



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5738 Name Edward J. Snow Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Edward J. Snow</u> |
| 2. What is your full Address? | 2. <u>St. John's, Nfld.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name <u>.....</u>
Corps <u>.....</u> |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Edward J. Snow 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.

Edward J. Snow SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward J. Snow 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 7 day of May 1915

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

Date May 7 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).....



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5138 Name Edward Snow Corps Artillery

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Edward Snow
2. What is your full Address? 2. Leaves Lane C. Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 31 Years Months
5. What is your Trade or Calling? 5. Printer
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. Yes
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, Edward Snow 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.

Edward J. Snow SIGNATURE OF RECRUIT.

J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward Snow 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 17 day of May 1918.

A. B. Dicks, Lieut. 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

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

Date May 17 1918
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

5138

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

Name Edmund J Snow
 Apparent age 21 years 0 months. Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Snow
Means Town CB | 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>17-5-18</u>									
Joined at <u>St Denis</u> on <u>17-1-1918</u>									
Discharged <u>July 11/1919</u>									
Embarked <u>St John's S.I. Colanella to Halifax N.S.</u> <u>22-7-18</u>									
Embarked <u>Port B.C.T.</u> <u>23-11-18</u> <u>December</u> <u>France</u> <u>28-11-18</u>									
Joined <u>10th</u> <u>5-1-19</u> <u>10th</u> <u>8</u> <u>10th</u> <u>16-2-19</u>									
Transferred to <u>1st</u> <u>1-3-19</u> <u>1st</u> <u>1st</u> <u>3-3-19</u>									
Embarked <u>then</u> <u>28-3-19</u>									
to <u>1st</u> <u>28-5-19</u>									
Arrived <u>1-6-1919</u>									
<u>Demobilization</u> <u>11-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>11-7-1919</u> (date of discharge)									
Pensions " " " " " "									

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated 17-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c ~~XXXXXX~~ records from noted date
11-7-19.

5138, cpl. Edward Snow.

No. 5138

Name

L. Cpl Snow E. J.

Sqn., Batty.,
or Company

D.

Comp

Newfoundland

Date of
enlistment

17/5/18

O.C.
BadgesService or
Proficiency Pay

1920/6

Date of last entry in

No. and date of

Period not reckoning towards

Sheet No.

Signature O.C.

Company, etc.

Character

Place

Company Conduct Sheet

Cases of drunkenness

freedom from extra fine

Office

Company, etc.

Rank

Rank

Rank

Rank

Place

Date of
offence

Rank

Cases of
Drunken-
ness

Offence

Names of Witnesses

Punishment awarded

Date of award or
of order dispensing
with trial

By whom awarded

Remarks

Army Form B. 122

P.T.O.

C.R. 5738

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, June 28th, 1919

The discharge of the underneted on demobilization has been
APPROVED by O.C. Discharge depot with effect from 27-6-19.

5138 Cpl. Edward Snow.

C.R. 5138

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

Date June 18th 1919.

5138, Cpl. P. Snow.

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

ex "Corsican"

C.R. 5138

Extract from Casualties received from Pay & Record Office,
London, Mar. 6th, 1919.

Admitted to Mile End Military Hospital Bancroft Road, E.I.
3-5-19.

5138 Pte. E. Snow

Debility & Influenza.

C.R. 5138

Extract from Daily Orders Part 11 Unit The Royal ^Nfld. Regt.

D.S.O. Commanding 2nd Battn. Royal 29-3-19.

The following having reported back from the 1st
Battn. is taken on the Strength and posted to "H" Company
as from 28-3-19.

5138 Cpl. Snow.

NEWFOUNDLAND POSTAL TELEGRAPHS.



CR 5138

Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

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

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender J. R. Bennett Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated

To

Mar 7th, 1919

William Snow, Shearstown, C.B.

Regret to inform you that Record Office, London,
officially reports No. 5138, Cpl. Edward

**Snow at Mile End Military Hospital London suffering from
influenza and debility**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 5138

Extract of War Office List No. H.A. 35011
from Pay & Record Office, London dated
Feb. 4th/19.

Admitted to 8 General Hospital Rouen Feb. 16th/19.

INFLUENZA MILD.

#5138 Cpl. E. Snow.

