



First Newfoundland Regiment

ATTESTATION PAPER

858

Regimental No. _____
Name in full Thomas Leslie Spence Age 19
Fortune St. John's District

Address _____
Married _____ Height 5'8" Weight 132
Single Fair Hair Light Eyes Blue
Color _____ Hair none Eyes _____

Other distinguishing marks _____
Nearest relative William Spence (Father)
Fortune

Address _____
Dependents _____
Occupation Sailor Present Wage 4.00⁰⁰/wk

Previous service _____
Decorations _____

General Remarks _____
Date of Enlistment Jan 1st/14 Dec 30/14

I, Thomas Leslie Spence, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be) against all His enemies and opposers whatsoever, according to the condition of my service.

Thomas Leslie Spence
14

Declared before me this 14 day January 1914
of St. John's

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 868

Name _____

Apparent age 23 years 3 months. Height _____ feet _____ inches.

Chest measurement 10 { Girth when fully expanded _____ inches. 8
Range of expansion _____ inches.

Distinctive marks _____

Color: Fair, Hair: Light, Eyes: Blue

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin _____

William Spencer, Postuma, Wld. Relationship _____

Particulars as to Marriage. **Father**

(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	Regt. or Depot	Promotions, 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 _____										
Joined at _____ on 30/12/14					PROMOTIONS.					
St. John's					30th December '14					
Duxbury					14/10/15					
Direct from Depot and reported at Depot					15/12/15					
Embarked 1st Dominion Depot 5 ⁷⁸					Embarked to Co. 20 ⁷⁸		Disembarked 14 ⁷⁸		and embarked for Coire 31 ⁷⁸ . Embarked for Hellepiti 13 ⁷⁸ . Landed Sulu Bay night of 19 20 Sept 1908. Admitted 11 ⁷⁸ neuralgia & algia & erythema 10 ⁷⁸ . Admitted Hospital 4 ⁷⁸ . Invalided to England 23 ⁷⁸ . Admitted Hospital 30 ⁷⁸ Depot Apr. 15 ⁷⁸ . In hospital & orientator 15 ⁷⁹ . Arrived Hfd. attached 14 ⁷⁹ . Returned to Unit with 24 ⁷⁹ King's and disembarked at Depot 12-10-18. Embarked R.E.F. 23 ⁷⁸ . Disembarked France 28-11-18. Joined Bn 5 ⁷⁹ transferred from Bn 5 ⁷⁹ . Arrived Winchester 20 ⁷⁹ . To Hfd for demobilization for Garrison 22 ⁷⁹ Arrived Newfoundland 29 ⁷⁹ .	
Demobilization St. John's					3-7-19					
Total Service forfeited as above										
Total Service towards Engagement to 3-7-19 (date of discharge)					4 years 187 days					
" " " Pension										

D. L. Spencer

C.R.

858

P. H. O.



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Mr Leslie Spencer

858

I, _____, Regl. No. _____

hereby agree, until further notification by me, and in similar official form to make an Allotment of

_____ Dollars and _____ 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>721</i>	<i>Wife</i>	<i>Capt Wm Spencer</i>	<i>St John's, Nfld</i>	<i>70</i>
Total Allotment, \$				

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 _____

(Sig.) _____

(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... *Royal Newfoundland*
2. Regtl. No. *858* 3. Rank... *Sgt*
4. Name *Spencer* (Surname) *St* (Christian Names)
5. Age last birthday... *23*
6. Posted for duty on *20/12/14* at *St John's* in category (or grade).....
7. Former Trade or Occupation } *Sailor*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (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. *Dysentery Nov. 1915*
12. Place of origin of disability. *Radijoli*
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.
He states he contracted dysentery whilst in the front lines. He states that he is having recurrence of diarrhoea very frequently - as often as every week.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service.. .. . | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. } | No | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } No.

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.)

Lost attack 25 Apr 1919.
 Lost one eye - when he went to school from teeth.
 Several conditions food.

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
 signed W. E. Brownie
 Capt. Name

Medical Officer in charge of case.

Station Hazley Down

Date 29.4.19

* 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

COPY



FORM K.

No. 158

NEWFOUNDLAND CONTINGENT.

ALLOTMENTS.

I, Thomas Archie Spencer Regt. No. 888

hereby agree, until further notification by me, and in similar official form, to make an Allotment of _____ Dollars and 50 Cents per diem, from my Pay, to and for the benefit of the undermentioned Person ~~and Persons~~, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ~~and Persons~~ concerned, viz:-

Identity Certif. No.	Whether Wife Child, other Relative or Friend.	NAME (in full)	ADDRESS.	AMOUNT (each person)
	<u>Mother</u>	<u>Aurelia Spencer</u>	<u>Fortune Bay, Newfoundland</u>	<u>50 c.</u>

This Allotment to Commence From (inclusive) July 16th 1916

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.) [Signature]
Officer Commanding Company.
[Signature]
20th July 1916

(Sig.) [Signature]
(Rank) Spencer Corp.



ORIGINAL



FORM K.

No. 153

NEWFOUNDLAND CONTINGENT.

ALLOTMENTS.

I, Leslie Thomas Speare, Regt. No. 888

hereby agree, until further notification by me, and in similar official form, to make an Allotment of — Dollars and 50 Cents per diem, from my Pay, to and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz:-

Identity Certif. No.	Whether Wife, Child, other Relative or Friend.	NAME (in full)	ADDRESS.	AMOUNT (each person)
	Mother	Aurilia Speare	Fortune, Fortune Bay, Newfoundland	- 50¢

This Allotment to Commence from (inclusive) July 15, 1916

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.)

[Signature] Lieut.

Officer Commanding Company.

Agree N.B.

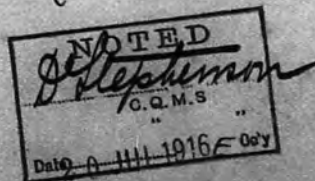
July 20th 1916

(Sig.)

[Signature]

(Rank)

Lance Corporal



NEWFOUNDLAND REGIMENT



CANCELLATION OF ALLOTMENT.

I, (No) 888 (Rank) Capt. (Name) J. L. Spencer
heraby apply for cancellation of allotment made by me on
N.F.S.No 807 dated Jan 23 1915 (Name) in favor
of Mr Charles Spencer, Antone, Nfld. for 1.70 etc
per diem, such cancellation to take place from (inclusive)
the 15th day of July 1916

I, hereby agree to accept all risks consequences of this application failing to reach Headquarters St. John's by mail in the time to become operative at the above mentioned cancelling date and that in the event of such non-delivery by mail and thereby the allotment coming to be paid to the allottee I, also agree to such further stoppages as thereby necessary being made against me in the pay books or otherwise to refund such overdrawn amount or amounts.

Dated at Ant. N.B.
20th July 1916

L/Cpl J. L. Spencer
Allotor.

Approved and witnessed.
[Signature]
O.C. "E" Company.

Attention is drawn to the fact that Allotments are payable by Headquarters by Calendar no Regimental month, and therefore reasonable time must be given for delivery of this request at St. John's in order to become operative.

To be made out in triplicate and sent to Paymaster & O 1/c Records who will forward original to Headquarters by first mail and duplicate by the following and return triplicate.

NOTED
[Signature]
C.Q.M.S.
Date 20 July 1916 E Coy

NOTED
[Signature]
C.Q.M.S.
24/7/16 "RAO"
Coy

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 858 Sergt. L. Spencer

(Substituting A.F.O. 1625). N.F.P/36.

Embarked per S.S. Massachusetts

From Liverpool Date 15/6/17

Draft No 40 CR.

