



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *5480*

Name *William Squires* Corps *Troop*

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *William Squires*
2. What is your full Address? 2. *Wesleyville 13 Bay*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *30* Years Months
5. What is your Trade or Calling? 5. *Gasman*
6. Are you Married? 6. *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. *No*
8. Are you willing to be vaccinated or re-vaccinated? 8. *Yes*
9. Are you willing to be enlisted for General Service? 9. *Yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. *Yes*

I, *William Sparks* 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.

William Squires SIGNATURE OF RECRUIT.

27/10/18

William Sparks Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *William Sparks* 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *Wesleyville* on this *27* day of *May* 191*8*.

Signature of Attesting Officer *Edwards*

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....191*8*

Place..... } Approving Officer.

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

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

C.R. 5480

Extract from Daily Orders Part II Royal Newfoundland Regiment
Dated August 19th 1919. Depot St. John's

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 8-8-19.

5480, Pte. W. Squires.

C.R. 5480

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, July 18th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED BY C.O. Discharge Depot, with effect from 25-7-19.

5480 Pte. W. Squires.

C.R. 5480

Extract from Daily Orders Postmill Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5480 Pte. W. Squires.

Reported at Headquarters 1-7-19 on "Gonsandra" which
sailed Glasgow June 24th, 1919.

C.R. 5480

Extract from Daily Orders part 11, from Unct The Royal Field
Regt. St. John's, dated July 25, 1919.

The following man embarked for overseas on H.M.S
"Columbella" July 22, 1918.

#5480 Pte. William Squires.

C.R. 5480

Attested for General Service with the Royal Wfld. Regt.
Regt. St. John's, dated May 29, 1918

#5480 Pte. Wm. Squires.

Attested for General Service with the Royal Wfld. Regt.
from May 27, 1918

W Squirrels

C.R.

5480

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SIGNALLER'S RECORD SHEET.

Rgtl. No. 5480 Rank Pte Name & Initial Squires W
 Unit Royal Newfoundland Regt

STANDARD TESTS. (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Qualified in all Standard Tests
 W. Squires

CLASSIFICATION TESTS.

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending	98%	99%	97%	98%	%	
Reading	98%	98%	97%	99%	%	

* R.A. Signallers only

Classified as 1st Class Signaller at Sagley Down Camp
 Date 9/12/18 Signature of Classifying Officer [Signature]
 Reclassified as _____ Class Signaller at _____
 Date _____ Signature of Classifying Officer _____

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

MAP READING. STANDARD TESTS.

No. of Test.	DESCRIPTION OF TEST.
1.	Point out on a map the conventional signs of objects enumerated.
2.	From a map to point out on the ground points and objects selected on the map, and <i>vice versa</i> .
3.	Measure shortest distance from point A to B on a map according to scale.
4.	Set a map without a compass (a) by the ground. (b) by the sun and stars.
5.	Describe a point on a squared map by means of a map reference, and <i>vice versa</i> .
6.	Measure on a map the distance from one point to another by road.
7.	Set a map by compass.
8.	Determine if a point A is visible from point B by studying contours, but without drawing a section.
9.	Take a bearing with a protractor off a map.
10.	Convert a magnetic bearing into true bearing, and <i>vice versa</i> .
11.	Take a bearing with a compass and measure it on a map with protractor.

SIGNAL TRAINING. STANDARD TESTS.

1.	Accept a message including counting and filling in preamble.
2.	Fill in Sent Column on message form.
3.	Fill in Signal Register.
4.	Fill in Received Column on message form.
5.	Send and receive a verbal message on the telephone.
6.	Call up with (a) flag, known and unknown station. (b) buzzer. (c) ringing phone.
7.	Put through a call on a 4 plus 3 switch unit.
8.	VISUAL. Carry out duties of reader. (For R.A. Signallers includes Semaphore.)
9.	" " " caller. " " "
10.	" " " writer. " " "
11.	" " " answerer. " " "
12.	" " " answer-reader. " " "
13.	" " " sender. " " "
14.	LUCAS LAMP. Set up and align.
15.	" Replace cells.
16.	" Connect up cells.
17.	" Trace the electric circuit with a view to locating a fault.
18.	" Change a bulb.
19.	" Change nightshades.
20.	" Test flexible cord.
21.	TELESCOPE. Set up on stand and align.
22.	" Focus on a blue flag unreadable to the unaided eye and read a message.
23.	HELIOGRAPH. Set up and align with vane.
24.	" Change to duplex and align.
25.	" Regulate the beat.

