



FIRST NEWFOUNDLAND REGIMENT

4321

ATTESTATION OF

No. 4321 Name Solomon Slade Corps Tech.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Solomon Slade</u> |
| 2. What is your full Address? | 2. <u>St. Anthony</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>Yes</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

DURATION OF THE MARK FOR THE

I, Solomon Slade 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.

4-18-1-18 Solomon Slade SIGNATURE OF RECRUIT.
R. J. Bennett Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Solomon Slade 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 Jan 1918.
R. J. James Signature of Attesting Officer

†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 Corps enlisted by special authority, such will be attached to the original attestation.
 Date Jan 15 1918
R. J. James 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).....

C.R. 4321

Extract from Daily Orders Part II Unit The Royal Rifles.
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on deactivation has been
CONFIRMED BY Officer in Charge Records from 7-7-19.

4321 Pte. Solomon Slade.

C.R. 4321

Extract from Daily Orders Part II June 12th 1919 Unit Royal
Newfoundland Regiment.

The discharge of the undernoted on demobilization has been APPROVED by
O.C. ~~Repat~~ Discharge Depot with effect from noted date
23/6/19.

4321, Pte. Solomon Slade.

C.R. 4321

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

Date 11-6-19

4321 Pte. Solomon Slade

Reported at Headquarters 1-6-19.

HE "Corsican"

which sailed Liverpool May 22/1919.

1919
C.R. 4321

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 23/4/19.

#4321 Pte. S. Slade.

C.R. 4321

Extract from Daily Orders Part 11 By Major A.E. Bernard,MC.,
Commdg. 1st Battn. R. Nfld. Regt. 23-12-18.

The U/M is discharged to duty.

4321 Pte. S. Slade.

C.R. 4321

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 5/9/18.

The following arrived to-day and is posted to the
following Company.

C. COMPANY.

4321, Pte. S. Slade.

C.R. 4321

Extract from Nominal Roll Draft #51, to B.E.F. Embarked

Folkestone, 31-8-18.

4321 Pte. Slade S.

C.R. 4321

Extract from Nominal Roll Embarked St. John's for Overseas.
Mar. 28th, 1918.

4321 Pte. Slade S.

C.R. 4321

Extract of Daily Orders from Unit 4/1st Coy 1 Newfoundland
Regiment, Headquarters, dated January 19, 1918.

#4321 Pte. S. Slade.

Attested for General Service with the 1st Newfoundland
Regiment, with effect from 18-1-18.

S. Wade

C.R. 4321

SRD

Medical Report on an Invalid.

Station Hazelton D. Camp
 Date 30-4-19

1. Unit Regal Newfoundland
 2. Regimental No. 4321
 3. Rank Plt
 4. Name Slade Solomon
 5. Age last birthday 21
 6. Enlisted { on Jan 15/18
 at St Johns
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. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

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

h a

13. What is his present condition?

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

He complains of no disability

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

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

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

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

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

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

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

n a

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.

Repatriation

20. Do you recommend—

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

Sgt W F Prosser Capt P.A.M.C.
Res. Officer in medical charge of case.

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

except †

Station Stazeley W. Camp

Officer in charge of Hospital.

Date 30-4-19

*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.

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



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

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

Examination of Solomon Slade
 aged 20 yrs. conducted at Headquarters
 Date: Jan 18/18 Recruiting Officer:

NO OF TEST FINDING

1	no
2	no
3	no
4	no
5	no
6	no
7	no
8	yes
9	yes
10	find something wrong with Back.
11	n
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	n/b Lath
20	n
21	n
22	n
23	both feet slightly flat.
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	no
34	5 ft 7 in
35	128 lbs
36	32 1/2 - 36
37	n
38	Father John Slade St Anthony's Shore
39	nobody

H 391

DM

Signature of Medical Examiner:

Geo. Berden

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

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

Regtl. No.	Rank,	Name	Amount	Signature.
4321	Private	Slade. S.	£2.50	

I have the honour to be, Sir,
~~Very truly yours,~~
Your obedient servant.