H Company. From 9-6-17 To 15-6-17 (Dates inclusive).

DR. Classification (See Procedure). 7 days B

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	
	8	Forfeited Pay							1	Pay	1 35	7				
	9	Allotments	50¢	7		3	50		2	Field Allowances	15¢			9	45	
	10								3	Other Allowances				1	05	
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3						
						3	50							10	50	
								14	5					2	3	2
	13	Fines							6a							
	14	Clothing & Necessaries														
	15	Arms & Accoutrements														
	16	Barrack Damages														
	17	Hospital Stoppages														
	17a	Miscellaneous Stoppages														
14-6-17	19	Casual Payments														
	20	1st Payment				1	8	9								
	21	2nd "														
	22	3rd "														
	23	Final "														
	24	Balance Debit Last Period														
	28	" Due by Paymaster							27	Balance Due to Paymaster						
						2	3	2						2	3	2

CERTIFIED CORRECT.

Racecourse, Ayt

June 13th 1917.



[Signature]
O.C. "H." Company.

[Signature]
14-6-17

Rouen, France,
Jan. 26/19.

To

Major Timewell,
Pay & Record Office,
London, Eng.

RECEIVED
OFFICE.
934
29 JAN 1919

Dear Sir,

As the money to my credit at the Pay Office is insufficient for my needs, I am taking the liberty of writing you, and asking you to wire my Mother, ~~Mrs. Wm. Spencer~~, of Fortune, Nfld. for the sum of fifty dollars. (\$50.00) The same to be placed to my credit at the Pay Office in London.

By so doing you will greatly oblige

Your obedient servant,
(Sergt.) Leslie Spencer,
#858, Royal Nfld. Regt.

Cable
no 48.

29/1/19

No 1950/72.

NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
1st Bn. Ryl N^o 1 Regt.
B.E.F.

5th February 1919

12-2-1919

858 Sgt. Spencer. T.L.

With reference to the following telegram from the Minister of Militia, / / (1055.)

"Pay to- 858 Spencer.
£10.6.0.

- 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.

[Handwritten signature]
Chief Paymaster & O. i/c Records

858 Sgt. Spencer
The N. C.O. wishes this amount retained to the credit of his account please

6817/1

858 Sergt L. Spencer.

12, Lilyhill Terrace,

Edinburgh.

9th May

Remittance from Head-quarters.

Postal Draft, £10:0:0:

sent at the request of The Hon. The Min. of Militia.

5-5-19

To
Chief paymaster
H.Q.S. Pay Record Office

Sir,

I am expecting
a remittance of £10.0.0. from H.Q.S.
please forward same on arrival
to 12 Leith Hill Terrace, Edinburgh.

I have the honor to be

Sir

Yours Obedient servant

(Sergt) L. Speezer

858.

No. 6817/1

NEWFOUNDLAND CONTINGENT

N.F.P/55.

Pay & Record Office,
58, Victoria Street,
London, S.W.,

To ~~(808)~~ Sergt L. Spencer.

12, Lilyhill Terrace,
Edinburgh.

9th May 191

Reference: Remittance from Head-quarters.


Herewith Postal Draft, £10:0:0:

sent at the request of The Hon. The Min. of Militia.

Please acknowledge receipt hereon.

(Sig.) L. Spencer (Sergt)

(Date) 12 - 5 - 19.


Chief Paymaster & O. i/c Records.

7778/112/P.&A.

The Hon. The Min. of Militia.

St. John's,

May 20th

9.

Newfoundland.

Separation Allowance, 858 Sergt L.Spencer.

N.F.P.11-12-82 for above named N.C.O.please.

ORIGINAL

ENTERED.
PAY LEDGERS <i>Cp.</i>
N.F.P. <i>21</i>
NUM. ROLL <i>2</i>
ALLOT. INDEX <i>1</i>
" REGISTER <i>1st</i>
EXAMINED

NEWFOUNDLAND CONTINGENT

5070

ALLOTMENT

I, (No.) 958 (Rank) Sergeant (Name) Leslie Spencer

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and 70 cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.:

Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (Each Person)	
			\$	¢
<i>Mother</i>	<i>Amelia Spencer</i>	<i>Fortune, Burin District Newfoundland.</i>		<i>70¢</i>

This Allotment to take effect from and including May 1st 1919

NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with ROP. SER. 1070 C.L./10, 9/12/16.

(Sig.) [Signature] *Capt.*
Officer Commanding,
"C" Company.

Dated at
Hazley Down Camp.
Apr 25th 1919

O.C. H.Q.
ST. JOHNS, N.F.L.D.
55.
N.F.P. No. 777 8/11/1919
DATE (Sig.) 24/19 [Signature] (Sergeant)
Allotter.

ORIGINAL

ENTERED.
PAY LIND. P. <u>712</u>
NUM. ROLL <u>870</u>
ALLOT. INDEX
" REGISTERED <u>RL</u>
EXAMINED

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

1. I, (No) 858 (Rank) Sergeant (Name) Lester Thomas Spencer
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 154 dated July 15th 1916 in favour of
Mother Mrs. Amelia Spencer Fortune - Nfld.
 for \$ 50 cts 50 per diem.

Such cancellation to take effect on the 30th day of
April 1919

2. I agree to accept all risks and consequences of this appli-
 cation failing to reach Headquarters, St. John's, in time to become
 operative at above-nominated cancelling date, and that in the event
 of such non-delivery, and thereby the Allotment continuing to be
 paid to the Allottee, I also agree to such further stoppage in the
 Pay Books as may be necessary, or otherwise to refund such overpaid
 amount or amounts.

Dated at Hazley Down Camp.

April 25th 1919

L. Spencer (Sergeant)

COPY SENT TO	Allotter.
O.C. H.Q.	
ST. JOHNS, N.F.L.D.	
N.F.P. <u>35</u> No. <u>777.5/112/P.F.T.</u>	
DATED <u>20/5/19</u>	

Approved and Witnessed:

E.A. Chafe Capt.
 O.G. "C" Company.

N.B. - To be made out TRIPLICATE and delivered to the Pay & Record
 Office not later than the date of cancellation, in accordance
 with P. & R.O. C.L./10, 9/12/16.

ORIGINAL

N.F.P./82.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

1. Regimental No. and Rank	858 Sergeant
Name (in full)	Thomas Leslie Spencer
Date of Enlistment	
Unit	Royal Newfoundland Regt.
2. Name(s) of Dependent(s) (in full)	Mrs. Amelia Spencer
Relationship	Mother
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Fortune, Barrin District Newfoundland.
3. Ages of Children. Girls under 17 years Boys " 16 "	
4. Children's Guardian Address	
5. Particulars of Allotment Allottee Address Date effective from	\$0.70 cents per day in favour of Mrs Amelia Spencer. Fortune, Barrin District. 1st May 1919.
6. Date of Marriage.	
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P. 55 No. 7778/112/11A
DATED 20/5/19

9. Name and address of your last Employer.	Father.
10. The amount of your salary or wages immediately prior to Enlistment.	No particular wage.
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	_____
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	_____

I CERTIFY that the above is a true statement

L. Spencer (Sergt)

Signature of Officer forwarding this Application.

