



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6273 Name Bela Squires Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Bela Squires</u> |
| 2. What is your full Address? | 2. <u>St. Jones, Trinity Bay Dist.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>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
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I Bela Squires 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.

Bela Squires SIGNATURE OF RECRUIT.
Thos D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bela Squires 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 as Attesting Officer on this 11 day of October 1915.

Attesting Officer 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 compiled with. I accordingly approve, and appoint him to the.....

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

Date 11.....1915 } Approving Officer.
Place St. John's }
Attesting 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. 6273 Name Bela Squires Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Bela Squires</u> |
| 2. What is your full Address? | 2. <u>St. Jones, Trinity Bay Dist.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>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
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Bela Squires 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.

Bela Squires SIGNATURE OF RECRUIT.
M. D. Dowden Signature of Witness.

Bela Squires OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bela Squires 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 on this 11 day of October 1916.

M. D. Dowden 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 compiled with. I accordingly approve, and appoint him to the

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

Date 11 Oct 1916 M. D. Dowden 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:
 vis:—(Name) re-enlisted in the (Regiment) on the (Date)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4273 Name Bela Squires Corps Infantry

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Bela Squires</u> |
| 2. What is your full Address? | 2. <u>St. John's, Trinity Bay Dist.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years, <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>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
) Corps |
| 11. Are you willing to serve upon the conditions as embedded in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Bela Squires 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.

Bela Squires SIGNATURE OF RECRUIT.
Th. D. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Bela Squires 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 11 day of October 1918

Signature of Attesting Officer Chas. Dickson

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 Oct. 11, 1918 1918

Place ST. JOHN'S

Richard Bonfield MAJOR } Approving Officer.
for Commanding Officer, The Royal Newfoundland Regiment.

† 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. St. John's, Trin.

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

C.R. 6273

Extract from Daily Orders Part 11 Unit The Royal Rifles.
Regt. St. John's, 10-2-19.

The understated discharge on Demobilisation has been
Confirmed
approved by Officer i/o Records, on 16-2-19.

6273 Pte. Bela Squires.

C.R. 6273

Extract from Daily Orders part II, Depot St. John's
dated January 21st., 1919.

The Discharge of the undernoted on demobilization has^s
been APPROVED by Officer Commanding Depot on 19-1-19.

#6273 Pte. B. Squires.

C.R. 6273
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.



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 _____ Address St. John's Dept. of Militia.

Line Number	Red	By	Sent	by	Check

Dated **Oct. 31, 1918.**

To **Mr. John Squires,**
St. John's, T.B.

Beg to inform you that your son #6273 Pte. E. Squires, has now improved.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

CR 6273
 Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 _____ Address St. John's, Nfld., N.B.

Line Number	Red	By	Sent	by	Check

Dated

~~Nov~~ 28, 1918.

To

Mr. John Squires,

St. John's, N.B.

Regret to inform you that your son #6273 Pte. B. Squires is now seriously ill at Military Hospital St. John's.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED)

St. John's Dept. of Militia.

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

Nov. 4, 1918.

To

Mr. John Squires,
St. Jones, T.B.

Beg to inform you that your son #6273 Pts. B. Squires, is now improved.

J.R. Bennett,
Minister of Militia.

C.R. 6273

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 _____ St. John's Dept. of Militia.
Address _____

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 11, 1918.

To Mr. John Squires,
St. Jones, T.B.

beg to inform you that your son #6273 Pte. B. Squires, is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

C. 6273

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 _____ Address St. John's Dept. of Militia.

Line Number	Red	By	Sent	by	Check

Dated Nov. 9th, 1918

To

Mr. John Squires,
St. John's, T.B.

Beg to inform you that your son #6273 Pte. B. Squires, is
is now convalescent.

J.R. Bennett,
Minister of Militia.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 _____ Address Dept. of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated Nov. 18, 1918.

To Mr. John Squires,

St. Jones, T.J.

Req to inform you that your son # 6273, Etc, B. Squires, is,
now convalescent.

J.R. Bennett,

Minister of Militia.

C.R. 6273

Extract from Daily Orders Part 11 Unit The Royal Wfld.Regt.,
St. John's, Oct. 14, 1918.