Date

June 26th 1918

S. Slade

Slade, S

4321

Gay Sept.

July 8, 1919

#4321 Pte. Solomon Slade,
St. Anthony.

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
Fayman et & O.i/c Records.

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 *Solomon* 2. Surname *Slade*
3. Rank. *Pvt* 4. Regt. No. *1321*
5. Address in full to which future payments of gratuity are to be forwarded. *St. Anthony, St. Barthe District*
6. Date of enlistment in the Regiment. *Jan. 18/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
8. Relationship of such dependents.
9. Address in full of such dependents.
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service only in 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. *From Jan 18/18 to Jan 9/19* 1. $\frac{2}{3}$

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? *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 9/19* (b) Reason for discharge. *Re-mobilization*

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, Belgium & Germany - From Aug. 1918 to Apr. 1919.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*

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

Signature of Applicant: *J. Slade*
 Place of Residence: *A. Anthony M. Park.*
 Declared before me at: *N. John's, Nfld*
 This *9th* day of *June* 19*19*.....

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

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

July 7, 1919

#4321 Pte. Solomon Slade,

St. Anthony.

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2743.

Yours truly

Captain,
Paymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4321 Rank Pvt Name Slade Solomon
 Intended place of residence St Anthony
2. Occupation Fisherman
 Classification of soldier E Medical Category PL
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 9 1919
 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
JUN 9 1919
 Signature of soldier Slade
 Signature of witness W. B. Houston

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 9 1919
 Signature of soldier Slade
 Signature of witness James O. Newman

STATEMENT OF SERVICE

7. Enlisted for service 18-8-18 No of days on Military
 Discharged from service 23-6-19 14 days Service 536

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
JUN 28 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place John's Head
July 7/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

A. F. Brown / 2743

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.

S. Slade

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

JUN 9 1919

191

no 4321

The Royal Newfoundland Regiment

Class for Demobilization: *R.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *7.6.19*

Regimental No. *4321*

Name *Shade Solomon*

Address *St Anthony*

Present Medical Category *A.I.*

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

Members of Board {

R.H. Lat Carr
O.C. Discharge Depot.

W. Palmer
Senior Medical Officer

D.W. Burden
M.O. Depot

5011A
The Royal Newfoundland Regiment

PI - J - P
 DEMOBILIZATION OF

Reg. No. 4321 Rank Pte Name Solomon Slade
 Date of Enlistment 10/9/16 Address St. Anthony District St. Barthe
 Occupation Fisherman Classification for Discharge E Medical Category AF
 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 7/6/19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Knowlton

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1607* to his home at *Stanthony* and Release Certificate No. *2471* issued.

Date *9-6-19*

J.A. Snow left
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 *7-7-19*

Date *9-6-19*

J. Miss Hunt
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 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		

Date *9-6-19*

J.A. Snow left
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date **JUN 23 1919**

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

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

Date

Medical Report on an Invalid.

Station Hazeley Down
Date 30/4/19

1. Unit Royal Newfoundland 7. Former Trade } Fisherman
or Occupation }
2. Regimental No. 4321 7A. If with previous service in Army, state—
3. Rank plc (a) Former Unit;
4. Name Slade Solomon (b) Regimental No.;
5. Age last birthday 21 (c) Date of Discharge;
6. Enlisted { on Jan 15/18 (d) Cause of Discharge.
at 87 Johns

8. Disability in respect of which invaliding is Proposed.

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

Statement of Case.

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na.

no complains of no disability

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.

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

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

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

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

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

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

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

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

n.a.

20. Do you recommend—

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

Repetition

W. E. Procmier. Capt Rene

Officer in medical charge of case.

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

Station *Hazelton*

Officer in charge of Hospital.

Date *30/10/19*

*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.

The Royal Nfld. Regiment

DEMOBILIZATION

No. *H321* Rank _____

Name *Blade S* _____

Warned for demobilization on

JUN 9 1919

BOND

FILED

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

MEDICAL HISTORY

OF

Surname Slade Christian Name Solomon

Table I.—GENERAL TABLE.

