



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4886 Name Wilfred Saint Corps Maltr

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Wilfred Saint
2. What is your full Address? 2. Musgrave town
B.B. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 6 Months
5. What is your Trade or Calling? 5. Joiner
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, Wilfred Saint 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.

Wilfred Saint SIGNATURE OF RECRUIT.
Paul G. J. J. J. Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wilfred Saint 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 3 day of May 1915.

Signature of Attesting Officer W. J. J. J.

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 compiled with. I accordingly approve, and appoint him to the if enlisted by special authority, such will be attached to the original attestation.

Date May 3 1915
 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 Wilfred Scout
 Apparent age 19 years 6 months. Height 5 feet 5 1/2 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alfred Scout
Amusgrovetown Relationship Father
Boo Bay Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>3-5-18</u>									
Joined at <u>St. Helier</u> on <u>May 3-1918</u>									
<u>Discharged July 5. 1919</u>									
<u>Embarked St. Helier train to Halifax N.S. 11-6-1918</u>									
<u>Embarked for St. Helier 26-10-18</u>									
<u>Re-embarked train 26-10-18</u>									
<u>Joined Bath. France 3-11-1918</u>									
<u>Admitted 25 Stry Corp Royal Berkshire 8 1/4</u>									
<u>Went to duty Convalescent 15-3-19</u>									
<u>Rejoined unit 18-3-19. Separated from Regiment 22 4/7</u>									<u>Arrived Amusgrovetown 28 4/7</u>
<u>1. To embark for demobilization 22 5/9. Arrived to embark 1-6-1919</u>									
Total Service forfeited as above..... <u>Demobilization</u>									<u>St. Helier 5-7-1919</u>
Total Service towards Engagement to <u>5-7-1919</u> [date of discharge]									
Pensions " " " " " " " " " " " "									

C.R. 4886

Extract from Daily Orders part II, Unit the Royal Nfld. Regt.,
dated July 9th. 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on 5-7-19.

#4886 Pte. Wulfred Saint.

C.R.

4886

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 11th, 1919.

The Discharge of the Undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 21-6-19.

4886 Pte. Wilfred Saint.

C.R. 4886

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

Date 10-6-19

4886 Pte. Wilfred Saint

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

ex "Corsican"

Extract from Nominal Roll 1st. Battalion ~~1st~~ ^{C.R.}
Royal Newfoundland Regiment dated 30-4-19.

4886

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.

4886 Pte. W. Saint.

C.R. 4886

Extract from W. O. List No. H.A. 35536

Dis to Duty 25 Sty. H. Rouen 18th. March 1919.

4886 Bte. W. Saint.

Tonsillitis.

C.R. 4886

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

4886 Pte. W. Saint.

Adm. 25 Sty. H. Rouen 8 Mar'19, Diphtheria Mild.

C.R. 4886

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
11
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3--18.

The following joined the Battn. 3-11-18.

4886 Pte. W. Saint.

D Coy.

C.R. 4886

Extract from General Roll Re-enforcement Draft No. 15 Reported Folkestone
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Havelock Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, I.I.F.

4886 Pte. Saint, W.

RP

C.H. 4886

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's dated June 14, 1918.

#4886 Pte. W. Saint.

Embarked for overseas with draft 11-6-18

C.R. 4886

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regiment, St. John's, dated May 4, 1918.

#4886 Pte. Wilfred Saint.

Attested for General Service with the Royal Nfld. Regt.
from 1/5/18.

W Saint

C.R.

4886

1890

Medical Report on an Invalid.

Station Hazelton
Date 1-5-19

1. Unit Royal Newfoundland
2. Regimental No. 4886
3. Rank Pte
4. Name Saint W.
5. Age last birthday 20
6. Enlisted { on Apr. 30th 1918
at St John's
7. Former Trade } Fisherman
or Occupation }
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. ni
10. Place of origin of disability. ni
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. ni
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— ni
- (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.

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.

Accomplish 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?

u

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

If so—(a) When?

(b) Where?

(c) Opinion?

u

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

u

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

u

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?

u

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.

u

20. Do you recommend—

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

Repatriation

100%

Major M.D.

Officer in medical charge of case.

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

Station *Hazley 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.