ELECTRICAL INSTRUMENTS TESTS.

<p style="text-align: center;">CELLS:</p> <p>1. Render active.</p> <p>2. Connect in series and parallel.</p> <p style="text-align: center;">* TELEPHONE D. III.</p> <p>3. Connect and insert cells and cell connections.</p> <p>4. Test instrument.</p> <p>5. Localise and remedy the following faults:— (a) Adjustment of buzzer. (b) Dirty key contact. (c) Dirty Pressel switch contact. (d) Receiver discs and washers. (e) Microphone capsule.</p> <p>6. Connect up earth return, metallic return, and use of condenser terminal.</p> <p style="text-align: center;">FULLERPHONE.</p> <p>7. Connect and insert cells and cell connections.</p> <p>8. Test instrument.</p> <p>9. Localise and remedy the following faults:— (a) Adjust No. 1 or (A) contact of armature. (b) Adjust No. 2 or (B) contact of armature. (c) Dirty contacts.</p> <p style="text-align: center;">VIBRATOR, R.A.</p> <p>*10. Connect up hand set and cell connections.</p> <p>*11. Test instrument.</p> <p>*12. Localise and remedy the following faults:— (a) Adjustment of buzzer. (b) Dirty key contact. (c) Dirty Pressel switch contact. (d) Receiver disc and washers. (e) Microphone capsule.</p> <p>13. Connect up earth and metallic return.</p>	<p style="text-align: center;">MISCELLANEOUS.</p> <p>14. Connect up Fullerphone and Telephone on same circuit so that they may be used at the same time without interruption.</p> <p>15. 4 plus 3 Buzzer Unit. Connect up.</p> <p style="text-align: center;">LINEMAN'S DUTIES.</p> <p>16. Identify lines by labels.</p> <p>17. Draw and explain a simple circuit diagram.</p> <p>18. Draw and explain a simple route diagram.</p> <p>19. Make a reef knot, barrel hitch and clove hitch.</p> <p>20. Joint and insulate (a) D. II. } Single or (b) D. III. } Twisted. (c) D. V. } (d) D. twin Mk. III.</p> <p>21. Make simple joint in enamelled wire or single wireline.</p> <p>22. Lay cable (a) in open country. (b) in trenches.</p> <p>23. Tap in on (a) metallic circuit, (b) earth circuit, and determine on which side the fault is.</p> <p>24. Test with Q. and I. detector— (a) cells; (b) a circuit, for disconnection earth and contact; (c) In order to pick up wires in a rope.</p>
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* R.A. only.

This space to be pasted in A.B. 64.

No. 18950/2102

NEWFOUNDLAND CONTINGENT

N.F.P./79.

From:

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

To:

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

21st Nov. 1918

Subject: 5480, Pte. W. Squires

With reference to the following telegram (9984) from the Hon. Minister of Militia, received

1/1
Pay to 5480 Squires £5:0:0

Draft £ 5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon:

A. D. Mitchell
Chief Paymaster & O. i/c Records.

November 23 1918

Receipt hereunder

Chambers LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n,
Royal Newfoundland Regiment.

Received the sum of Five
pounds on account of
cable remittance from Newfoundland.

W. Squires
No. 5480 Rank Pte

Witness 1930 Pte. [Signature]

No. 2432/377.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.
Winchester.

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
N.F.P. / 79.
PAY & RECORD OFFICE
17 FEB 1919

P.D. 167/21
B
12th February 1919

February 12th 1919

5480. Pte. Squires. W.

With reference to the following telegram from the Minister of Militia / / (15.)

"Pay to-5480. Squires.

£7.0.0.