Birthplace:—Parish St Anthony County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 18 day of July 1908	at Headquarters	on _____ day of _____	at _____
Declared Age	20 years 6 days		years _____	days _____
Trade or Occupation	Insulin			
Height	5 feet 7 inches		feet _____	inches _____
Weight	128 lbs.			lbs. _____
Chest Measurement	Girth when fully expanded... 36 inches			inches _____
	Range of Expansion... 3 1/2 inches			inches _____
Physical Development				
Vaccination Marks	Arm	Left		
	Number			
When Vaccinated				
Vision	R. E.—V= 4/4	L. E.—V= 4/4	R. E.—V=	L. E.—V=
	(a)		(a)	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	Lamm Patterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns	at _____		
	on 18 day of July 1908	on _____ day of _____		
	Corps. _____	Regtl. No. _____	Corps. _____	Regtl. No. _____
Joined on Enlistment	Royal Newfoundland 4321			
Transferred to	Newfoundland			
Became non-effective by	on _____ day of _____	191 _____	on _____ day of _____	191 _____
(Signature)				
(Rank)				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
26-1-18. 19-3-18. 5-4-18 16-4-18	Vac. <i>sp.</i> I.A.B. <i>sp.</i> I.A.B. <i>sp.</i> T.A.B. <i>sp.</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as
2 *for Discharge on Demobilisation. Medical category*
7619
Date of T.M.B.

J. M. H.
Medical Officer

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation



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 *Solomon Slade*
 Regiment from which discharged *Royal Newfoundland*
 Regimental number *4321*
 Intended address *St. Anthony, French Shore*
 Height on discharge *5* Feet *6*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks _____
 Figure on discharge *Normal*
 Christian name of Father *John*
 Christian name of Mother *Miriam*
 Wife's maiden name in full _____
 Date and place of marriage _____
 Christian names of children _____
 Place and date of soldier's birth *St Anthony, 22, January 1897*
 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)

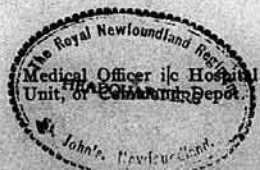
Solomon Slade

(Rank) *Rt*

Station *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

Casualty Form - Active Service.

Regiment or Corps Royal Newfoundland 18-7-1897

Rank Plt Surname Slade Christian Name S. M. M. M.
 Religion W. M. S. Age on Enlistment 20 years 6 months
 Enlisted (a) 18-1-18 Terms of Service (a) Duration Service reckons from (a) 18-1-18
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate Capt
 Occupation Fisherman Signature of Officer. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.23, 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.23, Army Form A.36, or other official documents.
Date	From whom received				
<u>76</u> <u>8.18</u>	<u>W. M. S.</u>	<u>AI</u>	Embarked ...	<u>31 AUG 1918</u>	
			Disembarked...	<u>31 AUG 1918</u>	
			Joined Battalions <u>non-combatant</u>	<u>2 SEP 1918</u>	
<u>6.11.18</u>	<u>OC</u>	<u>10 Days</u>	<u>Food</u>	<u>6.11.18</u>	<u>B2009</u>
<u>5.1.19</u>	<u>71. Evans 7th</u>	<u>Adm.</u>	<u>2 y/N. Pyrene</u>	<u>d.</u>	<u>17.12.18</u> <u>B2906</u>
<u>7.1.19</u>	<u>d.</u>	<u>Duty</u>		<u>d.</u>	<u>23.12.18</u> <u>B2945</u>
<u>2.1.19</u>	<u>MO limit</u>	<u>Rejoined</u>		<u>d.</u>	<u>25.12.18</u> <u>B3713</u>
		<u>App'd Coy COX</u>			
		<u>ceases to hold app't. ment</u>			
		<u>as Coy COX</u>			
		<u>Wounded in UK</u>			<u>27.2.19</u> <u>B213</u>
		<u>Next of Kin: Father: John Slade St. Anthony's</u>			

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

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
30.