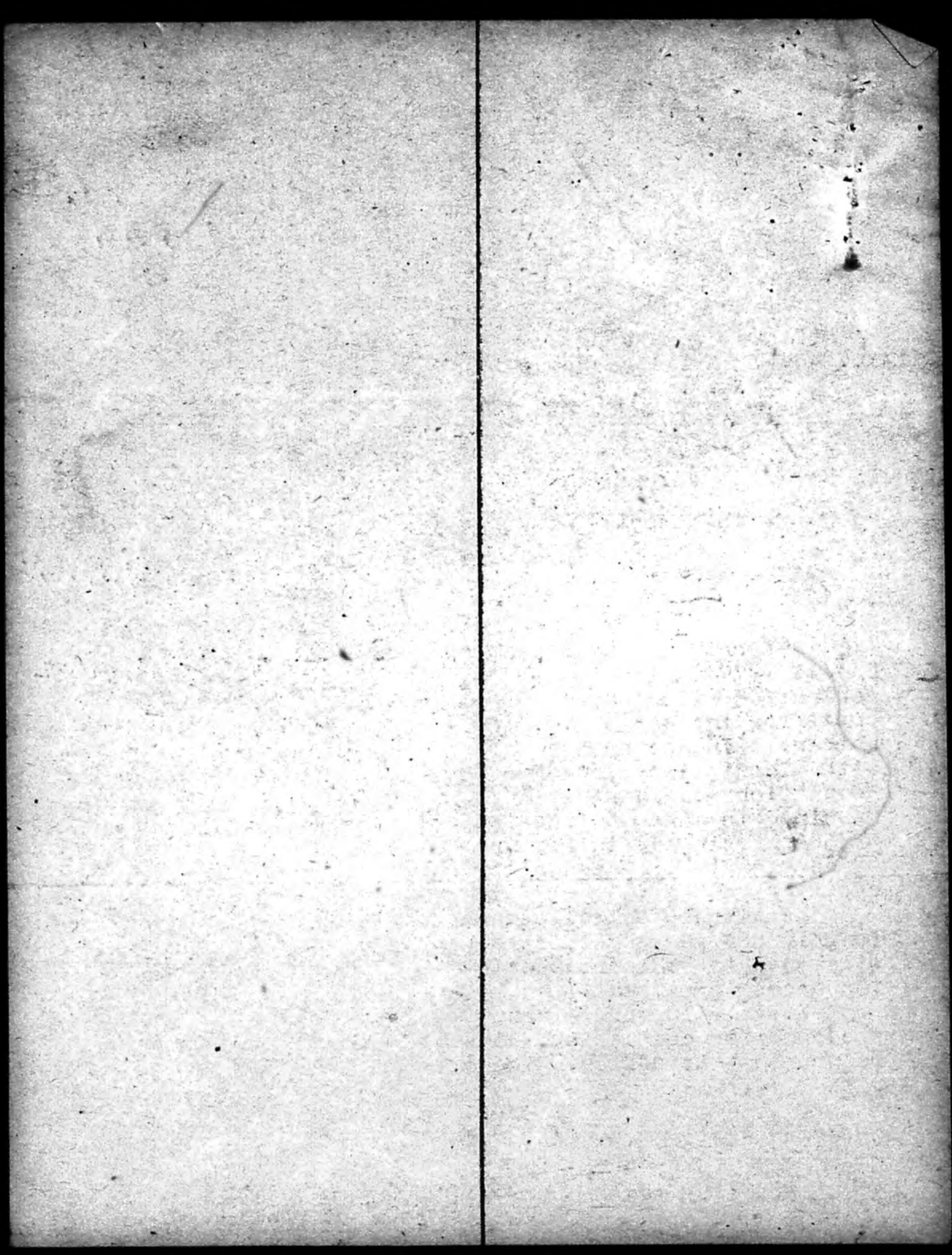
Unit/ B² Royal Newfoundland S. H. Ref. Capt.
 Date 25th April 1919.

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____



ENCLOSURE

Forms
5982/304/P.&. 848
63

MEMORANDUM.

CHIEF PAYMASTER & OFFICER I/C,
NEWFOUNDLAND CONTINGENT,
From 58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From *Off. 1st Bn R. Newf'd Regt*

To
Officer Commanding,
1/Bn. Royal Newfoundland Regt,
B.E.F.

CHIEF PAYMASTER & OFFICER I/C, RECORDS,
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Pay & Record Office,

15th April 1919

SEPARATION ALLOWANCE.
858 SGT. L. SPENCER.

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE
16-4-1919
858 Sgt L. Spencer
30 APR 1919

Referring to your memo
8/4/19 (2793) relating to
Separation Allowance on
behalf of the above N.C.O's
mother: In accordance
with Separation Allowance
Regulations claimant is
required to make an allotment
of 50% of his pay in favour
of dependant, in Spencer's
case 70% per day:

*Herewith NF's P/12 + 82
duly completed
please.*
Atkinson **LIEUT. COL.**

As his present allotment
is only 50% per day this
will have to be increased to
the necessary amount.

COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

N.F's.P/12 and 82 are
enclosed for completion and
return to this office, please.

[Signature]
Major,
Chief Paymaster & O. i/c. Rds

CLEARED

SUSPENSE

SP/12 30 4/P.&.A

Officer Commanding,
1/Bn. Royal Newfoundland Regt.,
B.E.F.

Pay & Record Office,

15th April 9

SEPARATION ALLOWANCE.
858 SGT. L. SPENCER.

Referring to your memo
8/4/19 (2793) relating to
Separation Allowance on
behalf of the above N.C.O.'s
mother: In accordance
with Separation Allowance
Regulations claimant is
required to make an allotment
of 50% of his pay in favour
of dependant, in Spencer's
case 70p per day:

As his present allotment
is only 50p per day this
will have to be increased to
the necessary amount.

N.F.'s. P/12 and 82 are
enclosed for completion and
return to this office, please.

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

WF/JF

MEMORANDUM.

From R. L. Calder.
R. N. F. L. D. RegtCHIEF PAYMASTER & OFFICER I/C. RECORDS,
NEWFOUNDLAND CONTINGENT,
38, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Date 8-4-1919

P58. Sgt Spencer. L

The above N.C.O. wishes to make application for separation allowance in favour of his mother.

Will you please forward the necessary forms.

NEWFOUNDLAND CONTINGENT
RECORD OFFICE

Det. Nos. 2793

Rec'd 11 APR 1919

Ack'd
Ays'd
5982/30

ASST. ADJT.

1ST BN ROYAL NEWFOUNDLAND REGIMENT

BRANCH	DATE	BY
Comd		
P & A		
R. & C		
B. & E		
P. S.		

NEWFOUNDLAND CONTINGENTCANCELLATION OF ALLOTMENT

1. I, (No) 857 (Rank) Sergeant (Name) L. Spencer
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 154 dated July 15th 1915 in favour of
Mrs. Amelia Spencer Fortune
 for \$ 50 cts 50 per diem.

Such cancellation to take effect on the 30th day of
April 1919

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above-nominated cancelling date, and that in the event of such non-delivery, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at Hogley Down Camp
April 25th 1919

L. Spencer (Sergeant)
 Allotter.

Approved and Witnessed:

Sgt. Capt.
 B.C. "C" Company.

N.B. - To be made out TRIPPLICATE and delivered to the Pay & Record Office not later than the date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/16.

509
NEWFOUNDLAND CONTINGENTALLOTMENT

I, (No.) 858 (Rank) Sergeant (Name) Leslie Spencer
 hereby agree, until further notification by me, and in required form,
 to make an Allotment of _____ dollars and 70 cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz.:

Whether Wife, Child, other Relative, or Friend.	NAME (In full)	ADDRESS	AMOUNT (Each Person)	
			\$	c
Mother	Amelia Spencer	Fortune, Burin District Newfoundland		70
			-	70

This Allotment to take effect from and including May 1st 1919

NOTE:- This Form must be completed and signed by the Soldier, counter-
 signed by the Officer Commanding his Company, and forwarded to the
 Chief Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

(Sig.) S. A. Capt.
 Officer Commanding,
 "C" Company.