Cheque £ 7.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.
[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Seven pounds in respect of

telegraphic remittance from the Minister of Militia.

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

W. Squires.
No. 5480 Rank Private
Witness Al Roberts

No. 7925/1545

P.D.A. 100016

N.F.P. 179.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Field. Regiment
Winchester.



26th May 1919

May 27th 1919.

5480 Pte. w. Squires

With reference to the following telegram from the Minister of Militia / / 19 (202):

Receipt hereunder

Chambers
Officer Commanding ^{2nd} BATT. RFLD. REGT.
A. R. R. LIEUT. COLONEL.
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5480 W. Squires
£8. 0. 0.

Cheque £ 8. 0. 0s enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Eight
Pounds in respect of telegraphic remittance from the Minister of Militia.

A. D. Minors
Chief Paymaster & O. i/c Records.

W. Squires
No. 5480 Rank Private
Witness: M. Roberts

Squires, W

5480

Ray Sept

August 8th 1919.

#5480, Pte. W. Squires,
Wesleyville. B.B.

Dear Sir:

Enclosed please find Discharge Certificate
3609.

Yours truly,

Capt. &
Officer i/c Records

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5480 Rank Pte. Name Squires W.
 Intended place of residence Wesleyville
2. Occupation fisherman
 Classification of soldier 2 Medical Category A7
3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place, ST. JOHN'S
 Date JUL 11 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S
JUL 11 1919

Date

W. Squires
 Signature of soldier
Chilton
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place, ST. JOHN'S

Date JUL 11 1919

W. Squires
 Signature of soldier
W. G. G. G. G.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 27-5-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 439

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

Date JUL 25 1919

H. R. Cooper Capt
 Officer in Charge Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 8/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

Ans B 20491369

205
31
8
74

The Royal Newfoundland Regiment

Class for Demobilization: *E*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *5480*

Name *Squires William*

Address *Wesleyville*

Present Medical Category *A1*

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

Members of Board {

..... *R.H. Lant Major*
O.C. Discharge Depot.

..... *H. Gibson*
Senior Medical Officer

..... *W. S. Sinden*
M. O. Depot

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

W. Squires

Signature of Man.

J. A. Snowcraft

Reg. No. 5480

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

11-7-79

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

MEDICAL HISTORY

Surname Squire OF Christian Name H. Wain.

Table I.—GENERAL TABLE.

Birthplace:—Parish H. Squires, B.D. County Nfld.

	SPECIAL RESERVE			REGULAR ARMY		
	on	day of	191	on	day of	191
Examined	at	<u>27th</u>	<u>May</u>	at		
Declared Age		<u>20</u>	years			days
Trade or Occupation		<u>fisherman.</u>				
Height		<u>5</u>	feet	<u>5 1/2</u>	inches	inches
Weight		<u>130</u>	lbs.			lbs.
Chest Measurement	Girth when fully expanded	<u>35 1/2</u>				
		Range of Expansion			<u>3</u>	

Vaccination Marks	Right		Left	
	Arm	Number	Arm	Number
	<u>/</u>		<u>/</u>	

When Vaccinated

Vision R.E.—V=6/6 L.E.—V=6/6

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) L. J. Peterson (Rank) Major Medical Officer.

Bullisted at Squires on 27th day of May 1918

Joined on Enlistment... Royal Nfld. Regiment. 5480

Became non-effective by (Signature) (Rank)

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

Date	Brief Details, and Signatures
28 ⁵ / ₁₈	Race. H
13-6-18	T A B H
4-7-18	T A B H
11-7-18	T A B H
	<p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>16</u> for Discharge on Demobilisation. Medical category <u>16</u></i></p> <p><u>10.7.19</u> Date of F.M.B.</p> <p><i>[Signature]</i> Discharge Officer - New Guinea</p>

Table IV.—SERVICE TABLE.

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



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *William Squires*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5450*

Intended address *Wesleyville*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks —

Figure on discharge *Medium*

Christian name of Father *Leahurst*

Christian name of Mother *Lydian*

Wife's maiden name in full —

Date and place of marriage —

Christian names of children —

Place and date of soldier's birth *Salisbury 10-11- age. 20 - 1899*

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)

William Squires

(Rank) *PL*

ST. JOHN'S.

