Wild Cove, White Bay
St. John, Nfld.
June 1917

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

John McCarthy
J.P.

Stewart

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

C.R. 4525

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 *Stewart Regular*

Date *19/4/20*

Place *Wild Cove White Bay*

Receipt for Army Book 64

No. 4525 Name S. Regular

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

Name S. Regular

Date Aug. 15, 1920

Place Wild Cove White Bay

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

W

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet oneRegiment of Royal NewfoundlandSignature of O. C. Company Chas Watson Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.		Age on	20	years			
4525	Regular Veteran	Place and Date of Enlistment	20-4-18	Soldier			
Joined	Date			Religion			
Joined	Date			Meth.			
Joined	Date			Place of Birth			
Joined	Date			Wilde Cove White Bay			
		Period of					

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
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Demobilized Ft. John's, 14/79

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1525 Rank Pvt Name Regular J
 Date of Enlistment 20-4-18 Address Waterloo District A. B. C.
 Occupation fisherman Classification for Discharge Reg Medical Category A1
 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 16-6-19 O. C. Discharge Depot. H. H. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £19.00

(b) Clothing Supplied knowlapt

Date 16-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2762 to his home at 114 - 11 - 19 and Release Certificate No. 24182 issued.

Date 16-6-19 *J.A. Lamball*
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 14-11-19

Date 14-11-19 *J.A. Lamball*
Depot Paymaster.

Discharge approved for 30-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
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 16-6-19 *J.A. Lamball*
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

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

with following additional documents.

Eligible for War Service Gratuity

Date 16-6-19 *R.H. Jait*
O. C. Discharge Depot.

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

Date JUN 30 1919

J.A. Lamball
for O.C. Depot

Reg. No. *4525* Rank *Pt* Name *Regulus S.*

Attested Address *Wild Cove*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

16.6.19
30.6.19

PASSED TO DEMOBILIZATION OFFICE
DISCHARGE APPROVED ON DEMOBILISATION.

NEWFOUNDLAND POSTAL TELEGRAPHS

Form No. 37



Cable Connection with all the World

All messages sent are subject to the following conditions :

The Minister of Posts and Telegraphs may decline to forward the Telegram, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Telegram shall never reach its destination by reason of any neglect or default of the Minister of Posts and Telegraphs or his Servants whilst the Telegram remains under the control of the Minister of Posts and Telegraphs, he will refund the amount paid by the Sender for such Telegram.

The Minister of Posts and Telegraphs shall not be liable to make compensation beyond the amount refunded as above for any loss, injury or damage arising or resulting from the non-transmission or non-delivery of the Telegram, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the Minister of Posts and Telegraphs over the Message shall be deemed to have entirely ceased for the purpose of these Conditions at any point where, in the course of the transit of the Telegram to its destination, it may be entrusted by the Minister of Posts and Telegraphs (and the Minister of Posts and Telegraphs shall have full power so to entrust the Telegram) for further transmission by or through any system belonging to or worked by any administration or authority not controlled by the Minister of Posts and Telegraphs exclusively, although worked as a part or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

LINE NUMBER	RCD	BY	SENT	BY	CHECK

DATED **Oct. 31st., 1921.**

TO **Postmaster,
Seal Cove,
White Bay.**

Return by Registered Post package addressed to 4525 Expts.

S. Regular, Wild Cove White Bay. Medal forwarded in error

his at this office. Rush reply.

DEPT. OF MILITIA.

Chg. Dept. of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS



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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

LINE NUMBER	RCD	BY	SENT	BY	CHECK

DATED

Nov. 9th., 1921.

TO

Postmaster,

Wild Cove.

Kindly return to this Department registered package

addressed to 4525 ExPts. S. Regular, Wild Cove. Medal

forwarded in error. His at this office.

DEPT. OF MILITIA.