Dated at

Hagley Down Camp,
Apr 25th 1919.

(Sig.) L. Spencer (Sergeant)
 Allotter.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

1. Regimental No. and Rank

858

Sergeant

Name (in full)

Thomas Leslie Spencer

Date of Enlistment

Unit

Royal Newfoundland Regt.

2. Name(s) of Dependent(s) (in full)

Mrs Amelia Spencer

Relationship

Mother

Address

(If allowance is claimed for children, name and address of person with whom they reside should be stated)

Fortune, Burin District
Newfoundland.

3. Ages of Children:

Girls under 17 years

Boys " 16 "

4. Children's Guardian

Address

5. Particulars of Allotment

\$ 0.70 cents per day in favour

Allottee

of Mrs Amelia Spencer.

Address

Fortune, Burin District.

Date effective from

1st May, 1919.

6. Date of Marriage.

7. Have you made previous claim, for Separation Allowance? If so, state particulars.

No.

8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?

No.

9. Name and address of your last Employer.	Father
10. The amount of your salary or wages immediately prior to Enlistment.	No particular wage.
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	_____
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	_____

I CERTIFY that the above is a true statement.

L. Spencer (Sergt.)

Signature of Officer forwarding this Application.

Unit 1st Bn Royal Newfoundland Sgt. Capt.
 Date 25th Apr. 1919

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____
 Date Birth Certificates (in case of children) examined _____
 If Soldier is sole support, does Statutory Declaration accompany this Application? _____

Spencer, R.

858

Hay Sept.

No. 858

Name Spencer Lott

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
	Brought forward		\$45 00	345 00	
Feb 28	By pay 28 days @ 150			42 00	42 00
	To pay				28 00
	To allotment		14 00		14 00
28	To pay		14 00		
			14 00		
March 31	By pay 31 days @ 150			46 50	46 50
	To pay				15 50
	To allotment		31 00		
			15 50		
April 30	By pay 30 days @ 150			45 00	45 00
	To pay				30 00
	To allotment		15 00		15 00
	To pay		15 00		
			15 00		
May 31	By pay 31 days @ 150			46 50	46 50
	To pay				31 50
	To allotment		15 00		16 00
	To pay		15 50		
			16 00		
June 30	By pay 30 days @ 150			45 00	45 00
	To pay				30 00
	To allotment		15 00		15 00
	To pay		15 00		
			15 00		
July 31	By pay 31 days @ 150			46 50	46 50
	To pay				31 50
	To allotment		15 00		16 00
	To pay		15 50		
			16 00		
Aug 31	By pay 31 days @ 150			46 50	46 50
	To pay				31 50
	To allotment		15 00		16 00
			15 50		
			647 00	663 00	16 00 br

No 858

Name Spencer to R. Sgt

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
June 30	By Pay 30 days @ 1.50				
July 15	do 15 do			22 50	22 50
31	do 16 do			22 50	45 00
July 31	To Pay			24 00	69 00
June 30	To allotment		15 00		54 00
July 16	To Pay		7 50		46 50
31	To allotment		15 00		31 50
	To Pay		15 50		16 00
			16 00		0
Aug 31	By Pay 31 days @ 1.50				
	To Pay			46 50	46 50
			23 00		23 50
Sept 30	By Pay 30 days @ 1.50				
	To Pay			45 00	68 50
30	" "		45 00		23 50
			23 50		0
Oct 31	By Pay 31 days @ 1.50				
	To Pay			46 50	46 50
			15 00		31 50
	To allotment		16 00		15 50
			15 50		0
Nov 30	By Pay 30 days @ 1.50				
	To Pay			45 00	45 00
	To allotment		15 00		30 00
30	To Pay		15 00		15 00
			15 00		0
Dec 31	By Pay 31 days @ 1.50				
	To Pay			46 50	46 50
	To allotment		15 00		31 50
			15 50		16 00
Jan 31	By Pay 31 days @ 1.50				
	To Pay			46 50	62 50
	To allotment		47 00		15 50
			15 50		0
			345 00	345 00	0

Sig A. J. J. J.

No 858

14
75

Name Spencer Lake

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
	Brought forward		647 00	663 00	
Sept 20	By pay 30 days @ 1.50			5 00	16 00
	To Pay			46 50	61 00
	Allatt		23 00		38 00
	Pay		15 00		23 00
			23 00		0
Oct 31	By pay 31 days @ 1.50			46 50	
	Overs as 30-9-18				
	Returns June-1919				
1919 - June 19	By pay 19 days @ 1.50			28 50	28 50
	To Allatt		13 30		15 20
	To Pay		20 00		4 80
	To Bal front London		6 71		16 56
	C. Allowance		60 00	60 00	48 49
	By pay 14 days		2	21 00	69 49
	Sub allowance			14 40	83 89
	To assessment		7 00		76 89
	To Pay		74 09		2 80
	War Services Gratuity				
	6 mos @ 70 00			420 00	422 80
July 3	To Pay				
Aug 3	" "	588	70 00		352 80
Sept 3	" "	5577	70 00		282 80
Oct 3	" "	7569	70 00		212 80
Nov 3	" "	12845	70 00		142 80
	" "	17177	70 00		72 80
	26 observation		3 30		69 50
			1182 40	1251 90	69 50

No 139/3
 PAY LEDGER
 Date 6.1.21 by [Signature]

Sis Alvany [Signature]

193

No. 193

Date November 13th 1915

(1) To the Officer i/c Records,

58, Victoria Street,

S.W. (Station).

(2) The Officer Commanding,

Newfoundland Contingent

Ayr (Station).

(3) The Paymaster,

58, Victoria Street,

S.W. (Station).

Regimental No. 858

Rank and Name Pte Spencer L.

Regiment or Corps 1st Newfoundland

~~has been granted a furlough from~~ transferred on ~~xx~~ November 13th
~~His address while on leave will be:~~ to Woodcote Park Convalescent Camp,
Epsom.

I consider he is fit for Duty
~~Light duty~~

Officer in charge A. Hope Gosse, Capt.
R.A.M.C. T. Hospital;

Registrar, R.A.M.C.T.,
3rd Ldn. General Hosp. (Station).
Wandsworth, S.W.

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.

July 7, 1919

4658 Sgt. Leslie Spencer,

Fortune, F.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
Raymaster & 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..... *Leahy*..... S. Surname..... *Spencer*.....
3. Rank... *Sergeant*..... 4. Regtl. No..... *858*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Tortora, Burin District*.....
6. Date of enlistment in the Regiment... *22nd Dec. 1914*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *None*
..... *Not applicable*.....
8. Relationship of such dependents..... *not applicable*.....
9. Address in full of such dependents... *Not applicable*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *No*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *4 Years 189 days*.....
- *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.*

..... *Only once*

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.? *Yes.* If not give:- (a) date of discharge. *19.7.6.19.* (b) Reason for discharge. *Demobilization*

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. *Yes.*
Gallipoli 19-9-15. France Nov. 1918. Germany in Jan. 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. not applicable.*

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: *Leslie Spencer*
 Place of Residence: *25 Prescott St. St. John's, Nfld.*
 Declared before me at: *St. John's*
 This *6th* day of *July* 19*19*....

E. Vincent, Barrister

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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.			Paymaster	

Casualty Form—Active Service.