FORM K

N^o 3938



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wilfred Saint, Regl. No. 4886
hereby agree, until further notification by me, and in similar official form to make an Allotment of
_____ Dollars and Switz 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3839	mother	Mrs Alfred (Annie) Saint	Musgravetown B B	
Total Allotment, \$				609

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

Sig.) James Leitch
Officer Commanding
St John's Company
May 16th 1918

(Sig.) Wilfred Saint
(Rank) Pte



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, W. Alfred Saint , Regl. No. 4886
 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3839	mother	Mrs Alfred (Annie) Saint	Musgravetown B B	
Total Allotment, £				6 09

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

Sig.) W. Alfred Saint
 Officer Commanding
St John's Company
2 May 16th 1918

(S) W. Alfred Saint
 (Rank) Pte

No. 488

Name *Saint. W.*Sqn., Batty.,
or Company } *D*

Corps ROYAL NEWFOUNDLAND REG

Date of
enlistment } *7/18*G.C.
Badges }Service or
Proficiency Pay }Date of last entry in
Company Conduct Sheet }No. and date
of last drunk }Period not reckoning towards
freedom from extra fine }Sheet No. *One*Signature O.C.
Company, etc. } *J. M. ...*

Character }

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>Field</i>	<i>8.4.19</i>	<i>Pte</i>		<i>Def. -/11</i>	<i>Edwards</i>	<i>Pay for same</i>	<i>8.4.19</i>	<i>Major Bernard</i>	

ARMY FORM B. 122

15669/1639. NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd Bn. Royal Nfld. Rgt.,
Bazeley Down Camp,
Winchester.

September 30th, 1918

Subject: 4886, Pte. W. Saint.

With reference to the following telegram (5402) from the Hon. Minister of Militia, received

"Pay to 4886, Pte. W. Saint, £4.0.0.

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

Chief Paymaster & O. i/c Records.

Witness:-

R. Manning

Oct 5th 1918.

Receipt hereunder

Clair CAPT. J. LIEUT. COLONEL.
COMMANDING 2nd Bn. ROYAL NEWFOUNDLAND REGT.
Royal Newfoundland Regiment

Received the sum of £4-0-0
four pounds on account of
cable remittance from Newfoundland.

Wildred SaintNo. 4886 Rank Pt

To:- The Chief Paymaster..
Royal Newfoundland Regiment,
56 Victoria Street,
London, S.W.

Sir:-
Please charge the amount set opposite my name to my account and
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4886	Pte	Sains W.	£250	W. Sains

Date July 1/18

I have the honour to be, Sir,
Your obedient servant.
W. Sains

6992/10/P&A

6th May

9

O/C. Depot,
R.Nfld. Regt.,
Hazeley Down Camp
WINCHESTER.

4886 PTE. W. SAINT.
R. NEWFOUNDLAND REGT.

With reference to the following
telegram from the above named soldier:-

"Have you received money for
"4886 Pte. W. Saint.

No remittance has been received here,
please.

Major.
Chief Paymaster & O.i/c.Recds.



FM/FK.

N.B.—This Form must accompany any inquiry respecting this Telegram.



POST OFFICE TELEGRAPHS.

H. CLAY AND SONS, Ltd., London.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1/2d. being reckoned as 1/2d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.

Office Stamp



Charges
to pay

a. d.

Handed
in at

10 40 M

Received
here at

11 50 A M

Hazeley Camp
 Reply Paid
 Office 58 Victoria St
 Newfoundland
 St John's
 3390

TO

Have you received money
 4886 you please W. Saint
 6/5/19

OF. NO. 000	6992/10
6/5/19	
CHIEF CLERK	
BRANCH	DATE
Comd.	
P & A.	
R. & C.	
B. & E.	
P.S.	

Saint, D.

4886

Sept.

July 5, 1919

#4886 Pte. Wilfred Saint,

Musgravetown, B.B.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 226

yours truly

Raymaster & .i/c Records ^{captain}

The Royal Wld. Regiment

DEMOBILIZATION

No. 488 Rank

Name Saint W

Warned for demobilization on

JUN 7 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *H.P. 560* Rank *Plt.* Name *Sgt. Welford*

Intended place of residence *St. John's B.B.*

2. Occupation *Fisherman*

Classification of soldier *F* Medical Category *A 1*

3. The above named man is discharged in consequence of

DEMOBILIZATION.

