



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6281 Name Edward J. Brown Corps RC

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edward J. Brown
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years Months
5. What is your Trade or Calling? 5. None
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, Edward J. Brown do solemnly declare that the above answers made by me to the questions are true, and that I am willing to fulfil the engagements made.

Edward J. Brown SIGNATURE OF RECRUIT.

John J. [unclear] SIGNATURE OF WITNESS.

12/10/1915

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward J. Brown 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 12 day of October 1915.

[Signature] 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 [unclear].

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

Date.....1915

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).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward St Craig

Apparent age 24 years 0 months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 39 inches
Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John St Craig

John St Craig | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a) _____ (b) _____ (c) _____ (d) _____

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|--|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from _____ | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
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| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |
| Total Service towards Engagement to _____ (date of discharge) _____ years _____ days | | | | | | | | | |
| Pensions " _____ [" "] _____ " _____ " | | | | | | | | | |



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6281 Name Edward J. Croix Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edward J. Croix
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 27 Years 0 Months
5. What is your Trade or Calling? 5. Blacksmith
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, Edward J. Croix do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Edward J. Croix SIGNATURE OF RECRUIT.
Pt. J. Raymond Signature of Witness.

DATE TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward J. Croix 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 on this 12 day of Nov 1915

Signature of Attesting Officer W. D. [Signature]

†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 1915 } Approving Officer.
Place

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward St Croix

Apparent age 24 years months. Height 5 feet 5 1/2 inches

Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 4 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John St Croix
Pha. Ave. | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

| (a) | (b) | (c) | (d) |
|-----|-----|-----|-----|
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|---|---------------|--|-----------|-------|--|------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from | | | | | | | | | |
| Joined at <u> </u> on <u> </u> | | | | | | | | | |
| <u>Dischd. Honor. Jan 9/1919.</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to [date of discharge] years days

Pensions " " " " " " " " " " " "

C.R. 6281

Extract from Daily Orders ~~part~~ 11. St. John's. dated

#6281 Pte. A. St. Croix.

TRANSFERRED FROM BARRACKS HOSPITAL TO GEN. HOSPITAL.

18-10-81

BC.

C.R. 6281

Extract from Daily Orders Part II Unit The Royal Hfld. Regt.,
St. John's, Dec. 13th, 1918.

The undernoted man discharges on Demobilization has been approved
by C.O. Discharge Depot from noted date. He is removed from Depot
Strength and transferred to Discharge Depot pending confirmation
by Officer i/c R_c Corps.

6281 Pte. Edward St. Orix.

C.R. 6281

Extract of Daily Orders Part II, Depot St. John's dated
Jan. 10th 1919.

DEMOBILIZATION.

The discharge of the undernoted man on demobilization
has been confirmed by the Officer i/c Records on noted date.

6281 Pte. Edward St. Croix

Discharged 9-1-19

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

6281

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 _____

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **October 25th. 1918.**

To **John Storoix, Esq.,
St. Mary's.**

BEG TO INFORM YOU THAT # 6183 PTE. STOROIX IMPROVING.

**J. R. Bennett,
Minister of Militia.**

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)

Signature of Sender _____ Address **St. John's Dept. of Militia**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **Oct. 21, 1918.**

To **Mr. John St Croix,**

Point La Hays, P.E.

Regret to inform your that your son #6281 Pte. St. Croix was
 Admitted to General Hospital Oct. 20th., Suffering from Influenza
 Bronchial Pneumonia, Seriously ill.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

CP. 6281
Counter No.

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)

Signature of Sender _____ Address _____

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated OCTOBER 26th., 1918.

DEPT. OF MILITIA.

To JOHN ST. CROIX
POINT LA HAYE,
P. B.,

BEG TO INFORM YOU THAT # 6281 ST. CROIX IS IMPROVING.

J. R. BENNETT,
MINISTER OF MILITIA.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

CR 6281

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 1 Sent by Rec'd by Date 18pd No 39

Place from St. Marys 2.3

To Hon. G. R. Bennett

Minister of Militia

St. John's

please advise condition son 6281

J. St. Croix kindly wire reply,

John St. Croix

still seriously ill

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by Rec'd by Class No.

Place from St Marys £ 5

To J R Bennett



men of wit

*Kindly wire condition
son 6281. ple St Croix
anxious*

*John St Croix
improving*

C.R. 6281

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 15th 1918.

Strength Increases.