C.R. 5138

Extract from telegram from Syn. to Mil. dated March 6th., 1919.

Mile End Military Hospital.

Influenza and Debility 5138 Snow.

C.R. 5138

Extract from Dasualties received from the Pay & Record
Office, London dated 19th. March 1919.

The u/m ex Mile End Military Hospital 19/3/19, reported
at the P.&.R.O. and was granted furlough to 28/3/19.

marked fit for l Duty.

5138 Cpl. E. Snow.

C.R. 5138

**Extract from Daily Orders Part II Unit The Royal
Hfld. Regt. "In the Field" 31-3-19.**

5138 A/Cpl. E.J.Snow.

Invalided to U.K. 1-3-19. Sick.

C.R. 5-138

Extract from Nominal Roll of Draft No. 56, from the 2nd.,
Battalion of the Newfoundland Regiment to the 1st., Battalion
of the Newfoundland Regiment, B. E. F.
Embarked Southampton from 23/11/18.

#5138 L/O. E. J. Snow.

5134

Extract from Daily Orders part 11, from Unit The Royal
Mfld. Regt. St. John's, dated July 23, 1918.

#5138 Pte. E. Snow.

to be Lance-Corporal from July 20, 1918.

C.R.

5138

Extract from Daily Orders part 11, 20th Unit The Royal
Hid. Regt. St. John's, dated July 25, 1918.

The following man engaged for overseas on H.M.S.
"Columella" July 22, 1918.

#5138 L/Cpl. Edward Snow.

C.R. 5138

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated May 28th, 1918

#5138 Pte. E. Snow.

Attested for General Service with the Royal Nfld.
Regt. from 15.5.18.

C Snow

C.R. 5138

~~1880~~

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. *1st Royal Newfoundland* 7. Former Trade or Occupation } *Mechanic*
2. Regtl. No. *5138* 3. Rank. *Corporal* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Snow Edward* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *17-5-19* 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 (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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.

} na.

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

na.

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

15. What is his present condition ?

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

He complains of m disability -

16. Was an operation performed ? If so, when and what was its nature ?

na.

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

na.

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 ?

na.

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 ?

na

Repatriation

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.

W. Procunier. Capt R.A.M.C

Medical Officer in charge of case.

Station Leh Camp

Date 14-5-19

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

22. 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 part of the soldier .. .. .	.....	.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station { President or Chairman.
Regulus Damp
 Date { Members.
1st - 5 - 19

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station { Only applicable in cases of Patients in Hospitals.
 Date Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations.
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(I)).

Station
 Date O.C. Discharge Centre.

No 4634 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward J. Snow, Regt. No. 5138
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 60 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4204		Father William Snow	Shearstown Bay Roberts	60
			Total Allotment, \$	60

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.)

The signature of the Officer Commanding Company, R. G. James.

Officer Commanding

Company

St. John's

8-6-18 1918.

(S)

The signature of Edward J. Snow.

(Rank)

The rank abbreviation "Pte" for Private.

No. 37/8 *W. M.*
5075/1



N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
Gen. General Hospital,
Rouen.

March 7th. 1919

11th March 1919. 191

5138 A/Cpl Snow E.

With reference to the following telegram from the Minister of Militia, / / (- 87)

This N.C.O., was transferred to England on the 1st March 1919.

"Pay to- 5138 Snow.
£ 4 - 2 - 0

Ready
Major R.A.M.C.
for O.C.No 8 General Hospital.

Kindly advise whether this remittance should be
(1) forwarded to you for payment to this Soldier;
(2) retained to credit of his account; or
(3) otherwise dealt with.

[Signature]
Chief Paymaster & O.i/c Records

3181 1071 P 2

4335

CHIEF PAYMASTER & OFFICER I.C. RECORDS,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.
18th March 1919

To Officer Commanding,
Mile End Military Hospital,
Bancroft Road. E.1

Reference reverse: Kindly indicate
your wishes hereon,

20% Records
Newfoundland Contingent
58 Victoria St. S.W. 1.

This N. C. O. was
Discharged to report
to you this day.

RECEIVED
20 MAR 1919
MILE END MILITARY HOSPITAL

[Handwritten signature]

MAJOR R.A.M.O.
REGISTRAR FOR 9/10

MILE END MILITARY HOSPITAL
MAR 19 1919
No. 4908/19
LONDON, E.