Regiment or Corps NEWFOUNDLAND

Regimental No. 858, Rank Pte. Name Thos. L. Spencer

Enlisted (a) 1/1/15 Terms of Service (a) One year Service reckons from (a) _____

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
 present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged 15/8/15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embarked St. John's, Nfld.		3/2/15	
		Disembarked Alexandria		1/9/15	
		Embarked for Gallipoli		13/9/15	
16/10/15	"Neuralgia"	Ill, Myalgia & Dysentery C 4120	HS. "Neuralgia"	10/10/15	Auth. A 16276
"	Comdt., Malta	Admitted	St. John's Hosp., Malta	14/10/15	" C 4160
4/11/15	"	Invalided to England	HS. "Oxford- shire".	23/10/15	" B 588.



(Sgd.) **H. Parkhouse, Captain,**
 Officer i/c Records, T.F. 6,
 Erd Echelon, M. E. F.

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

NEWFOUNDLAND CONTINGENT

DUPLICATE
MAILED COPY

STATEMENT of ACCOUNT of No. 858 Sergt L. Spencer

(Substituting A.F.O. 1625), N.F.P/36.

Company, From 9-6-17 To 15-6-17 (Dates inclusive).

Embarked per S.S. Missanatic

DR. Classification (See Procedure). 7 Days

From Swireport Date 15/6/17

Draft No. 40 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1.35				
	9	Allotments	50¢	7		3	50		2	Field Allowances	15¢	7		9	45
	10								3	Other Allowances				1	05
	11/12	Total Stoppages				3	50		4/5	Total @ 4.86 2/3					
														10	50
	13	Fines					14	5	6a						2
	14	Clothing & Necessaries													3
	15	Arms & Accoutrements													2
	16	Barrack Damages													
	17	Hospital Stoppages													
	17a	Miscellaneous Stoppages													
14-6-17	19	Casual Payments				1	8	9							
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster					
						2	3	2						2	3
															2

(checked)
This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

CERTIFIED CORRECT.



Grant Lewis
O.S. # " Company.

Procurement, Ayr

June 13th 1917.

CHECKED
MSH
14-6-17 *PRO*

NEWFOUNDLAND CONTINGENT

DUPLICATE
MAIL COPY

STATEMENT of ACCOUNT of No. 858 Sergt L. Spencer
Company. From 9-6-17 To 15-6-17 (Dates inclusive).
Classification (See Procedure). 7 days

(Substituting A.F.O. 1625); N.F.P./36.
Embarked per S.S. Massachusetts
From Liverpool Date 15/6/17
Draft No. 40 CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1 35				
	9	Allotments	50¢	7					2	Field Allowances		7		9	45
	10				3				3	Other Allowances	15¢			1	05
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3					
					3									10	50
	13	Fines							6a					2	3
	14	Clothing & Necessaries													
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital Stoppages													
	17a	Miscellaneous Stoppages													
	19	Casual Payments													
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster							27	Balance Due to Paymaster					
					2	3	2							2	3

Racecourse, Ayr

June 13th 1917.



CERTIFIED CORRECT.

James Lewis
C.O. # " Company.

CHECKED.
MS
14-6-17

NEWFOUNDLAND CONTINGENT

STATEMENT OF ACCOUNT of No. 858 Supt L. Spencer
 Company, From 9-6-17 To 15-6-17 (Dates inclusive).
 DR. Classification (See Procedure). 7 Day B

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S.S. Massachusetts
 From Liverpool Date 15/6/17
 Draft No. 40 CR.

Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date
8	Forfeited Pay							1	Pay	1 35	7	9	45		
9	Allotments	50¢	7	3	50			2	Field Allowances	15¢		1	05		
10								3	Other Allowances						
11/12	Total Stoppages			3	50			4/5	Total @ 4.86 2/3			10	50	2	3
13	Fines					14	5	6a							
14	Clothing & Necessaries														
15	Arms & Accoutrements														
16	Barrack Damages														
17	Hospital Stoppages														
17a	Miscellaneous Stoppages														
19	Casual Payments			1	8	9									
20	1st Payment														
21	2nd "														
22	3rd "														
23	Final "														
24	Balance Debit Last Period														
28	" Due by Paymaster							27	Balance Due to Paymaster			£	2	3	2

checked
 This account is in accordance with information received at the Pay & Record Office to 14/JUN/17 and is therefore subject to amendment if, and as may be found necessary.

Procourse, Ayr
June 13th 1917.



CERTIFIED CORRECT.
[Signature]
 O.C. # " Company.

CHECKED:
[Signature]
 14-6-17

DUPLICATE ORIGINAL

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2079 Rank Pte. Name Spencer R. Unit 24th Bn. C.I.B. Authority 24th Bn. C.I.B. Cause Discharged Class 1st Repatriated to Newfoundland on 24. 8. 18

DUPLICATE MAIL COPY Posted 9 SEP 1918

DR. STATEMENT OF ACCOUNT

PARTICULARS	£ s d			PARTICULARS	£ s d		
	£	s	d		£	s	d
Balance Dr. from				Balance Cr. from			
Allotment 246 days @ .50	123	00		Pay 246 days @ \$ 1.00	246	00	
Cash Payments:				Field Allowance 246 days @ \$.10	24	00	
Pay & Record Office				Other Allowances days @ \$	270	00	
Other Debits:				Other Credits:			
Other Stoppages				Ration Allowance from Hosp.			
Total Debits				do			
Balance due by Paymaster				Total Credits			
				Balance due to Paymaster			

PERIOD: From 22/12/17 To 24/8/18

CHECKED
24/8/18



I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 1918
 Made up, checked in accordance with information received in the Pay & Record Office _____ O.C. " " Company. _____
 and is therefore subject to amendment if and as may be found necessary. 22/12/18 to 24. 8. 18.
 Pay & Record Office, London, _____
 191
 24th August 1918
 Chief Paymaster & Officer i/c Records.

July 3, 1919

#858 Sergt. Thomas L. Spencer,

Fortune, F. B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2331.

Yours truly

Paymaster Captain,
 in Charge of Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 858 Rank Serjeant Name Spencer L.
 Intended place of residence St. John's

2. Occupation Sailor
 Classification of soldier A 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 JUN 5 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 and date ST. JOHN'S
JUN 5 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
5-6-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-12-14 No of days on Military
 Discharged from service 19-6-19 Plus 14 days Service 1661

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 19 1919
 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, Nfld
 Date July 3/1919
 Officer in Charge
 The Royal Newfoundland Regiment

Q 2 B 2079 / 2331

2
31
18
31
20
31
20
3
186

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

Regimental No. *858*

Name *S. J. Jones* *L.* *Sgt.*

Address *St. John's*

Present Medical Category *A-1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

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

L. Peterson
Senior Medical Officer

G. W. Burden
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 858 Rank Sergeant Name Spencer L
 Date of Enlistment 16. 12. 14 Address Fortune District Fortune 2
 Occupation Painter Classification for Discharge 4 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....	" 6.....	
B 179c.....	B 120.....	M 93.....		

Date 4. 6. 19O. C. Discharge Depot. H. M. 1919

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 19 7 1919

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$6000
- (b) Clothing Supplied

Date 5-6-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1434 to his home at Fortune and Release Certificate No. 2307 issued.

Date 5-6-19

J.A. Snow Capt.
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 3-7-19

Date 5-6-19

H. J. ...
Depot Paymaster.

Discharge approved for 19-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med	D.F. 1
B 178	2 W 3494	B 122	Board 1st	" 2
B 178a	1 D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	1 D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93	Rec. 7.1914.1	

Date 5-6-19

J.A. Snow Capt.
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

R.H. Sait 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:

Going to Canada

L. Spencer

Signature of Man.