Number of Sheets

Regiment of

Royal Newfoundland

Signature of O. C. Company

W. H. L. P.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on							
4321	Slade S	20 years	6 months	Soldier					
Joined	Date	Place and Date of Enlistment		Religion					
Joined	Date	St. John's	18-1-18	Method.					
Joined	Date	Period of	with Colours	Place of Birth					
Joined	Date		171 years.		with Reserve				
			365 years.						
Place	Date of Offence	Rank	Class of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Demobilized	St. John's	7	19		

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

D
4321

DEMOBILIZATION OF

Reg. No. 4321 Rank PLC Name Solomon Slade
 Date of Enlistment 10/12/16 Address St. Anthony's St. Peter's
 Occupation Tradesman Classification for Discharge E Medical Category AS
 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 178b	D 400B	Form L	do 3rd	" 4
B 178c	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 7/10/19

J.W.O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

S. Slade

Particulars passed to Vocational Officer for information and action.

Date 9-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Wool Coat

Date 9-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R1607 to his home at Stanhony and Release Certificate No. 2471 issued.

Date 9-6-19 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 7-7-19

Date 9-1-19 J.A. Snowball
Depot Paymaster.

Discharge approved for 23-6-19

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		

Handwritten notes: 1/2 Form B, 1/2 Form B

Date 9-6-19 J.A. Snowball
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 JUN 23 1919 J.A. Snowball
O. C. Discharge Depot.

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

Date June 14/19 J.A. Snowball
for O.C. Records

Dec 9th/1936

Mr

Solomon Slade
66 Maynard St
Halifax
Canada

To J M Howley
Archivist-General Militia Records
St Johns

Dear Sir

I am writing you for
a copy of my discharge papers:
from the Royal N.S. I. d Regiment:
my number is:

4321 Pte Solomon Slade:

Could you please send them to me as
soon as possible

I remain yours truly
Solomon Slade

3421 Down

4072 Ed & Kelly

December 23, 1936

Dear Sirs:

In reply to your letter of the 9th. inst
I beg to enclose herewith copy of your Discharge from the
Royal Newfoundland Regiment, as requested by you.

Yours faithfully,

W. V. Warren,
Clerk in charge of Records.

Mrs Solomon Slade,
66 Maynard Street
Halifax, N. S.

SM/

Dec. 23, 1936.

THIS IS TO CERTIFY that #4321, Solomon Slade,
enlisted in the Royal Newfoundland Regiment on January
18th., 1918 and was demobilized at St. John's July 7th.,
1919, having served one year and one hundred & seventy-
one days.

W. V. Warren,
Clerk, in charge of Records,
War Pensions Dept.

SMY

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address

The Public Archives Records Centre,
Tunney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For attention of:

Re: SLADE Soloman Service No. 4321
(SURNAME) (CHRISTIAN NAMES)

Veteran is stated to have served during S. AFRICAN WAR () WORLD WAR I (X)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars concerning his service:

1. UNITS (including that of discharge)HIGHEST RANK IN UNIT:

- (a) Royal Nfld Regt. Pte.
(b)
(c)
(d)
(e)
(f)

(If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE.(a) South African War

Date and port of embarkation

(b) World War I - (If Canada only, state if with territorial limitations).CANADA - BRITAIN - FRANCE

IF CANADA
AND
U.K. ONLY

- Date(s) embarked for U.K.
Date(s) disembarked in Canada from U.K.
Period(s) of desertion in U.K.

PUBLIC ARCHIVES RECORDS CENTRE

JAN 15 1963

OTTAWA, ONT., CANADA

3. Any other military service. nil4. Date and place of all enlistments. 18 Jan 1918 - St. Johns, Newfoundland5. Date of all discharges and reason. 7 July 1919 - Demob.6. Date and place of birth as per attestation paper. 22 Jan. 1897 - St. Anthony, Newfoundland7. Marital status; if married, name in full of wife. Single8. Religion. Meth.9. Decorations, if any. nil