Records 58 Victoria St 19/3/19

[Handwritten notes: F. H. Mansfield, P.D. 0649, 19/3/19]

O.K. f1-0-0
M.R. 15/3/19
Receipt No. 1658

Mile end Military Hospital:
Bancroft Road
London March 15/19

Sir -

I wish to draw some money £1- will be
sufficient:

~~W. Sharwood~~

W. Sharwood
Capt R.A.M.C.

While end Hospital
Mar: 7th 1919.

Sir,

I wish to draw some
money: I have been in Hospital
21 days. 20 Shillings will be
Sufficient
5138' Capt E. Snow

1 Pound

W Sharrard
Capt R.A.M.C.

OK £1-0-0
Receipt 1564
7-3-19

£2a.

Snow, Ed.

5138

Gay Sept.

July 11, 1919

#5138 Cpl. Edward Shaw,

Shearstown,

Harbor Grace Dist.

Dear Sir:-

Please find enclosed Discharge Certificate #2936

Yours truly

Captain,
Paymaster & O.I/c Records

The Royal Mtd. Regiment

DEMOBILIZATION

No. 5138 Rank _____

Name Snow C J _____

Warned for demobilization on

JUN 26 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5138 Rank Cpl Name Snow Ed
 Intended place of residence Shearstown, H. Grace
 2. Occupation Labourer
 Classification of soldier E Medical Category A I

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 26 1919

H. News H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUN 26 1919

Ed Snow
 Signature of soldier

H. News H.
 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 JUN 26 1919

Ed Snow
 Signature of soldier

G. W. Chancy CSM
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No. of days on Military
 Discharged from service 27-6-19 Plus 14 days Service 280
421

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

Date JUN 27 1919

R. H. East Major
 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 11/1919

J. Bowley Capt
 Officer in Charge Records
 The Royal Newfoundland Regiment

a 487079/2936

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

25-10-19

Regimental No.

5138

Name

Snow, Ed. J.

Rank

Cpl.

Address

Shearstown St. George

Present Medical Category

A A-i

Recommended for:—

(a) Immediate discharge

Exchange

(b) Standard Medical Board

Members of Board

R.H. East Major
O.C. Discharge Depot.

W. P. ...
Senior Medical Officer

W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2158 Rank Capt Name Snow Ed
 Date of Enlistment 17-3-18 Address Means Town District St. Johns
 Occupation Labourer Classification for Discharge F Medical Category Hi
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	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 400H	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 25-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Edward J Snow

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) ~~Clothing Supplied~~

Date 26-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R.1978 to his home at Bay Roberts and Release Certificate No. 3041 issued.

Date 26-6-19 *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 7-19

Date 26-6-19 *H. H. [Signature]*
Depot Paymaster.

Discharged approved for 27-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. 130	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	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	
B179c	B 120	M 93			

Date 26-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

JUN 27 1919

Eligible for War Service Gratuity

Date 27-6-19 *R.H. [Signature]* MAJOR
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.

Ed. J. Snow

Signature of Man.

Reg. No. 5138.

J. J. Snow
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **JUN 26 1919**

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

MEDICAL HISTORY

OF


Surname SnowChristian Name Edward J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Shears Cove P.B. County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	17	May		1918
at	St. John's		at	
Declared Age	21	years	years	days
Trade or Occupation	Labourer			
Height	5	feet	4	1/2 inches
Weight	133		lbs.	lbs
Chest Measure- ment {	37		inches	inches
	1		inches	inches
Physical Development				
Vaccination Marks {	Right	Left	Right	Left
	/		/	
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)	Samuel Peterson			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at	St. John's	at	
	on	17 day of May	on	day of 1918
		Corps.		Regtl. No.
Joined on Enlistment	The Royal		1138	
	Nfld Regt.			
Transferred to	ROYAL NEWFOUNDLAND REGIMENT.			
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	3	3	19	3	19	19	Influenza	17	Onset 16.2.19 Now fit. usual sympt. + laryngitis	W. Sharrard Capt R.A.M.C.



