

4487



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4487 Name Russell Stephen Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? Stephen Russell
2. What is your full Address? 12 Stewart Ave.
3. Are you a British Subject? ye.
4. What is your age? 22 Years 3 Months
5. What is your Trade or Calling? clerk
6. Are you Married? no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Are you willing to be enlisted for General Service?..... yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 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?..... yes

Stephen Russell 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.

Stephen Russell SIGNATURE OF RECRUIT.

A
18.4.18

James G. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

Stephen Russell 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 18 day of April 1918

Signature of Attesting Officer James G. ...

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 18 1918

James G. ... Approving Officer.

Place St. John's

† 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).....

Report. 1. 6. 18

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

MEDICAL HISTORY

Surname Rowse OF Christian Name Stephen

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>18th</u> day of <u>April</u> 191 <u>8</u> at <u>St Johns</u>		on . . . day of . . . 191 . . .	
Declared Age	<u>27</u> years . . . days		years	days
Trade or Occupation	<u>Clerk</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight	<u>127</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded . . . <u>37</u> inches			inches
	Range of Expansion . . . <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Arm	<u>9 yrs ago</u>		
	Number	<u>12 cas</u>		<u>2</u>
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>Lammie Atkinson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St Johns</u> on <u>18th</u> day of <u>April</u> 191 <u>8</u>		at . . . day of . . . 191 . . .	
Joined on Enlistment	Corps.	<u>The King's</u>	Corps.	
	Regtl. No.	<u>44187</u>	Regtl. No.	
Transferred to	<u>RFA Det</u>			
Became non-effective by	on . . . day of . . . 191 . . .		on . . . day of . . . 191 . . .	
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick I



Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
	8	JAN	1919	21	2	19	Fracture Jaw	46	Bone an maxilla splint in a o

ital or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Bone united in good position. Can now
masticate most crust of bread. Dental
plate still worn, but is to be removed
in a day or two.

G. S. P. W. W. W.

CAPT., R.A.M.C.

P.T.C.

July 29th 1919.

34487, Cpl. S. Rowsell.
12, Stewart's Ave.
St. John's.

Dear Sir:

Enclosed please find Discharge Certificate # 3454.

Yours truly,

Capt. & Paymaster.

RS/.

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

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

15. What is his present condition ?

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

The complainant of the disability

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

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Repatriation

M. J. [Signature]

Station *Harley Down*

Date *5/4/19*

[Signature]
Medical Officer in charge of cases

* 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

REPORT ON ACCIDENTAL OR SELF-INFLICTED INJURIES.*To be rendered in accordance with instructions on the back of this form.*

1. Number, Rank, Name, and Unit of injured man.	44 87 L/Cpl. Rowell. R. Newfield Regt.	Date of Casualty. 4. 1. 19.
---	---	--------------------------------

2. Nature, Location, and Severity of injury. (N.B. Field Ambulance to be notified at once if wound is believed to be self-inflicted.)	Fract. lower jaw Trivial C. S. Vivian Medical Officer.
---	---

3. Short statement of the circumstances of the case. (Signed statements of witnesses to be attached to this form.)

4. Commanding officer's opinion as to whether the man was:—

- (a) In the performance of military duty.
- (b) To blame.
- (c) Whether any other person was to blame.

Date _____

Commanding

5. (a) Opinion of G.O.C. Brigade.
(b) Disciplinary action taken or proposed, whether against injured man or another.

Date _____

Commanding_____
Brigade.

[Continued Overleaf]



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

Rowseell Stephen

Regiment from which discharged **Royal Newfoundland**

Regimental number

4457

Intended address

12 Stewards Ave.

Height on discharge

5 Feet

Color of hair on discharge

Dark

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

Figure on discharge

Tall

Christian name of Father

Absolom

Christian name of Mother

Elychett

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, 19 Jan. 1896

Nature and locality of civil employment required

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

(Soldier's signature in full)

Stephen Rowseell

(Rank)

Private

Station

St. John's

Date

14 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

13
31
20
39
103

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 *Stephen* 2. Surname *Rowell*
3. Rank *Cpl* 4. Regtl. No. *4487*
5. Address in full to which future payments of gratuity are to be forwarded *12 Stewart Ave
St Johns*
6. Date of enlistment in the Regiment *April 1878*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *no*
8. Relationship of such dependents *no*
9. Address in full of such dependents *no*
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 *only*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas *1 yr 2 mo.*
..... 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. *No*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

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

19. Are you now serving in the R.A.F. *No* If not give? (a) Date of discharge. *July 1918* (b) Reason for discharge. *Demot*

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. *No England only*

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.

Signature of Applicant: *H. Rowell*
 Place of Residence: *12 Stewart Ave Stokes.*
 Declared before me at: *St Johns*
 This *15* day of *July* 19*19*.