Eligible for War Service Gratuity

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

Place *ST. JOHN'S*

Date *JUN 7 1919*

[Signature]
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 *JUN 7 1919*

ST. JOHN'S

[Signature]
Signature of soldier

[Signature]
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*

JUN 7 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service *3-5-18* No of days on Military

Discharged from service *21-6-19 plus 14 days* Service *429*

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place *ST. JOHN'S*

JUN 21 1919

[Signature]
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place *St. John's, Nfld*

Date *July 5 1919*

[Signature]
Officer in Charge Records
The Royal Newfoundland Regiment

a 922079/7626

The Royal Newfoundland Regiment

Class for Demobilization: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *6.6.19*

Regimental No. *21886*

Name *Saint Ivelled* *Pte*

Address *St. John's town B.P.*

Present Medical Category *A-1*

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

Members of Board

R. H. Hart Capt
O.C. Discharge Depot.

S. P. Robinson
Senior Medical Officer

G. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4886 Rank Plt. Name Saint, Walfred
 Date of Enlistment 3-5-18 Address Margaretville District Donaghy
 Occupation Fisherman Classification for Discharge F7 Medical Category H.1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	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 6.6.19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Walfred ^{his} X Saint
 with mark
 J. W. Cheaney

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 None

Date 7.6.19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R15379635 to his home at Mudgrave Town and Release Certificate No. 2419 issued.

Date 7-6-19 J.A. Snowball
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 5-7-19

Date 7-6-19 R.H. Salt
Depot Paymaster.

Discharge approved for 21-6-19

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	
B 179c	B 120	M 93		

2 Form B

Date 7-6-19 J.A. Snowball
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 21 1919 R.H. Salt Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows: .

To resume former Occupation

Signature of Man.

Reg. No.

Signature of the Vocational Officer or his Representative.

Place

Date

JUN 7 1919

191

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

MEDICAL HISTORY

Surname Saint

OF

Christian Name Milfred

Table I.—GENERAL TABLE.

Birthplace:—Parish Murgravetown County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	3 rd day of May 1918	St John's, Nfld.	day of 191	
Declared Age	19 1/2 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	5 1/4 inches	feet	inches
Weight		123 lbs.		lbs
Chest Measure- ment	Girth when fully expanded	35 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arms			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>L. J. P. [Signature]</u>			
(Rank)	<u>Major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at	St John's, Nfld.	at	
	on	3 rd day of May 1918	on	day of 191
	Corps		Corps	
		Regtl. No. 4886		Regtl. No.
Joined on Enlistment	The Royal Nfld Regt.			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazley D. CampDate 1. 2. 191. Unit Royal Newfld2. Regimental No. 48863. Rank Pte4. Name Saint W.5. Age last birthday 206. Enlisted { on Apr. 30, 1918
at St John7. Former Trade } Fisherman
or Occupation }

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).

NilStatement 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.

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). Nil
- (b) constitutional or hereditary, and not aggravated by service during the present war. Nil
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

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.

No complaint of no disability

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

no

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

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

no

If so—(a) When?

(b) Where?

(c) Opinion?

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

no

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?

no

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.

no

Repatriation

20. Do you recommend—

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

Major J. J. Jones

Officer in medical charge of case.

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

Station *H. D. Camp*

Officer in charge of Hospital.

Date *1. 21. 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.

Casualty Form—Active Service.

Regiment or Corps *ROYAL NEWFOUNDLAND REG.*

Rank *Otc.* Surname *Saint* Christian Name *William Alfred*

Religion *meth* DURATION. Age on Enlistment *19* years *6* months

Enlisted (a) *3/5/18* Terms of Service (a) Service reckons from (a) *3/5/18*

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

Extended Re-engaged Qualification (b)
or Corps Trade and Rate

Occupation *Keelman* Signature of Officer *W. M. Cullen*

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 ...	<i>26 OCT 1918</i>		
		Disembarked...			
		Joined Battalion	<i>3 NOV 1918</i>		
	<i>25 Slaty</i>	<i>Adm: Diphtheria med.</i>		<i>8/3/19</i>	<i>Sta 35375</i>
		<i>Discharged 4th</i>	<i>15/3/19</i>	<i>13213</i>	
		<i>Arrived in UK</i>	<i>12/14/19</i>		

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

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

(17591). W. V. 287—P. 1124. 1,000,000. 6/19. D. S. B. Form B/103 (1918).

Imp. G.O.

next of kin Father Alfred Saint, St. John's, Nfld.



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 *Wilfrid Saint*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4886*

Intended address *Musgrave town B.B.*

Height on discharge *5* Feet *5*

Color of hair on discharge *Black.*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks —

Figure on discharge *medium*

Christian name of Father *Alfred*

Christian name of Mother *Annie*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Musgrave town, Oct 30th 1899*

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)

Wilfrid Saint

(Rank)

Witness *ST. JOHN'S.*

Date

5-6-19

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.



Station

Date



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 99 Sent by U Paid by M Check 1/1 No. _____

Place from St. John's To Minister of Militia

APR 28 1919
ST. JOHN'S WHARF

Please cable immediately
ten pounds to 4886
Pte Wilfred Saint Hazeley
- Down Camp England.