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 *Snow, Edward J*

Regiment from which discharged **Royal Newfoundland**

Regimental number *558*

Intended address *Stearns Hill, St. John's*

Height on discharge *5* Feet *5*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *Am*

Christian name of Father *William*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Stearns Hill 24-1897*

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) *Edward J Snow* (Rank) *PL*

Station *St John's* Date *25/6/19*

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 _____

Medical Report on an Invalid.

Station Hazelley DownDate 15/19

1. Unit Royal Newfoundland
2. Regimental No. S1 2938
3. Rank Cpl
4. Name Snow Edward
5. Age last birthday 22
6. Enlisted { on May 17/18
at 0190 hrs
7. Former Trade or Occupation } Mechanics
- 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.
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

nil

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.

nil

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?

na.

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

na.

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?

na.

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.

na.

20. Do you recommend—

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

Repetition

W. E. Proctor. Capt R.A.M.C.

Officer in medical charge of case.

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

Station *Hazeley Brown*

Date *1/3/19*

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.

Medical Report on an Invalid.

Station Nazley Barracks Camp.Date 1 - 5 - 19

1. Unit Royal Newfoundland
2. Regimental No. 5138
3. Rank Corporal
4. Name Edward Edward.
5. Age last birthday 22
6. Enlisted on May 17/15
at St John's
7. Former Trade } Maritime
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.
- na

13. What is his present condition?

He complains of no disability

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?

na

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

na

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?

na

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.

na

Repatrication

20. Do you recommend—

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

W. E. P. ...
Sgt. ... Capt R.A.M.C.
 Officer in medical charge of case.

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

Station *Hazley Down*

Officer in charge of Hospital.

Date *1-5-19*

*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.

ROYAL NEWFOUNDLAND REG.



Rank *Plt* Regiment or Corps *2nd*
 Surname *Snow* Christian Name *E.J.*
 Religion *Methodist* Age on Enlistment *27* years *11* months
 Enlisted (a) *7/5/18* Terms of Service (a) *SEPARATION* Service reckons from (a) *7/4/18*
 Date of promotion to present rank *1/25/19* Date of appointment to lance rank *20/7/18*
 Extended Re-engaged Qualification (b) *17*
 Occupation *Labourer* or Corps Trade and Rate *77 Long Car* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, etc., 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 ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 JAN 1919	
		<i>Appointed Lt/Cpl 4/2/19</i>		<i>B213</i>	<i>8/2/19</i>
		<i>& Gen H. Roden Advd Influenza mtd.</i>		<i>14/2/19</i>	<i>NA 35 011</i>
		<i>to Gen H. To England. HMT "ROCKAWAY"</i>		<i>1/3/19</i>	<i>AT 23 073</i>
		<i>Intt</i>			
		<i>Receipt for Lt Col.</i>			
		<i>1/c No 1 Inf Regt.</i>			

Report

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, An (17502). Wt. W 1887-P 1124, 1,000,000, 618. D & S. Form B-103. (R. 1906.)

Next of kin: *Father: William Snow. Sherris Town: C. Bay: N.F.L.D.*

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

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

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Mechanic*
2. Regt. No. *5138* 3. Rank. *Sergeant* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Snow* *Edward* (a) Former Regts. or Corps; with Regt. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *27*
6. Posted for duty on *17-5-19* at *St. John's* 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;
9. If a Court of Inquiry was held on an injury state:— (c) Cause of Discharge.
- (a) When (d) Particulars of Pension or Gratuity (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

14. State whether the disabilities are
- | | | |
|---|---------------------|-------------------|
| (i) Service during the present war | (a) attributable to | (b) aggravated by |
| (ii) Previous active service | no | no |
| (iii) Climate in pre-war service | no | no |
| (iv) Ordinary military service before the war | no | no |
| (v) Serious negligence or misconduct on the man's part. } | no | no |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } no

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 complaint of no disability

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

16. Was an operation performed? If so, when and what was its nature? no

17. If not, was an operation advised and declined? no

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? no

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? no

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Repatriation

Station

Bozelay, D. Camp

Date

14-5-19

W.S. Prosser. Capt R.Q.M.C.
Medical Officer in charge of case.

* 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.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
 (b) Transport from railway station to his home?
 (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazley, D. Lamp* { President or Chairman.
 Date *14-5-19* } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station } Only applicable in cases of Patients in Hospitals.
 Date } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.
 (insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station }
 Date } O.C. Discharge Centre.

