



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4909 Name Abraham L. Sapp Corps R B

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Abraham L. Sapp
2. What is your full Address? 2. Bell Island, N.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 22 Years — Months
5. What is your Trade or Calling? 5. Storekeeper
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, Abraham L. Sapp 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.

Abraham L. Sapp SIGNATURE OF RECRUIT.
James Arkie Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Abraham L. Sapp 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 6th day of May 1918
Signature of Attesting Officer James Arkie

† CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 191
Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Abraham L Sapp
 Apparent age 22 years — months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Leo Sapp, Bell Island, B B,
 | Relationship Father

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (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>6-5-18</u>									
Joined at <u>St. John's</u> on <u>May 6, 1918</u>									
<u>Home leave July 30, 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 22-9-18</u>									
<u>To be embarked aboard for demobilization 24-6-1919</u>									
<u>Arrived the embarkment 1-7-1919</u>									
<u>Demobilization St. John's 30-7-19</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>30-7-1919</u> (date of discharge)					1	years	86	days	
Pensions									

A. Sapp

C.R. 4909

~~1180~~

C.R. 4909

TO WHOM IT MAY CONCERN.

#4909, Pte. A.L. Sapp enlisted with the Royal Newfoundland
Regiment 6-5-18.

Embarked for Overseas 22-9-18.

Returned from Overseas 1-7-19.

Discharged 30-7-19.

2/Lt.

Casualty Officer

for CHIEF STAFF OFFICER.

C.R. 4909

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 30-7-19.

4909, Pte. A. Sapp.

C.R. 4909

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, July 19th, 1919.

The discharge of the underneted on demobilisation has been
APPROVED by C.C. Discharge Depot with effect from 16-7-19

4909 Pte. A. sapp.

C.R. 4909

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

4909 Pte. A. Sapp.

Reported at Headquarters 1-7-19 ex "Cassidra" which sailed
Glasgow 24th Jano; 1919.

C.R. 4909

Extract from Daily Orders issued by Major M.B. Sullivan, Commanding 2nd Bn. Mfld. Forestry Companies 26-11-18.

The undernoted having arrived from 2nd Bn. Royal Mfld. Regt. is attached to the strength from this date and posted to "B" Co. for rations.

4909 Pte. A. Sapp.

C.R. 4909

Extract from Colonial Roll Entrained St. John's for Overseas.
Sept. 25, 1918. "E".

4909 Pte. Sapp Abraham.

C.R. 4909

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 17th, 1918.

4909 Pte. A. Sapp.

Due to report October 1st, reported 12-8-18.

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 7, 1918.

#4909 Pte. A. Sapp.

Attested for General Service with the Royal Nfld. Regt.
from 6.5.18.

Sapp. A.

4909

Gay sept.

July 30th 1919.

34909, Pte.A.Sapp.

Bell Island.

Nfld.

Dear Sir:

Enclosed please find Discharge Certificate #3282.

Yours truly,

Cap. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4909 Rank Pte Name Sapp a.
 Intended place of residence Belle Islands

2. Occupation Storekeeper
 Classification of soldier 2 Medical Category AI

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 16 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, ST. JOHN'S

Date JUL 16 1919

[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, ST. JOHN'S

Date JUL 16 1919

[Signature]
Signature of soldier

[Signature]
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 6.5.18 No. of days on Military Service.....
 Discharged from service JUL 16 1919 Plus 14 days Service..... 451

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 16 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date July 30/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

[Handwritten note] 275-19/13282

26
30
30

The Royal Newfoundland Regiment

Class for Demobilization:—

16.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 15/19

Regimental No.

4909

Name

Sapp, A. E.

Address

Bell Island

Present Medical Category

A-1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

H. R. Cooper Capt.

O. C. Discharge Depot.

Members of Board

J. P. Paterson
Senior Medical Officer

J. E. Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1909 Rank Plt Name Thompson
 Date of Enlistment 6-5-18 Address St. John's District St. John's
 Occupation Plt Classification for Discharge 1/3 Medical Category A-1
 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 15-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

a. Sapp

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Chubb

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 9921-9922 to his home at Bell 951d and Release Certificate No. 3646 issued.

