



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3532 Name Cecil Rose Corps CofE.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Cecil Rose</u> |
| 2. What is your full Address? | 2. <u>Great St 7B</u>
<u>near Humberston</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>32</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Cecil Rose 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.

Cecil Rose SIGNATURE OF RECRUIT.

Eriz-314 Arthur Burgess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Cecil Rose 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

on this 12th day of March 1915

Signature of Attesting Officer Charles R. [Signature]

†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: } 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 Albert Rose
 Apparent age 22 years 10 months. Height 5 feet 10 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Great St. 713 | Relationship Uncle
William Rose

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

3532

ATTESTATION OF

No. 3532 Name Cecil Rose Corps CofE

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Cecil Rose</u> |
| 2. What is your full Address? | 2. <u>Great St. 7.B.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>yes</u> |

I, Cecil Rose 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.

Cecil Rose SIGNATURE OF RECRUIT.

Arthur M. Burgess Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Cecil Rose 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 12th day of March 1917.

Signature of Attesting Officer Chas. R. App. Cpt.

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191.....
Place..... } Approving Officer.

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

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

C.R. 3532

Extract from Daily Orders part II, Depot Winchester
dated 2-12-18 by Lt. Col., B.J. Barton, D.S.O.
Officer Commanding 2nd., Battalion of the Royal
Newfoundland Regiment.


The u/m man having been transferred to the Newfoundland
Forestry Corps. is struck of the strength of the Batt.
as from 22-11-18.

#3532 Pte. J. Bailey.

No. of Paper 1355

PERSONAL EFFECTS.

Name Rose, C.
 No. 3532 Rank PA
 Regiment R Newfoundland

Article	Where stored	Notified by
<p>1 Envelope containing Disc</p>		SHIPPED TO NEWFOUNDLAND
	Final Disposal	

Remarks: — K.I.A.

Next of Kin: —
Wm Rose
Great St.
H.B.

C.R.

3532

Extract from German Official List forwarded through
Geneva Red Cross 14-3-18.

Previously reported Killed in Action 3-12-17.
Buried in the Cemetery of Seranvilles.

#5532 Pte. C. Rose.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, 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 Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. 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 Message, 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 N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of 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	Recd	By	Sent	by	Check

Dated

December 18, 1917.

To

Mr. William Rose,

Great Harbor, F.B.

Regret to inform you Record Office, London, today reports No. 3532, Private Cecil Rose, was killed in action December third.

R.A. SQUIRES.

Colonial Secretary.

NOTE FOR OPERATOR

This message is not to be sent until receiving office notifies that message to Rev. Mr. Mercer, Hr. Breton, has been delivered and acted upon.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, 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 Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

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

December 18, 1917.

To

Rev. R. F. Mercer,

Harbor Breton.

Regret to inform you Record Office, London, today reports No. 3532, Private Cecil Rose, nephew of William Rose, Great Harbor, was killed in action December third. Please inform relatives.

R.A. SQUIRES

Colonial Secretary

C.R. 3532

Extract of Casualties received from Pay & Record Office,
London, dated December 18th 1917.

The following casualty~~s~~ in the 1/1st Newfoundland Regt.
with the British Expeditionary Force, is reported under
various date~~s~~-

#3532 Pte, C. Rose. ✓

Killed in Action.

C.R. 3537

Extract of Casualties received from Pay & Record
Office, London, dated December 17, 1917.

#5532 Pte. C. Moss. ✓

Killed in Action 3/12/17.

Burial Report No. 12527 by Rev. W. Keary attached 17 F.A., 22/11/17 forwarded
on A.F.O. 1810-57c, G.H.Q. 3rd Echelon 15/12/17, received P.&R.O. 17/12/17.

C.R. 3532

3532 Pte. Cecil Rose.

Extract of Casualty list received December 18, 1917.

Killed in Action December 3. ✓

C.R. 3532

Extract from Nominal Roll Draft No.52: 111 Other Ranks from 2/1st
Newfoundland Regiment, Ayr, to 1/1st Field Regt., B.E.F. Embarked
Southampton 6/11/17.

3532 Pte. Rose, G.

MP

C.R. 3532

Extract from Nominal Roll, embarked St. John's for Overseas 19-5-17

#3532 Pte. C. Rose

C.R. 35'32

Extract from Daily Orders Part 11 Unit The Royal
Rfld. Regt., St. John's, March 18th, 1917.