July 12, 1919

#5138 Cpl. Edward Snow,

Bearston, C.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 & C. 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 26th. 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 *Edward*
S. Rank *Captal*
6. Address in full to which future payments of gratuity are to be forwarded *St. John's Bay Roberts*
6. Date of enlistment in the Regiment *17th May 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
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 *No*
11. Were you on active service only in field, in give dates and particulars of such service *France Germany*
12. Give total length of time which you served on active service, whether in field or barracks *13 Months*
..... 1.2

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

No.

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

None.

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.? If not give - (a) date of discharge. (b) Reason for discharge.

No.

26 June 1919

Demob.

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 after the Armistice

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: *Ed Edward Snow*
 Place of Residence: *Shrewsbury Bay Roberts*
 Declared before me at: *St Johns*
 This *26th* day of *June* 19..*19..*

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

Wm James Esq

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

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

FORM K

N^o 46341ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edward J. Snow, Regl. No. 5137

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 60 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 8-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4204	4 Father	William Snow	Sheraton Bay Roberts	60
			Total Allotment, \$	60

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

Sig.)

Officer Commanding

Company

St. John's

(S) Edward J. Snow(Rank) Plt8-6-18 1918.

Shawston
July 20th / 19

Dear Sir

I wish to inform
you that my address is
Shawston and not Deanston
as formerly my mail have been
delayed a week and once a
fortnight.

Respectfully yours

#5138 Cpl Edward Snow

July 12
Aug 12

78⁰⁰
75⁰⁰

ST. JOHN'S, JUN 26 1919

Royal Newfoundland Regiment.

Billeting Account,

To Cpl. E. Snow

Billeting Soldiers as undermentioned.

from June 1st /19 to June 23rd /19

5138 - Cpl. E. Snow 23 80

ACCOUNT	<u>B.M.</u>
CH. NO.	<u>24932</u>
IND. LEDGER	INIT. LB.
PAY LEDGER	INITIALS
GEN. LEDGER	INIT. LB.

Certified correct for \$ 23.80

J. H. Snow *1st Lt.*
A.S. Ed J. Snow
Billeting Officer.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121
20Number of Sheet oneRegiment of Royal NewfoundlandSignature of O. C. Company P. B. Duke Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay <u>Promoted S/C corporal 21-7-18</u> <i>7/10</i>
No.	<u>5138</u>	Age on	<u>21</u> years / <u>5</u> months	<u>Sabotier</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u>	Religion	
Joined	Date	Period of	with Colours <u>5 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date			<u>St John's</u>	

Place	Date of Offence	Rank	Cases of Dishonour	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order disposing with trial	By whom awarded	REMARKS
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Demobilized 11-7-19

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5158 Rank Capt Name Edward J. Snow ES
 Date of Enlistment 17-8-18 Address St. Johns, Dist. St. John's
 Occupation Labourer Classification for Discharge F Medical Category H-1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1215	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 25-6-19 O. C. Discharge Depot. H. J. Snow

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Edward J. Snow

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 Full

Date 26-6-19 O i/c, Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *B.1473* to his home at *Bay Roberts* and Release Certificate No. *3041* issued.

Date *26-6-19* *J. A. Crawford*
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

Date *21-1-19* *J. A. Crawford*
Depot Paymaster.

Discharge approved for *27-6-19*
Forwarded with following documents to O. C. Discharge Depot.

N. P. P/36	B 208	B 121	N. F. Med	D. F. 1
B 178	W 3404	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 177a	D 400B	Form L.	do 3rd	" 4
B 179a	D 400C	Form K.	do 4th	" 5
B 179b	B 103	ME 2.		" 6
B179c	B 120	M 93		

2 Form B

Date *26-6-19* *J. A. Crawford*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 27 1919* *R. H. [Signature]*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date *July 9/19* *[Signature]*

Reg. No. *9138* Rank *Cpl.* Name *Brown, E.*
Attested Address *Hears Town.*
Allotment Allottee
Date of Allotment Returned from Overseas *1-6-19*
Returned on S.S. *Carman* Cause *Discharge*

5-6-19 PASSED TO DEMOBILIZATION OFFICER

21-6-19 DISCHARGE APPROVED ON DEMOBILIZATION.