Date 16-7-19

Amelbonstr
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 30-7-19

Date 16-7-19

J. M. ...
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
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		

2 Fam B

Date 17-7-19

Amelbonstr
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 16 1919

Date

K.P. Cooper 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.

a. Japp
Signature of Man.

Reg. No. *H909*

M. J. Stouffer
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date *16-7-19...*

191

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

MEDICAL HISTORY

Surname Sapp OF Christian Name Abraham L

Table I.—GENERAL TABLE.

Birthplace:—Parish Bell Island, S. B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	6th day of May 1918	St John's, Nfld.	day of	191
Declared Age	32 years	— days	years	days
Trade or Occupation	Storekeeper			
Height	5 feet 6	inches	feet	inches
Weight	120 lbs.			lbs
Chest Measurement	Girth when fully expanded		34	inches
	Range of Expansion		5	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm	One		
When Vaccinated	10 years ago			
Vision	R.E.—V=	4/6	R.E.—V=	
	L.E.—V=	4/6	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>Lammell Johnson</u>			
(Rank)	Major			
Enlisted	at St John's, Nfld.			
	on	6th day of May, 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal Nfld Regt.	Corps	Regtl. No.
		4909		
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps. *Loyal Newfoundland Regt.* 7. Former Trade or Occupation } *Storekeeper*
2. Regtl. No. *4909* 3. Rank. *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Sopp* *Abraham S.* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *23*.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (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 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. P. Proctor, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Lozley Down*

Date *18/4/19*

* 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.



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 *Abraham Elias Sapp*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4909*

Intended address *Bell Island,*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Elias.*

Christian name of Mother *Maudon*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Syria. Jan 15th, 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) *A. E. Sapp*

Pt
(Rank)

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.

Station

Date



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

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.

- 1. Christian name... *Sheehan*..... 2. Surname... *Clapp*.....
- 3. Rank... *Private*..... 4. Regtl. No. *Royal Hfld*.....
- 5. Address in full to which future payments of gratuity are to be forwarded... *J. B. Clapp, St. John's Hfld*.....
- 6. Date of enlistment in the Regiment... *May 6th 1918*.....
- 7. Name of dependent, if any, to whom Separation Allowance is being issued or was being issued, immediately prior to your discharge...
Leo Clapp.....
- 8. Relationship of such dependents... *Father*.....
- 9. Address in full of such dependents... *J. B. Clapp, St. John's, Hfld*.....
- 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 Hfld, if so, give dates and particulars of such service... *I was to England but was not in active service*.....
- 12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *Five months*.....

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?

Not applicable

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

17th July the war

ended of

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

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: *Abraham Sapp*

Place of Residence: *Bell Island*

Declared before me at:

This *26th* day of *August* 19*17*.....

A. H. Noebel; S. H.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Registrar

✓
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..... *a* 2. Surname..... *Sapp*
3. Rank..... *Pte* 4. Regt. No..... *4. 9. 9.*
5. Address in full to which future payments of gratuity are to be forwarded..... *398 Water Street, W. Co.*
-
6. Date of enlistment in the Regiment..... *Nov 6/18*
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.....
9. Address in full of such dependents.....
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in 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..... *Fourteen months*
- *1. 3.*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

no

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

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.? *no* If not give: (a) Date of discharge. *July 31/49* (b) Reason for discharge.

senior

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.

England

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: *a. Japp*
 Place of Residence: *398 Water St. West. Ariz*
 Declared before me at: *Si Parris*
 This *17* day of *June* 19*19*.....

Signature of Barrister of the *John McArthur*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.					Net amount due
Date paid	paid	paid	War Service Liability.		
	Soldier.	Dependent.			
.....
.....
.....
Certified correct.					Paymaster

ST. JOHN'S, July 15th /19

Royal Newfoundland Regiment.