Station

Date *July 7th 1919*

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

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 Hampshire* } Former Trade or Occupation } *Boilerman*
2. Regt. No. *480* 3. Rank.. *plc.* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regt. Nos.
4. Name *Squires* *Wm*
(Surname) (Christian Names)
5. Age last birthday.. *20*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i). Service during the present war
 - (ii). Previous active service
 - (iii). Climate in pre-war service
 - (iv). Ordinary military service before the war
 - (v). Serious negligence or misconduct on the man's part.
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it?

No Complaints of no disability

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.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

Repatriation

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

W. E. Provenier, Capt R.A.M.
 Medical Officer in charge of case.

Station ... *Hoylake, born*

Date ... *4/1/19*

* 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.

August 18, 1919

Mr. William Squires,
Wesleyville, B.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 war Service Gratuity.

Yours truly

Captain & Paymaster.

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... *William Squires* ... 2. Surname... *Squires*

3. Rank... *Cpl* ... 4. Regtl. No. ... *75450*

6. Address in full to which future payments of gratuity are to be forwarded... *Wesleyville, NFB*

6. Date of enlistment in the Regiment... *May 27/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in field, if so, give dates and particulars of such service... *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas... *From May 27/18*

To July 11/19

SSR

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

No.

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

No.

15. Have you been issued with a War Service Badge? *No.*

16. Have you, during the present war, served in the Imperial Forces? *No.*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

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

19. Are you now serving in the Res? *No.* If not give - (a) date of discharge. *July 11/19* (b) Reason for discharge. *Reception*

Re-mobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

No.

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

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

-3- , Wm Squires.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

11th

day of

July

1919.

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

*P.B.
M. Jones, U.S.A.
John McCarthy*

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

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2450 Rank Plt Name Squires W
 Date of Enlistment 37-5-18 Address Westleyville District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category A1
 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	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 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable Pls

(b) Clothing Supplied _____

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2402 to his home
 at Hesleyville and Release Certificate No. 3439 issued

Date 11-7-19

J.A. Snowcraft
 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 8-8-19

Date 11-7-19

J.A. Snowcraft
 Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. Pj36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	B 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	B 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 11-7-19

J.A. Snowcraft
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 25 1919

Date

O.R. Cooper
 O. C. Discharge Depot.

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

Date

1480
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3480 Rank Plt. Name Squires W
 Date of Enlistment 27-5-18 Address Wesleyville District Donaustown
 Occupation Historian Classification for Discharge F Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 2494	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 10-7-19 O. C. Discharge Depot 11/11/19

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am W. Squires 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 all British

Date 11-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.2402 to his home at Haskeyville and Release Certificate No. 3439 issued.

Date 11-7-19

J.A. Linnell
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 8-11-19

Date 11-7-19

J.A. Linnell
Depot Paymaster

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19

J.A. Linnell
Demobilization Officer

APPROVED.

Documents as above forwarded to—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

JUL 25 1919

Eligible for War Service Gratuity

Date

N.R. Cooper
O. C. Discharge Depot

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

Date Aug 2/19

3/11

Reg. No. *5486* Rank *Pfc* Name *Squires, Wm*

Attested Address *Wesleyville*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1949*

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

11-7-49
25-7-49

~~PASSED TO DEMOBILIZATION OFFICER~~

~~PASSED TO DEMOBILIZATION OFFICER~~

DISCHARGE APPROVED ON DEMOBILISATION

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. (1), 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 consider 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 Former Trade or Occupation Ironer
- 2. Regtl. No. 548 3. Rank. Sgt. 7a. If the soldier claims previous service in Army, he should state—
- 4. Name Thomas D. Shea (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
- 5. Age last birthday. 20
- 6. Posted for duty on..... at.....
in category (or grade).....
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

The Complaints of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

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

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

Repatriation

W. P. P. Premier *Capt R. R. R.*

Station *Hazley, D. V. M.*

Medical Officer in charge of case.

Date *1/10/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.