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Justice of the Peace,
 or Commissioner of affidavits.
John J. Carthy

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

St. John's, JUL 19 1918
(Date)

1st Newfoundland Regiment
BILLETING ACCOUNT

To: *Private Russell*
12 Stewart Ave

Billeting soldiers as undermentioned

from *June 19/18* to *July 19/18*

HH 87 Private Russell 26.70

self

Ox. \$26.70

Certified correct for \$*26.70*

ACCOUNT	<i>Board Messing</i>
CH. NO.	<i>348</i>
INITIALS	<i>[Signature]</i>
IND. LEDGER	INITIALS
A. LEDGER	INITIALS
GEN. LEDGER	<i>Bm</i>
INITIALS	<i>[Signature]</i>

B.N.E.

C. Dicks
Billing Officer

ST. JOHN'S, JUL 15 1919

Royal Newfoundland Regiment.

Billeting Account,

To Capt S Rouseell

Billeting Soldiers as undermentioned

from July 1/19 to July 15/19

HH 87 Capt S. Rouseell 15. 50

ACCOUNT	<u>Btm</u>
CH. NO	<u>3030</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 15.50

W. McInnes

Billeting Officer.

Rouseell

Cette

Russell S,

4487

Pay Dep -

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
D 121
39.

Regiment of

Royal Newfoundland

Number of Sheets

1

Signature of O. C. Company

J. J. J. J.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>4157 Stephen Russell</i>	Age on	<i>22</i> years <i>3</i> months	<i>Clerk</i>	<i>To be Lance Corporal 21-11-18</i> <i>To be Acting Corporal 22-1-19 Jul for Capt Long</i>	
Joined	Date	Place and Date of Enlistment	<i>St Johns 18-12-18</i>	Religion		
Joined	Date	Period of	with Colours <i>10 1/2</i> years. with Reserve <i>1 3/4</i> years.	Religion		
Joined	Date			Place of Birth		
Joined	Date			<i>St Johns</i>		

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 7/19</i>									

To be carried over

Army Form B. 121.

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

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

1. Unit and Corps *Royal Newfoundland*
2. Regtl. No. *2487* 3. Rank *R/Capt*
4. Name *Rowan* *Stephen*
(Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on *1894 1918* at *St. Johns*
in category (or grade).....
7. Former Trade or Occupation } *Centurion*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *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.
amnesia fracture of jaw Dental Plate applied. Comes in Good Comfortable Position Complete recovery

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

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

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

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

He complains of no disability

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

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

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

Reputation

W.K.

Major R. J. S.

Station .. *Hazely Dour* .. .

Date .. *5/14/19* .. .

Medical Officer in charge of case. *J. J. S.*

* 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

C.R. 4487

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date
29-7-19.

4487, Cpl. S. Rowsell.

C.R. 4487

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 follow-
ing date
15-7-19.

4487, Cpl. S. Rowsell.

C.R. 4487

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

4487 Cpl. V. Rowsell.

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

C.R. 4487

Extract from Daily Orders part I, Unit the R.N.R.
by Lieut. Col. B.J. Barton, D.S.O. Officer Commanding
2nd Battalion Royal Newfoundland Regiment dated 22-⁵19.

To be Acting Corporal.

4487 L/C. T. Rowsell.

C.R. 4487

Extract from Orders Part 2 by Lt.Col. B.J.Barton D.S.O.
Commanding 2nd Battalion, Royal Newfoundland Regiment.

Ref.Bn.Orders Part 2 of 20/11/18 "Promotions" should read
as from 8/11/18.

To be Lance Corporal. as from 21/11/18.

4487 Pte.S.Rowsell, "B" Coy.

C.R.

4487

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 28, 1918.

#4487 Pte. Stephen Rowsell.

C.R. 4487

Extract from Daily Orders part 11, from Unit The Royal
Nfld.Reg't. St.John's, dated April 20,1918.

#4487 Pte. S. ~~Parrell~~. *Rowzell*

Attested for General Service with the Royal Newfoundland
Regiment, from 18/4/18 to report.1/6/18.

14487

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 14487 Rank Capt Name Russell S
 Date of Enlistment 18-11-18 Address St. John's District St. John's
 Occupation Clerk Classification for Discharge A Medical Category AI
 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		3-1-18 1

Date July 14/19 O. C. Discharge Depot Russell S

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.
S Russell

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) ~~Clothing Supplied~~

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
 at 12 Stewart Ave. and Release Certificate No. 3609 issued.

Date 15-7-19

[Signature]
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
 therewith settled. He has received pay and allowances to 14-7-19

Date 15-7-19

[Signature]
 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	<i>2 Form B</i>
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			

3428-1

Date 15-7-19

[Signature]
 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*

Date JUL 15 1919

[Signature]
 O. C. Discharge Depot.

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

Date Aug 11 1919

[Signature]

Reg. No. *4487* Rank *Cpl.* Name *Russell*
Attested ... Address *121 Stewart Avenue.*
Allotment..... Allottee ..
Date of Allotment..... Returned from Overseas *JUL 1 1919*
Returned on S S *Cassandra* Cause *Discharge.*

157 19
157 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

S. G. Rowell

C.R.