Billeting Account,

To W. A. Sapp

Billeting Soldiers as undermentioned

from July 1st /19 to July 14th /19

A. L. Sapp R. C. S.

4909 · W. A. Sapp 14 40

ACCOUNT	<u>By m. Sapp</u>
CH NO	<u>3006</u> <u>Feas</u>
IND LEDGER	INITIALS
RAY LEDGER	INITIALS
GEN LEDGER	<u>14</u> INITIALS <u>to</u>

Certified correct for \$

R. J.

W. A. Sapp

Billeting Officer.

The Rpyal Newfoundland Regiment

Dr.

C. Hibbs(Portugal Cove)

Conveyance of 4909 Pte. A. Sapp.
from Portugal Cove to ST. Johns.

\$ 2.00

J. C. R.

CERTIFIED CORRECT

W. George Calder

Tran. W. R. H.

ACCOUNT	
CN. NO.	8478
INITIALS	
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

To be handed

C. Hibbs

No. *R 79*

TRAVELLING WARRANT

Date *2-7-19*

The Royal Newfoundland Regiment

*L Hibbs \$2.00
Portage Fare*

Please issue 1st Class Passage and Meals for

No. *4909*

Rank *Private*

Name *Hubbs*

To - ST. JOHN'S

From *St. John's*

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

R. H. Hibbs MAJOR

SIGNATURE OF ISSUING OFFICER.

C.R. 4909

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *A. Sapp*

Date.. *17...1919*

Place.. *Grates Cove*

Residence St Johns

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form B 121
39

Regiment of *Royal Newfoundland*

Number of Sheet *1*

Signature of O. C. Company *A. J. Jamieson*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service pay or proficiency pay	
No.	<i>4909</i>	Age on	<i>22</i>	years	<i>months</i>	Trade	<i>Stone Keeper</i>
Joined	Date	Place and Date of Enlistment	<i>St John's 6.5.18</i>		Religion	<i>R.C.</i>	
Joined	Date	Period of	with Colours <i>1 1/2</i> years.		Place of Birth	<i>Bell Island C.B.</i>	
Joined	Date		with Reserve <i>3 1/2</i> years.				

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>Drives Rick</i>	<i>18-9-18</i>	<i>Pte</i>		<i>Leaving duty post without permission while on duty</i>	<i>Sgt Joy</i>	<i>7 Days C.B.</i>	<i>17-9-18</i>	<i>R. H. Tait^{MC} Capt</i>	<i>R.H.T.</i>
				<i>Demobilized</i>	<i>St John's</i>	<i>30 79</i>			

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 19009 Rank Plt. Name Sapp, A
 Date of Enlistment 6-5-18 Address Bell Bluff District St. John's
 Occupation Masterchef Classification for Discharge Top Medical Category H.I.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date 15-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am a Sapp in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 39213922 to his home at Bell 954d and Release Certificate No. 3646 issued.

Date 16-7-19 *Ambleton*
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 30-7-19

Date 11-7-19 *Ambleton*
Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
F 178a	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			

Date 17-7-19 *Ambleton*
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 16 1919 *R.R. Cooper Capt.*
O. C. Discharge Depot.

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

Date July 28 1919 *Ambleton*

Reg. No. 4909 Rank Pte Name Sapp, Abraham
 Attested 6-5-18 Address Bell Island, P. B.
 Allotment 60 Allotee Les Sapp (Father) L
 Date of Allotment 1-9-18 Returned from Overseas
 Embarked for Overseas SEP 22 1918 Cause

Granted leave without pay for the purpose of squaring up
 business contract in child. from 9-5-18 to 1-10-18. Authority
 W. C. Dupot.
 12-8-18. Reported for duty at Headquarters
 1st Sinc 26 8-8-2 to 2-9-18.
 L. leave from 9-18 to 12-9-18. Ret'd 11-9-18.

Reg. No. *4909* Rank *PLC* Name *Sgt. A.*

Address *Bill Island.*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

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

15.7.19
16.7.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

To whom it may Concede:

4909 Abraham K. Sapp

This is to certify that the above named
enlisted in the Royal Newfoundland Regiment
on 6 May 1918 and was discharged
under demobilization on 30 July 1919, having
served 1 Year and 86 days.

J.J.

Sent Certificate to Mrs Albert Sapp
Bell Island.