6273 Pte. Bela Squires.

Attested from general service with the Royal Wfld.Regt., from 11
10-18.

C.R. 6273

Extract from Daily Orders part 11, Depot St. John's
dated december 18th., 1928.

Discharged from Escasoni Convalescent Hospital
16-12-18.

#6273 Pte/.R. Squires

C.R. 6273

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated Nov. 23rd. 1918.

Hospital.

6273 Pte. B. Squires.

Transferred from M.I.D. to Escaseni 21/11/18.

C.R. 6273

Extract from Daily Orders Part 11 Unit The Royal Field Regt.
St. John's, Oct. 22, 1918.

6273 Pte. B. Squires.

Admitted to Barracks Hospital 21-10-18.

Squires, B

6273

Sept.

February 16, 1919

#6273 Pto. Bela Squires,

St. Jones within, T.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 929."

Yours truly,

Captain.
Paymaster & U.i-c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6273 Rank Pvt. Name Requin Bella
 Intended place of residence St. John's (within)
2. Occupation Judge-mat
 Classification of soldier C Medical Category A II
3. The above named man is discharged in consequence of.....
- DEMOBILIZATION
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place
 Date JAN 17 1919 W. H. M. Capt.
 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 17.1.19 ✓ B. Requin
 Signature of soldier
W. H. M. Capt.
 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 Jan 17th 1919 St. John's ✓ B. Requin
 Signature of soldier
W. H. M. Capt.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 11. 10. 18 No of days on Military
 Discharged from service 19. 1. 19 19. Jan 25 days Service 129 days

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 R. H. M. Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
- Date JAN 19 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. John's, Nfld. W. H. M. Capt.
 Date February 16/1919 W. H. M. Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6273 Rank Plt Name Duggan - Bala
 Date of Enlistment 11.10.18 Address St. Peter School District St. John's
 Occupation Footman Classification for Discharge C Medical Category 10
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents—

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

Date 17.1.19

W. C. Discharge Depot
W. 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 #65.00

(b) Clothing Supplied Joseph H. Brown

Date 17-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 576R to his home at St. James St. John's and Release Certificate No. 882 issued.

Date 17-1-19

C. Dicks 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 16-2-19.

Date 17-1-19

Stoney Capt.
Depot Paymaster.

Discharge approved for 19 1 19

Forwarded with following documents to O.C Discharge Depot. 1

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

Date 18 1 19

C. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JAN 19 1919

Date

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

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

Date

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

MEDICAL HISTORY

OF

Surname

Squires

Christian Name

Kela

Table I.—GENERAL TABLE

Birthplace :—Parish

St Jones Within 26 County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	11 th	Oct		191
at	<i>St Johns</i>		at	
Declared Age	22	years		days
Trade or Occupation	<i>Fisherman</i>			
Height	5	feet $\frac{7}{2}$		inches
Weight	131	lbs.		ll s.
Chest Measurement	Girth when fully expanded			inches
	Range of Expansion			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R. E.—V= <i>4/6</i>		R. E.—V=	
	L. E.—V= <i>4/6</i>		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)	<i>Lammie Peterson</i>			
(Rank)	Medical Officer			Medical Officer
Enlisted	at	<i>St Johns</i>	at	
	on	11 th day of <i>Oct</i>	on	day of 191
Joined on Enlistment	Corps	<i>Royal Field Regt</i>	Corps	
	Regtl. No.	<i>6273</i>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

list in case of Warrant Officers treated in quarters

the cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions 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

[Handwritten mark]

W. J. Carson Major

W. J. Carson Major

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 work at Fishing

B. Squires

Signature of Man.

Reg. No. *6273*

R. B. Dick's Capt.

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

17/1/19.