Reg. No.

J. H. Shaw Capt.

Signature of the Vocational Officer or his Representative.

Place

N. - Johns

Date

5-6-19

191

Temporary



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Spencer Christian Name [Signature]

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 ,
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

Chest Measurement { Girth when fully Expanded _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
(Rank) _____
Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Joined on Enlistment	Corps.	Regtl. No.
	<u>1st Newfoundlands</u>	<u>858</u>
Transferred to		

Became non-effective by ...
on _____ day of _____ 191 .

(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	27	10	15	5	1	16	Dysentery	71	Gallifolia October 1915 Blood & Mucus in faeces Heart normal	W. H. M. J. A.
3 rd London General Hosp Wandsworth	6	7	16	24	10	16	C.S.W. VIII 4.	111	Wounded in France 1/7/16 - On admission small healed wound of Right Arm X-Ray shows fracture Radius & supinator, wrist am. Painful.	W. H. M. J. A. Capt. K. M. J. A.

Casualty Form—Active Service.
ROYAL NEWFOUNDLAND REG.

Regiment or Corps.....

Rank Serg Surname Spencer Christian Name Levie

Religion Methody Age on Enlistment 19 years — months

Enlisted (a) 30/12/14 Terms of Service (a) DURATION. Service reckons from (a) 30/12/14

Date of promotion to present rank 27-10-16 Date of appointment to lance rank 20/4/16

Extended { } Re-engaged { } Qualification (b).....

Occupation Sailor or Corps Trade and Rate 10. m. Gunner Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...		28 NOV 1918	
		Disembarked...		5 JAN 1919	
		Joined Batt.			
		Arrived in U.K.		23/4/19.	

Int

(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, Shoering-Smith, &c (17501.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Next of Kin: Father. Wm Spencer Fortune F.B. Nfld.

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

MEDICAL HISTORY

OF

Surname Spencer Christian Name Thos Leslie

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>16th</u> day of <u>Decr.</u> 191 <u>4</u> at <u>Fortune</u>		on _____ day of _____ 191____	
Declared Age...	<u>19</u> years _____ days		years _____ days	
Trade or Occupation...	<u>Sailor.</u>			
Height	<u>5</u> feet <u>8 1/2</u> inches		feet _____ inches	
Weight	<u>132</u> lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... <u>35</u> inches		inches _____	
	Range of expansion... <u>4</u> inches		inches _____	
Physical Development...				
Vaccination Marks	Arm			
	Number			
When Vaccinated	<u>date unknown</u>			
Vision	R. E.—V—	<u>N</u>	R. E.—V—	
	L. E.—V—		L. E.—V—	
(a) Marks indicating congenital peculiarities or previous disease	<u>J</u>		<u>J</u>	
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)	<u>Cluny Macpherson</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>Sr Johns</u> on <u>30th</u> day of <u>Decr.</u> 191 <u>4</u>		at _____ day of _____ 191____	
Joined on Enlistment	Corps. <u>1st Ndd Regt</u>	Regtl. No. <u>858</u>	Corps. _____	Regtl. No. _____
Transferred to...				
Became non-effective by...	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)	<u>MA. H. 92</u>			
(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
	<p>T.V. 2</p> <p>B.W.V. 2</p> <p>base.</p> <p>Fit for Foreign Service.</p>
20. 3. 16.	Fit for active Service from
17. 6. 16	Fit for Foreign Service 21.4.16.

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
St. Johns	Dec. 31/15	Feb. 5/16			
S. d. Dominion	Feb 5/15	" 16/16			
Edinburgh Castle	" 16/16				

Temporary

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178^A to be used for Special Reserve recruits and
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Spencer Christian Name Leslie

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191 .
at _____

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V= _____
L.E.—V= _____

(a) Marks indicating congenital peculiarities or previous disease ... (a) _____

(b) Slight defects but not sufficient to cause rejection ... (b) _____

Approved by (Signature) _____
(Rank) _____
Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191 .

Corps.	Regtl. No.
1 st Newfoundland	858

Transferred to ... _____

Became non-effective by _____
on _____ day of _____ 191 .

(Signature) _____
(Rank) _____



Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				
8 RD LONDON GENERAL HOSPITAL WANDSWORTH.	30	10	15	13	11	15	syphilis	15	<p>syphilis at Gadancis. Malta on admission fairly well. diarrhea slight pain. Prostate enlarged gr xx. Ruler disease to fr v. B.S.</p> <p>Nov 7. diarrhea better Nov 10. quite well. Discharged</p>	
4 TH SCOTTISH GENL. HOSPITAL, GLASGOW	4	1	17	28	2	17	acute appendicitis	57	<p>4.7.17 at days. pain Rt. Iliac fossa on admission. Pain, tenderness over McBurney's pt. bounding of abdomen, no vomiting but felt sick.</p> <p>10.7.17. General anaesthesia, grid-iron incision, appendix inflamed & partly adherent, was removed, primary closure</p> <p>21.7.17. Stitches removed, primary union</p>	<p>5 W. H. Macdonald M. R. C. S. (Ed.)</p>

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Regimental No. 558 Rank Pte Name Thos. L. Spencer
 Enlisted (a) 1/1/15 Terms of Service (a) one year Service reckons from (a) _____
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }
 Extended _____ Re-engaged 15/8/15 Qualification (b) _____

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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3/2/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
16/10/15.	"Neuralgia"	Ill, Myalgia & Dysentery G 4120	H.S. "Neuralgia" St. John's Hosp., Malta.	10/10/15.	Auth. A 16276. <i>JP</i>
"	Gendt., Malta.	Admitted		14/10/15.	" G 4160. <i>JP</i>
4/11/15.	do	Invalided to England	H.S. "Oxfordshire"	23/10/15.	" B 588.



H. Parkhouse, Captain,
 Officer i/c Records, T.F. 6,
 3rd. Echelon, M. E. F.

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

No. 858

Name

Spencer L

Sqn., Batty.,
or Company } C

Corps

Royal Newfoundland

Date of

G.C.

Badges

Service or

Proficiency Pay

Date of last entry in
Company Conduct Sheet }No. and date
of last drunk }Period not reckoning towards
freedom from extra fine }

Sheet No.

Signature O.C. }

Company, etc. }

Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Army Form B. 192.

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 } *Sailor*
2. Regtl. No. *858* 3. Rank *Sgt* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Spencer L.*
 (Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on *20. 12. 14.* 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 ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

11. Date of origin of disability.

12. Place of origin of disability.

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.

Dysentery
Nov 1915. Gallipoli
He states he contracted
Dysentery while on the peninsula
treated at Malta, thence to 3rd L. I. B. Coy. when he was
discharged. Cured?
He states that he is having recurrences of diarrhoea
very frequently, as often as every week.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|---|---------------------|-------------------|
| (i.) Service during the present war | yes | |
| (ii.) Previous active service.. .. . | na | |
| (iii.) Climate in pre-war service | na | |
| (iv.) Ordinary military service before the war | na | |
| (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.)

good

Last attack 25-10-1919
last one day when he went
to stool 4 times. General condition

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

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.

Repatiation

W. E. Prosser *Captn RMC*
Medical Officer in charge of case.

Station *Hazley Down Camp*
Date *29. 11. 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

The Royal Wld. Regiment

DEMOBILIZATION

No. *858* Rank _____

Name *Spencer L* _____

Warned for demobilization on

JUN 5 1919



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 *Leslie Spencer*

Regiment from which discharged *Royal Newfoundland*

Regimental number *858*

Intended address *Fortune*

Height on discharge *5* Feet *10*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks
Figure on discharge *medium*

Christian name of Father *—*

Christian name of Mother *Amelia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Fortune 1896 July 19th*

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) *Leslie Spencer*

(Rank) *Sgt.*

Station *St John's*

Date *11.6.19*

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.