4487

51

~~PRU~~

51

No: 18515/2042

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

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

16th October 1918

November 20 1918

Subject: 4487, pte S. Rowsell,

Receipt hereunder.

With reference to the following telegram (9818) from the Hon. Minister of Militia, received

Pay to 4487 Rowsell £5:0:0

Chas. J. [Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

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

Received the sum of five pounds on account of cable remittance from Newfoundland.

W.P. Hunt 2/fit
Chief Paymaster & O. 1/c Records.

S. Rowsell
No. 4487 Rank Pte Rowsell
Witness 2930 Pte Stein

No. 37/15

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

~~Office Commanding,
The 1st Bn. R. Newfoundland Regiment,
Hazeley Down Camp,
Winchester.~~

2nd. January, 1918

4-1-1919

Subject: 4487. L/c Rowsell, S.

With reference to the following telegram (11365) from the Hon. Minister of Militia, received

Pay to 4487 Rowsell - £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

Chief Paymaster & O. 1/c Records.

Receipt hereunder.

J. Seymour
LIEUT. COLONEL.
Officer Commanding *1st* Battalion
COMMANDING *2nd* Bn. ROYAL NEWFOUNDLAND REGT.

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

Rowsell
No. 4487 Rank S/Pl

Witness A. Maunders

13

No. 2546/345

From: NEWFOUNDLAND CONTINGENT*

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

17th February 1919

4487. E/G. Rowsell. S.

With reference to the following telegram from the Minister of Militia / / (21)

"Pay to-4487. Rowsell.

£2.0.0.

Cheque £2.0.0. is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

B. S. Murray
Chief Paymaster & O. i/c Records.

NEWFOUNDLAND CONTINGENT
68, VICTORIA ST.
LONDON, S.W. 1
N.F.P. /79.
PAY & RECORD OFFICE

To: Officer Commanding.

2nd/Bn. Eyl Nfld Regt.

Winchester.

February 19th 1919

Receipt hereunder.

E. G. Rowsell
LIEUT. COLONEL.
Officer Commanding 2nd Bn. ROYAL NEWFOUNDLAND REGT.

Received the sum of Two pounds

in respect of telegraphic remittance from the Minister of Militia.

S. Rowsell
No. 4487 Rank Private

Witness *H. Rockett*

No. 5496/805

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn. Royal Newfoundland Regiment,
Hazeley Down Camp,
Winchester.

8th April 1919

Apr 10th 1919

4487 L/Cpl Rowsell S.

With reference to the following telegram from the Minister of Militia / / (124)

Receipt hereunder
J. K...
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Comdng 2nd Batt'n.

"Pay to- 4487 Rowsell
£5. 0. 0.

Received the sum of *Five pounds*

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

_____ in respect of telegraphic remittance from the Minister of Militia.

A. A. Minnell
Chief Paymaster & O. i/c Records.

S. Rowsell
No. *4487* Rank *Lance Cpl*

Witness *W. Barnes*

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.

Shoarsell

Signature of Man.

M. C. Conklin

Reg. No. 4487

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

15-7-17

191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 44487 Rank Serjeant Name Russell S
 Date of Enlistment 15-11-18 Address St Johns District St Johns
 Occupation serjeant Classification for Discharge 6 Medical Category I
 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 July 1919 O. C. Discharge Depot St Johns

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

S. Russell

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied Woolen blanket

Date 14-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
at 12 Stewart Ave. and Release Certificate No. 3609 issued.

Date 15-7-19

[Signature]
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to 29-7-19

Date 15-7-19

[Signature]
Depot Paymaster.

Discharge approved for 15-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	1
B 173	W 3494	B 122	Board 1st	" 2	1
B 173a	D 400A	B 1915	do 2nd	" 3	2 Form B
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			3428-1

Date 15-7-19

[Signature]
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

[Signature]
O. C. Discharge Depot.

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

Date

The Royal Newfoundland Regiment

Class for Demobilization: —

Ej

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 11/19

Regimental No. *4487.*

Name

Russell Stephen

Address

12 Stewarts Av.

Present Medical Category

A 1

Recommended for: — (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

R R Cooper Capt
O.C. Discharge Depot.

W. H. Gibson
Senior Medical Officer

W. E. Burden
M.O. Depot

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4487 Rank Capt Name Russell S.
 Intended place of residence St Johns
 2. Occupation Bank
 Classification of soldier E Medical Category AFI

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

L. M. H.
 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

S. Russell
 Signature of soldier

M. Blount
 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

S. Russell
 Signature of soldier

W. Eaton
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 18. 4. 18 No. of days on Military
 Discharged from service JUL 15 1919 Plus 14 days Service 468

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, 22 days from date.

Place, ST. JOHN'S

Date JUL 15 1919

L. R. Cooper Capt
 Officer in Charge of Records
 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

M. Bowley Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

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