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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 *William Squires*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6273*

Intended address *St. Jones Withen TB*

Height on discharge *5 Feet 9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *Tall*

Figure on discharge *John*

Christian name of Father *John*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. Jones Withen 8. 21. 77*

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)

Station *St. John's* Date *17. 1. 29*

(Rank) *Pvt*

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

In Escamio

Trinity

ly

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

14. 12. 18

Date

Regimental No. 6273

Name Squires Eli

Address Random Trinity (It fines within)

Present Medical Category Aii

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

Members of Board {
R.H. Hart Capt
O.C. Discharge Depot.
W. Paterson
Senior Medical Officer
D.W. Burden
M. O. Depot

ma



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bela Squires, Regl. No. 6273
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 75 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 Nov 31 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1226	Wife	John Squires	St Johns (W. I.) Dorchester Bay	50
Total Allotment, \$				50

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.) [Signature]
 Officer Commanding
[Signature] Company
Oct 14 1918

(Sig.) Bela Squires
 (Rank) Plt.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Bela Squire, Regl. No. 6273

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 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 Nov. 21, 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7526	Father	John Squire	St. Jones (Milton) Pointe Bay	50
Total Allotment, \$				50

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.) J. Clift
 Officer Commanding
 Co Company

(Sig.) Bela Squire
 (Rank) Plt.

J. John
 Oct 14. 1918

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Nalgate on Oct 11th 19181. Name Bela Squires Age (a) Declared 22
(b) Apparent2. Do you know of anything wrong with you? No.What severe illnesses have you had? Berri Berri 5 years ago.Eyes Strained.Comp. Pain.Warts.3. Height 5-7/2.Weight 1314. Eyesight (a) Left 1/6.(b) Right 1/6.

5. Physical Defects (Examine after strenuous exercise) "

6. Examination of Lungs "

Measurement

(a) Expiration

35(b) Inspiration 56

7. Examination of Heart "

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

Teeth Attention

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? No.11. Name and address of next of kin Father John Squires within London12. Category 7B

REMARKS—

A 11Archibald
Sturden

Medical Examiners

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet one
Signature of O. C. Company W. D. McNeil

Regiment of Royal Newfoundland Regiment

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>Bela Squires</u>	Age on	<u>22</u> years <u></u> months	<u>Fisherman</u>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	<u>St John's</u>	<u>Method</u>		
Joined		Date	Period of	with Colours <u>24</u> years	Place of Birth	
Joined	Date		with Reserve <u>36</u> years	<u>St John's within 7-B.</u>		

Place	Date of Offence	Rank	Cases of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>16²/₁₉</u>			

To be carried over.

The Royal Newfoundland Regiment

D
6273

DEMOBILIZATION OF

Reg. No. *6273* Rank *Plt* Name *Equines - Bela*
 Date of Enlistment *11.10.18* Address *High School* District *St. John's*
 Occupation *Teacher* Classification for Discharge *F* Medical Category *1A*
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

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

Date *17.12.18*

W. C. Discharge Depot.
W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable *\$60.00*

(b) Clothing Supplied *Joseph H. Snowling*

Date *17-1-19*

i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 576R to his home at R. J. Smith and Release Certificate No. 882 issued.

Date 17-1-19 C. Dicks 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 16-2-19

Date 17-1-19 W. H. May Capt.
Depot Paymaster.

Discharge approved for 19.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 288	B 121 ✓	N.F. Med.	D.F. 1 ✓	1 2 2 ✓
F 178	W 3494	B 122	Board 1st	" 2	
F 178a	D 400A	B 121 ✓	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	" 6	
B 179c	B 120	M 93 ✓			

Date 18.1.19 C. Dicks Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.
with following additional documents.

JAN 19 1919

Date R. H. Jait Capt.
O. C. Discharge Depot.

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

Date 19.1.19 W. H. May Capt.
Depot Paymaster

Reg. No. 6243 Rank Pfc Name Squires Bela
Attested 11-10-18 Address St Jones White St
Allotment 504 Allottee Squires John (Father)
Date of Allotment 1-11-18 Returned from Overseas
Embarked for Overseas Cause

21-10-18 Adm. to barracks Hosp.

24-10-18 Transferred to No. 1 St.

21-11-18 Transferred from M. V. D. to Escasoni

12-12-18 Discharged from Escasoni

~~18-12-18 PASSED TO DEMOBILIZATION OFFICER~~

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DEC 20 1918 PASSED TO DEMOBILIZATION OFFICER

19-1-19

DISCHARGE APPROVED ON DEMOBILIZATION