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

Station

Date

DUPLICATE.
ORIGINAL.

N.F.P./82.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

1. Regimental No. and Rank	858	Sergeant
Name (in full)	Thomas Leslie Spencer	
Date of Enlistment		
Unit	Royal Newfoundland Regt.	
2. Name(s) of Dependent(s) (in full)	Mrs. Amelia Spencer	
Relationship	Mother	
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	Fortune, Burin District Newfoundland.	
3. Ages of Children: Girls under 17 years		
Boys " " "		
4. Children's Guardian Address		
5. Particulars of Allotment	\$ 70 cents per day in favour	
Allottee	of Mrs Amelia Spencer	
Address	Fortune, Burin District	
Date effective from	1st May 1919.	
6. Date of Marriage.		
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No.	
8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No.	

9. Name and address of your last Employer.	My Father -
10. The amount of your salary or wages immediately prior to Enlistment.	No particular wage.
11. Are your wages or any portion being paid by your employer during your absence?	No.
12. If paid, what is the amount per month?	_____
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	Nil.

I CERTIFY that the above is a true statement

L. Spencer (Sergt)

Signature of Officer forwarding this Application.

Unit Royal Newfoundland Regt S. A. Chase Capt.
 Date 25 Apr. 1919.

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date Marriage Certificate examined _____

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? _____

COMB



FORM K

No. 154

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Lester Thomas Spencer, Regl. No. 858

hereby agree, until further notification by me, and in similar official form, to make an Allotment of _____ Dollars and Fifty 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:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
	<u>Mother</u>	<u>Amelia Spencer</u>	<u>Fortune Bay, Newfoundland.</u>	<u>50</u>
<u>Commencing 15/7/16 - see Form 807</u>				
Total Allotment, \$				<u>X 50</u>

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.) [Signature]
Capt
Officer Commanding
B. Company

(Sig.) [Signature]
L. P. Spencer
(Rank) Lance Corporal

Clyd W.B.
NOTED
July 25th 1916
C. Q. M. S.
Date 24/7/16 RAO



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Thos Leslie Spencer*, Regl. No. *858*

hereby agree, until further notification by me, and in similar official form, to make an Allotment of Dollars and *70* 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>721</i>	<i>Father</i>	<i>Capt Wm Spencer</i>	<i>Fortune Bay</i>	<i>70</i>
Total Allotment, £				

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.) *E. Shyne Capt*
 Officer Commanding
 Company

St Johns
Feb 1915

(Sig.) *Thos L. Spencer*
 (Rank) *Private*

858

Fortune

March 12/15

Regimental Pay Department

St Johns

Dear Sir:-

Enclosed please find identity certificate of Thos Lewis Spencer. No 721 I received this yesterday but there was no cheque enclosed.

You probably forgot to enclose cheque.

Please let me know by return mail why cheque was not enclosed and oblige

Yours Truly

Capt William Spencer

DEPARTMENT
Reference No.
Date Recd.	MAR 2 1 1915
" Ackd.
" Ansd.	MAR 2 1 1915
File

858/

21st. MARCH

5

CAPT. W. SPENCER

FORTUNE

SIR,-

Enclosed please find cheque No.2151 for the amount of £25.90, payment of allotment from January 23rd to February 28th 1915, also Identity certificate which kindly sign opposite each amount you receive.

Sorry we overlooked enclosing the cheque, but trust it has not put you to any inconvenience.

I have the honour to be,

Sir,

Your Obedient Servant,

G.B/B.M.W.

DEPUTY PAYMASTER.

ENCLOSURE.

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #858 Sgt L.R. Spencer

Voucher No. 398.

Cheque No. 398.

Reg'l A/c No.

Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount
July 16	15		Balance to July 15th/17.	\$15
				\$15 00

CERTIFICATON

Dissect^a Sheet No.

Recap. Sheet No. 15.

A. J. M. J. M. J. M.
PAYMASTER

Checked by

[Signature]

RECEIPT

July 16th, 1917.

Received

from the 1st. NEWFOUNDLAND REGIMENT the sum of

Fifteen

Dollars

and ----- Cents in Payment as above stated.

July 26 1917.

\$ 15.00

[Sig.]

[Signature]

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #888 Sgt. Leslie Spencer Voucher No. 26.

Cheque No. 26.

Reg'l A/c No. Name C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount
July 3	3		Pay on a/c	\$15
				\$15 00

CERTIFICATE

Dissect Sheet No.
Recap. Sheet No. 3

M. Howley
PAYMASTER

Checked by *[Signature]*

RECEIPT

July 3rd, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of Fifteen Dollars and Cents in Payment as above stated.

July 1917.
\$15.00

[Sig.] *L. Spencer*

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #858 Sgt. L. R. Spencer

Voucher No. 1302.

Cheque No. 1302.

Reg'l A/c No.

Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars.	Amount
Aug. 17	42		Balance to July 31st/17.	\$16
				\$16 00

CERTIFICATON

Dissect^a Sheet No.

Recap. Sheet No. 42

Checked by *CC*

M. Howley
PAYMASTER

RECEIPT

August 17th, 1917.

Received

from the 1st. NEWFOUNDLAND REGIMENT the sum of

Sixteen

Dollars

and Cents in Payment as above stated.

August 1917.

\$ 16.00

[Sig.]

L. R. Spencer

Nº 807



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

Thos Leslie Spencer

858

I, _____, Regl. No. _____

hereby agree, until further notification by me, and in similar official form to make an Allotment of

_____ Dollars and _____ 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. :

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>721</i>	<i>Friend</i>	<i>Capt Wm Spencer</i>	<i>St. John's</i>	<i>1</i>
Total Allotment, \$				

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.) *Wm Spence Capt*

Officer Commanding
Company

St. John's
191

(Sig.) *Thos L. Spencer*
Private

(Rank)

St. John's, SEP 13 1918

Regiment

Newfoundland Forestry Companies,

Billeting Account,

To Sgt. L. Spencer

Billeting Soldiers as undermentioned

from Aug 20th 18 to Sep 13th 18

858 Sgt. L. Spencer 22 80

ACCOUNTS
CH NO 2589 INITIALS Bam Lew
IND. LODGER INITIALS
INITIALS

Certified correct for \$ 22.80

Paid

Sgt. L. Spencer

O. S. Dickson

Billeting Officer.

Sept 14/18

858

Receipt for Army Book 64

2

No.....

Name..... *L. Spencer*

To Certify that I have received the AB 64 of the above
named soldier.

NAME..... *L. Spencer*

Date..... *10/29/20*

Place..... *Detroit Mich. U.S.A.*

N.B. For completion and return to the Department of Militia
Insert in corner of envelope "AB 64"

11/1/20
9
AS

RECEIPT.

CD 858

I hereby certify that I have received the 1914-1915

STAR.

No. 858 Name L. Spencer.

Witness. Norman Boyce.

Date March 27th 1920.

Place Chatham, Ont.
Canada.

m. b

C.R. 858

Extract from Daily Orders Part II Unit The Royal Rifle
Regt. St. John's, July 7th, 1919.

The discharge of the undersigned on demobilization has been
confirmed by Officer i/c Records with effect from 5-7-19.

858 Sgt. Leslie Spencer.

C.R. 858

Extract from Daily Order Part II Unit The Royal Wfld. Regt
Depot, St. John's, June 9th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by C.S. Discharge Depot, with effect from 1919
19-6-19.