3532 Pte. Cecil Rose.

Attached to strength from March 18th, 1917.

Cross

C.R. 3532

~~PRD~~

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

MEDICAL HISTORY

OF

Surname Rose Christian Name Cecil

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>12th</u> day of <u>March</u> 191 <u>7</u> at <u>St Johns</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>22</u> years <u>10</u> <u>mo</u> <u>00</u> days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>10</u> inches		_____ feet _____ inches	
Weight	<u>128½</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>34</u> inches		_____ inches	
	Range of Expansion .. <u>3½</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>W. E. Proemer</u>			
(Rank)	<u>Medl.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u> on <u>12th</u> day of <u>March</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4th F.L.D. 3532</u>			
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)				
(Rank)				





This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Cecil Rose*
aged *22 years 10 months* conducted at *Head quarters*
Date: *Mar. 12th / 17* Recruiting Officer:

NO OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no no.</i>
10	<i>✓</i>
11	<i>✓</i>
12	<i>✓</i>
13	<i>✓ heam denture.</i>
14	<i>✓</i>
15	<i>✓</i>
16	<i>✓</i>
17	<i>✓</i>
18	<i>✓</i>
19	<i>66 Bm</i>
20	<i>✓</i>
21	<i>✓</i>
22	<i>✓</i>
23	<i>✓</i>
24	<i>✓</i>
25	<i>✓</i>
26	<i>✓</i>
27	<i>✓</i>
28	<i>✓</i>
29	<i>✓</i>
30	<i>✓</i>
31	<i>✓</i>
32	<i>✓</i>
33	<i>no</i>
34	<i>5-40</i>
35	<i>1-28-52</i>
36	<i>315-34</i>
37	<i>400 per year</i>
38	<i>unt Sarah Rose Great Hs</i>
39	<i>no</i>

N
M
M

Sw Borden

Signature of Medical Examiner:



4/1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cecil Rose, Regl. No. 3532

hereby agree, until further notification by me, and in similar official form to make an Allotment of — Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz.:

Allotment begins May 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2918	Bank	Newfoundland Self Savings Bank	St Johns	
		and or Cousin	Manuel Harris	
			Great St Fortune Bay	10
Total Allotment, \$				60

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.) Chas. R. Ayres
 Officer Commanding
 Company

(Sig.) Cecil Rose
 (Rank) Pte.

April 15th 1917

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

ORIGINAL

REGIMENT (OR CORPS) Newfoundland Squadron, Troop, Battery or Company } C.Co. _____

Regimental No. 3532 Rank Private

Surname Rose, C. Christian Names _____

Died { Date 3/12/17. Place France

Cause of Death* Killed in Action. O.C. H.Q. _____

Nature and Date of Report B213 d/9/12/17. ST. JOHNS, N.F.L.D. _____

By whom made O.C. Unit. DATED 21 DEC 1917

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.



DUPLICATE
COPIES SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P. 38 No. _____
DATED 21 DEC 1917

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.C., 3rd. Echelon, 13/12/17. Signature of Officer in charge of Section } Neary
Adjutant-General's Office at the Base } 2nd. Lt. for Major, No. 1 Infantry Section.

OFFICE COPY.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *Royal Newfoundland Regiment*
 No. *8582* Rank *Private* Name *Ross C.*
 Died (a) *Intestate* at *France* on the *3rd* of *December* 191*7*.
 Deserted at _____ on the _____ of _____ 191*7*.

I Certify to the correctness of above in every particular.

*Commanding Squadron, Troop,
 Battery or Company.*

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month					Balance Cr. last month <i>3 12/11</i>	<i>2</i>	<i>19</i>	<i>2</i>
	Cash issues (Date of each issue to be stated)					Pay days at _____ from _____ to _____			
	£ s. d.					Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191					Messing allowance days at _____ from _____ to _____			
						Kit allowance			
						Amount produced by the sale of Effects from Form 2			
						Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
						Deferred Pay or Gratuity			
	Balance due by the Paymaster	<i>2</i>	<i>19</i>	<i>2</i>		Balance due to the Paymaster			
		<i>£</i>	<i>2</i>	<i>19</i>	<i>2</i>		<i>£</i>	<i>2</i>	<i>19</i>

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
B279 No. *1688/171*
 DATED *28/18*

CHECKED
12/10/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____

this _____ day of _____ 191 .



Paymaster.