P. M.

1/10

May 9, 1919

Miss Mildred Saint,
Postmistress,
Musgravetown.

Dear Madam:

I beg to acknowledge receipt of
your letter of April 30th. enclosing \$49.17, and
as requested I have cabled £10 to 4886, Pte. Wilfred
Saint.

Yours truly,

Lieut.
For Paymaster

July 16, 1919

#4886 Pte. Wilfred Saint,

Husgrave town, B.B.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the 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 *Wesley* 2. Surname *Saint*

3. Rank *Pte* 4. Regt. No. *4886*

5. Address in full to which future payments of gratuity are to be forwarded. *Musgrave town B.B.*

6. Date of enlistment in the Regiment. *May 1st 1918*

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

8. Relationship of such dependents *Do*

9. Address in full of such dependents *Do*

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. *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *2 1/2 weeks*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.
Not applicable

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.
81. lbs. Clothing Etc

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 Regt.? *no* If not give: (a) date of discharge. *June 21/15.* (b) Reason for discharge. *Re-enlisted as private*

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*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *W. Fred ^{His} Saint (witness) Loa plea*

Place of Residence: *Musgravetown, B.B.*

Declared before me at: *St. John's, Nfld.*

This *7th* day of *June* 19*17*....

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the Peace,
or Commissioner of affidavits.
John McCarthy

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

The Department of Militia

\$5⁰⁰

The sum of Five Dollars is due

to Alfred Scant of Brooklyn

Reg No. 4806 Rank Pte. Name Scant E.

From Brooklyn

Care of \$ 5.00

McCauley
Captain

Demobilization Officer



ACCOUNT	<u>Trans.</u>
CH. NO.	<u>8043</u>
INITIALS	<u>P.H.</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS

No. S 635

TRAVELLING WARRANT

Date 7-6-19 The Royal Newfoundland Regiment

General Alfred Saint 500

Please issue 1st Class Passage and Meals for

No. 4886 Rank P6 - Name Saint

From Brooklyn - ST. JOHN'S - To Woods Bay

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. P. Snow
SIGNATURE OF ISSUING OFFICER,
Demobilisation Officer
Discharge Depot - Newfoundland

August 22, 1919

Alfred Saint,
Musgravetown

A. C. R.

Dear Sir:

I enclose herewith cheque
for \$5.00, amount due you for driving Pte. W.
Saint from Brooklyn to Musgravetown.

Yours truly,

Capt.
For Paymaster.

RECEIPT.

C.R. 4886

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919.

NO. 4886 NAME Wilfred Saint-

DATE... March 13/20

PLACE... Mrs. Grace Down

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39

Number of Sheets one

Regiment of Royal Newfoundland

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

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>Saint Wilfred</u>	Age on	years	months		Fisherman
<u>4886</u>		Place and Date of Enlistment	<u>St John's</u>		Religion	
Joined		Date	Period of	with Colours		<u>Method</u>
Joined		Date		with Reserve		Place of Birth
Joined	Date	<u>3 5 18</u>		<u>Musgrave town</u>		
Joined	Date	<u>3 6 18</u>				

Place	Date of Offence	Rank	Cases of drunk-ness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's</u>					<u>5 19</u>

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4886 Rank Plt. Name Saint, Walter

Date of Enlistment 3-5-18 Address Margaret District District Donawate

Occupation Fisherman Classification for Discharge E Medical Category H.I.

Recommendation S.M.B. _____ Disability Rating _____

Passed _____ Mobilization Officer with following documents:-

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 6.6.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Walter X Saint
[Signature]

Particulars passed to Vocational Officer for information and action.

[Signature]

Date [Signature]

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 5-6-19 O i/c. Re-clothing [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R15879635 to his home at Musgrave Town and Release Certificate No. 2419 issued.

Date 7-6-19 *J.A. Sawciff*
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 5-7-19

Date 7-1-19 *M. W. H.*
Depot Paymaster.

Discharge approved for 31-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
E 178	W 3494	B 122	Board 1st	" 2	2 Form B
F 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 7-6-19 *J.A. Sawciff*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records
Board of Pension Commissioners

with following additional documents.

Eligible for War Service Gratuity

R.H. Sait Capt.

Date JUN 21 1919 O. C. Discharge Depot.

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

Date June 16/19 *J. Sawciff*
for O.C. Records

Reg. No. *4 886* Rank *Pfc* Name *Saint W.*

Attested Address *Musgrinetown*

Allotment..... Allottee

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

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

6-6-19
21-6-19

PASSED TO LIQUIDATION OFFICER

~~DISCHARGE APPROVED BY LIQUIDATION~~