858 Sgt. Leslie Spencer.

C.R. 858

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

Date June 7th, 1919

858 Sgt. Leslie Spencer

Reported at Headquarters 1-6-19.

BE "Corsican"

which sailed Liverpool May 22/1919.

C.R.

858

Extract from Nominal Roll from 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.

#858 Sergt. L. Spencer.

C.R. 858

Extract from Hospital Report of date No. 26 from the 1st Co., Battalion
the First Battalion of the Newfoundland Regiment R.C.F.
dated at Antwerp 22/11/16.

Sgt. 858 T. L. D. Pencer.

C.R. 858

Extract from Orders, by Lt. Col. B.J. Barten, D.S.O., Commanding
2nd. Bn. Royal Newfoundland Regiment, dated 12/11/18.

The undermentioned who arrived at this station on the 11/11/18
reverts as follows:

5
858 C.S.M. L.Spencer

reverts to Sergeant.

C.R. 858

Extract from Casualties received from Pay & Record Office,
London, Oct. 29th 1918.

The undermentioned Man who had been previously Overseas,
returned to U.K. with re-inforcement draft No. 24, which dis-
embarked at Devenport 12-10-18.

858 Sgt. Spencer, L. R. Nfld. R.

MM.

C.R. 858

Extract from Memorial Roll Retained at St. John's Sept.
1868, 1918.

858 Sgt. Spencer Leslie.

O.C. DEPOT.

May 23rd. 1918

Sergt. InstructorsSpencer, Warren.

Sir:-

I have your communication enclosing letter from Adjutant re Proficiency Pay and rank, on account of the above N.C.Os as noted in their letters to the Adjutant of May 13th. inst.

Pay & Allowances.

In the Royal Newfoundland Regiment, Pay and allowances are on the Canadian Scale. Kindly quote paragraph of regulations under which such proficiency pay is claimed.

Rank.

No information has reached this department to intimate that the above officers were to be given staff rank. The instructions sent from here asked for Sergt-instructors, and the Adjutant at the Depot had no authority for making the statement attributed to him. In the circumstances no action can be taken. I return correspondence herewith and would suggest that any communication having reference to soldiers, a separate communication be made in connection with each soldier to facilitate the filing of same.

I have the honour to be,

Sir,

Your obedient servant,

Major

District Officer Commanding,
Newfoundland.

C.R. 858

Extract from Daily Orders Part 11 Unit the Royal Wfld.
Regt., St. John's, July 2nd, 1917,

Attached to the Strength from July 2nd, 1917.

858 Sgt. T.L. Spencer.

26
January 14, 1916.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 858, Private Thomas L. Spencer, who was previously reported with dysentery at Woodcote Park, C.C., Epsom, November 13th, is now reported as having been discharged from Hospital on December 15th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. William Spencer,
Fortune.

450
~~450~~



EXTRACT from DEPOT DAILY ORDERS, No.115, dated 15/12/15.

✓
"Pte. L. Spencer. (858), having reported from
Hospital is attached to "E" Co."

December 10, 1915

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 858, Private Thomas Leslie Spencer, who was previously reported suffering from dysentery, and transferred from Malta to England on the 23rd October, is now reported transferred from Third London General Hospital, Wandsworth, to Woodcote Park Convalescent Camp, Epsom, November 15th.

This information has been received by mail.

Yours faithfully,

Colonial Secretary

Mr. William Spencer,
Fortune.

✓
S (26)

December 2, 1915.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 858. Private Thomas Lealia Spencer, admitted to Hospital, Malta, ex. H.S. NEVASA on Oct. 14, suffering from dysentery. Transferred from Malta to England per H.S. OXFORDSHIRE, Oct. 23.

This information was received by mail.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. William Spencer,
Fortune.

Colonial Secretary.

284

1st NEWFOUNDLAND

ARMY FORM O. 1810
ALL ARMS

C.R. NOV 15 1915

Military Convalescent Hospital
Epsom.

No.858, Pte.L. Spencer, "C" Co.

✓ Admitted to Convalescent Hosp.
13/11/15.

(Sgd) HENRY HOWELL
Lieut. & Q.M., R.A.M.C.,
Registrar.

C.R. 858

Extract of Casualty List received from P. & R. O. Nov. 18th. 1915.

858, Pte L. Spencer. ✓

WOODCOTE PARK CONVALESCENT CAMP EPSOM.

CR 858

Extract of Sick and Wounded N.C.Os. and Men of the mediterranean Expeditionary Force, No. H. 2981, dated Nov. 11th. 1915.

Admitted to 3rd. London General Hospital, Wandsworth, 30th. October, 1915.

858 Pte. L. Spencer.

1/Newfoundland Dysentery.

C.R. 858

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No. H. 2819, dated Nov. 8th. 1915.

858 Pte. L.T. Spencer.

1st. Newfoundland..... Dysentery.

Trans. ex Hospital in Malta to England per H.S. "Oxfordshire" 23rd. October 1915.

C.R. 858

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No: H. 2723, dated Nov. 5th. 1915.

858 Pte. L.T. Spencer

1 Newfoundland Dysentery 1 Am.
to Hospital in Malta from H.S. "Nevasa" on 14th. October, 1915.

Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.
Embarked, at Devonport for Active Service 20-8-15

C.R. 858

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Cairo, same date. Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

858 Pte. T.L. Spencer.

C.R. 858

Extract from Nominal Roll Embarked St, John's, per S.S.
"Dominion" "C" Company Feb. 2, 1915.

858 Pte. Spencer T.L.

C.R!

858

Thomas L. Spencer was attested for General service
with the NEWFOUNDLAND REGIMENT on Dec. 30th 1914.
Regimental No 858 was allotted to Pte. Thomas L. Spencer.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (312) W8042/1196 100ms 12/14ss 23 56

Forms
B. 121.
23.

Number of Sheet

2nd

Regiment of

2nd Newfoundland

Signature of O. C. Company

J. B. Bennett

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<i>858 Spencer L. H.</i>	Age on	<i>20</i> years <i>0</i> months	<i>Sailor</i>	<i>Promoted to 2/cpl 3-1-16</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's 24/10/14</i>	Religion	<i>11-8-16</i>	
Joined	Date	Period of	with Colours <i>4</i> years	Place of Birth	<i>27-10-16</i>	
Joined	Date				with Reserve <i>3 3/4</i> years.	<i>St John's</i>

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
<i>Triston on Day</i>	<i>1916 June 8</i>	<i>1/cpl</i>		<i>1. Absent from Tattoo to Revival</i>					
		<i>2/cpl</i>		<i>2. Absent from Tattoo to 10:40</i>	<i>2/cpl O'Toole</i>	<i>Reprimanded</i>	<i>10-6-16</i>	<i>Capt. Stokes</i>	<i>Forgot 1 day's pay</i>
		<i>2/cpl</i>		<i>Demobilized St John's 3-7-19</i>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 858 Rank Serjt Name Spencer L
 Date of Enlistment 16 12 14 Address Fortune District Fortune
 Occupation Sailor Classification for Discharge E Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Rec F 1914 1

Date 4.6.19 for H. Mans H. 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 \$6000

(b) Clothing Supplied

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 1436* to his home at *Fortune* and Release Certificate No. *2301* issued.

Date *5-6-19* 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 *3-7-19*

Date *5-6-19* Depot Paymaster.

Discharge approved for, *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

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		

Rec. 71941

Date *5-6-19* 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 19 1919* O. C. Discharge Depot.

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

Date *June 12/1919*