(a) Here state whether the soldier *was* intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office (Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

No. 11016/676

C

NEWFOUNDLAND CONTINGENT



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

To:
Officer Commanding,
2/1st. Newfoundland Regt.
Avr. N. B.

23rd, October 1917

Oct-29 1917

Subject: 3532, Pte. C. Rose

ANSWER

With reference to the following telegram from the Hon. the Minister of Militia, (6067) received 21 10 /17,-

Receipt hereunder.

Selected

Officer Comdg. 1 BATTN.
1st Newfoundland Regiment

"Pay to 3532 Rose £4.

Ponard

£4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Four Pounds,
£4 - 0 - 0. on account of cable remittance from Newfoundland.

W.A. Munroe
Major,
Chief Paymaster & O. i/c Records.

Cecil. Rank
No. 3532 Rank Pte

Rose Leil

3532

Pay Dent

DUPLICATE
MAIL COPY

PAY LIST.

to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **3532** Rank **Pte** Name **G. Rose,**
 Died^(a) **Intestate** at **France** on the **3rd** **December** 191 **.7**
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£ s. d.			Cr.	£ s. d.		
		£	s.	d.		£	s.	d.
	Balance Dr. last month				Balance Cr. last month	8	19	2
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	101				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance			
	Consolidated stoppage				Amount produced by the sale of Effects from Form 2			
	Balance due by the Paymaster	2	19	2	Balance due to the Paymaster			
		£				£		
		2	19	2		2	19	2

This account is in accordance with advices received at the Pay & Record Office to **22/10/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
96
22/10/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public Account of the NEWFOUNDLAND CONTINGENT.

Dated at _____ this _____ day of _____ 191 .



CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS
Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1615.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE
MAIL COPY

Army Form O. 1625.

PAY LIST.

to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **3532** Rank **Pte** Name **G. Rose,**
 Died (a) **Intestate** at **France** on the **3rd** **December** 191 **7**
 Deserted at _____ on the _____ of _____ 191 _____

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr, last month					Balance Cr, last month.....	5	18	2
	Cash issues (Date of each issue to be stated)					Pay days at from to			
	£ s. d.					Proficiency, Service or good conduct pay days at from to			
	191					Messing allowance days at from to			
	"					Kit allowance			
	"					Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage								
	Balance due by the Paymaster	2	19	2		Balance due to the Paymaster			
	£	2	19	2		£	2	19	2

This account is in accordance with advices received at the Pay & Record Office to **22/11/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
HC
22/12/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Contingent.



W. H. M. ...
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
Paymaster.

Dated at _____ this _____ day of _____ 191 _____

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

Army Form O. 1425.

PAY LIST,

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **3532** Rank **Pte** Name **G. Rose,**
 Died^(a) **Intestate** at **France** on the **3rd** of **December** 191 **7**.
 Deserted at _____ on the _____ of _____ 191 _____.

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr, last month				Balance Cr. last month 5/12/17	2	19	2
	Cash issues (Date of each issue to be stated) £ s. d.				Pay days at _____ from _____ to _____			
	191				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	"				Messing allowance _____ days at from _____ to _____			
	"				Kit allowance			
	Consolidated stoppage				Amount produced by the sale of Effects from Form 2			
	Balance due by the Paymaster	2	19	2	Balance due to the Paymaster			
		£	2	19	2			

This account is in accordance with advices received at the Pay & Record Office to **22/10/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

W.C.
 22/10/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correct and chargeable against the **NEWFOUNDLAND CONTINGENT**.

Dated at _____ this _____ day of _____ 191 _____



H.C. Munnell Maj.
 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

- (a) Here state whether the soldier died Intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **3532** Rank **Pte** Name **G. Rose,**
 Died^(a) **Intestate** at **France** on the **3rd** of **December** 191 **7**.
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.)

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month					Balance Cr. last month 3/12/17	2	19	2
	Cash issues (Date of each issue to be stated)					Pay days at _____ from _____ to _____			
	£ s. d.					Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191					Messing allowance days at _____ from _____ to _____			
	"					Kit allowance			
	"					Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage								
	Balance due by the Paymaster	2	19	2		Balance due to the Paymaster			
	£	2	19	2		£	2	19	2

This account is in accordance with advices received at the Pay & Record Office to **22/10/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
[Signature]
22¹⁰/₁₈

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correct and chargeable against the **NEWFOUNDLAND CONTINGENT**.

Dated at _____

this _____

day of _____

22 OCT 1918

191 .

[Signature]
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS
Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

In replying the date of this
letter should be quoted

B.
Enc.

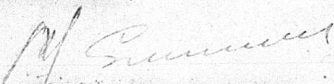


May 19, 1920.

Dear Sirs:

I beg to return herewith Letters of Administration to the estates of Cecil Rose and George Rose, and to say that if you will present same at the Pay & Record Office you will receive cheques for the amounts due these estates.

Yours very truly,


Deputy Minister of Justice.

Messrs. Higgins & Hunt,
City.

2532

March 6, 1920

Mr. Cecil E. Rose,
Flat Island
B.B.

Dear Sir:

With reference to your
letter of January 28th. Kindly sign the enclosed
form in the presence of a witness and return to
this Office.

Yours truly,

Capt.
For Paymaster

DEPARTMENT OF MILITIA.
* REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 55 ³⁹/₁₀₀

May 21 19 20

Received from the ~~First~~ Newfoundland Regiment
the sum of ~~Forty five~~ ⁵⁵ ~~and~~ ³⁹ ~~cents~~ ¹⁰⁰ Dollars.
on account of Pay-estate
balance

Higgins & Hunt
Per, E. Collins
Regtl. No. Rank

Ch. No. 37965	Initials <i>HCW</i>
Pay Ledger 239	Initials <i>HCW</i>
Gen. Ledger	Initials

No. 3532

Rank

St

Name

C. Rose,

Richard F. Murrel. adm.

ON HIS MAJESTY'S SERVICE.

OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST., JOHN'S, NEFD.



3532

539383

3532

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

894

L

William Rose

(2249) Wt 21851/AP656 10/19 500m (20) D.St.

*Great Harbour
Via Mr Burton*

FIELD SERVICE.

C.R. 3532
Army Form B 200

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT] Newfoundland Squadron, Troop, } C. Co.
OR CORPS] _____ Battery or Company } _____

Regimental No. 32 Rank Private.
5500 _____

Surname Rose, G. Christian Names G.

Died { Date 2/10/17. Place France.

Cause of Death* Killed in Action.

Nature and Date of Report Bois d'Arce 2/9/17.

By whom made C. Co. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received.
a Will or not { (c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G. H. C., 3rd. Echelon
Signature of Officer in charge of Section } Neary
Adjutant-General's Office at the Base }

Prd. Lt. for Major,
Officer i/c No. 1 Infantry Section.

C.R. 3532

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of Death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } Newfoundland Squadron, Troop, Battery or Company } G. Co.

Regimental No. 5530 Rank Private.

Surname Ross, G. Christian Names G.

Died { Date 3/10/17. Place France.

Cause of Death* Killed in Action.

Nature and Date of Report Bois d/0/10/17.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G. H. O., 3rd. Echelon.
15/12/17.

Signature of Officer in charge of Section } W. Neary.
Adjutant-General's Office at the Base }
2nd. Lt. for Major,
Officer i/c No. 1 Infantry Section.



1091

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 28

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Mr. William Rose (Uncle)

in respect of his service as No. 3532 Rank Pte.

Name Cecil Rose

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Great Hr. Oct. 15th 21

Signature Mr. William Rose

Date Nov. 24th 21

Address Great Hr. G. B.

[P.T.O.]

C.R. 3532

Lieut.-Col. Rendell,
St. John's.

Connaigre
Feb 26/20

Dear Sir

I received the
Two Memorial Scrolls, a few
days ago.

With Thanks

I am

Yours Truly,
Wm. Rose
Great Harbor

C.R.

Connaigre
Feb. 26/20

Lieut.,-Col., Rendell,
St. John's.

Dear Sir-

I received the Memorial
Card, that was presented by the
Governor in memory of,
no. 3532 Pte Cecil Rose,
with the frame attached to it.

Would like to know if there is
either one of the same kind in
memory of no. 3533

Pte George Rose.

I haven't received either one.
Waiting your favour.

I am

yours truly
Wm. Rose
Great Harbor

C.R. 3532

May 31st 1920.

William Rose, Esq.,
Great Hr., F.B.,

Dear Sir:-

I am enclosing herewith
Disc belonging to your late nephew
#3532, Pte. Cecil Rose, Royal Newfoundland
Regiment.

Trusting this will reach
you in due course.

Yours faithfully,

2/Lt.

CASUALTY OFFICER.

N.B.
Enquiry has been sent to LONDON
cerning the Grave Site.