6281 Pte. Edward St. Croix.

Attested for General Service with The Royal Newfoundland Regiment,
from 12/10/18.

C.R. 6281
Counter No.

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)

Signature of Sender _____ Address **St. John's Dept. of Militia**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated ~~Dec.~~ **28, 1918.**
To **Mr. John St. Croix,**
Point La Haya, P.B.

beg to inform you that your son #6281 Pte. St. Croix, is now improved at General 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)

Signature of Sender _____ Address **St. John's Dept. of Militia**

| Line Number | Rcd | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated Oct. 23, 1918.

To Mr. John St. Croix.

St. Marg's.

Regret to inform you that your son #6281 Pte. St. Croix, is still seriously ill.

J.R. Bennett,

Minister of Militia.

FOR TYPEWRITER

C.R. 6281

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's Oct. 21, 1918.

6281 Pte. St. Croix,

Transferred from Barracks Hosp. to General Hosp. 20-10-18.

St. Croix, Ed.

6281

Manuscript.

January 9th., 1919.

#6281 Pte. Edward St. Croix,

St. Mary's, P.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 254."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records.

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. *6281* Rank *Po* Name *Edward St Croix*
 Intended place of residence *St Marys E B*

2. Occupation *fisherman*
 Classification of soldier *R.S.* Medical Category *A.T.T.*

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 *DEC 11 1918* *M. Howley Capt.*
 Date *DEC 11 1918* 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* *Edward St Croix*
Dec 11 1918 Signature of soldier
 Signature of witness *P. Brooks Capt.*

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* *Edward St Croix*
11. 12. 18 Signature of soldier
 Signature of witness *T. Raymond*

STATEMENT OF SERVICE

7. Enlisted for service *12. 10. 18* No of days on Military
 Discharged from service *12. 18. 18 plus 28 days* Service *92 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. Lat Capt.*
 Date *DEC 12 1918* 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* *M. Howley Capt.*
 Date *20th 2079/254* Office in Charge
 The Royal Newfoundland Regiment

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The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 6291 Rank AFE Name St. George - Edward
 Date of Enlistment 17.10.13 Address St. Marys District Plac
 Occupation Fisherman Classification for Discharge 1 Medical Category A3
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | | | |
|----------|--------|--------|---|-----------|---------|---|
| N.F. P36 | 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 | 3 | 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 | 1 | | | |

Date 10.14.18 R St. George Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Edward St. George
Trunk Major

Particulars passed to Vocational Officer for information and action.

Date.....

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) ~~Clothing~~ Supplied Joseph A. Brown

Date 11-12-18 O i/c. Re-clothing.....

3. Transportation and Release Certificate.

If the above named has been provided with Travelling Warrant No. 116 to his home at St. Marys and Release Certificate No. 281 issued.

Date 11-12-18 ASD 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 9-1-19

Date 11-12-18 W. Stanley Capt. Depot Paymaster.

Discharge approved for 12-12-18

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | |
|-----------|--------|---------|---|------------|--------|---|
| N.F. P 36 | B 268 | B 121 | 1 | N.F. Med. | D.F. 1 | 1 |
| F 178 | W 3494 | B 122 | 3 | Board 1st. | " 2 | 1 |
| F 178a | D 400A | B 1915 | 2 | do 2nd. | " 3 | 2 |
| 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 | 1 | | | |

Date 11-12-18 ASD Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date DEC 12 1918 R. H. Sant Capt. O. C. Discharge Depot.

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

Date Dec 13/1918

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

MEDICAL HISTORY

Surname St. Louis

Christian Name Edward

Table I.—GENERAL TABLE

Birthplace:—Parish St. La Haye, 12th County Newfoundland

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|--|----------------------|--------------|-----------------|
| | on | at | on | at |
| Examined | on <u>12th</u> day of <u>Oct</u> 191 <u>8</u> | at <u>St. John's</u> | on | day of 191 |
| Declared Age | <u>24</u> years | days | years | days |
| Trade or Occupation | <u>Fisherman</u> | | | |
| Height | <u>5</u> feet <u>5 1/2</u> inches | | feet | inches |
| Weight | <u>155</u> | lbs. | | ll s. |
| Chest Measurement { | Girth when fully expanded | <u>39</u> inches | | inches |
| | Range of Expansion | <u>4</u> inches | | inches |
| Physical Development | | | | |
| Vaccination Marks { | Right | Left | Right | Left |
| | Number | | | |
| When Vaccinated | | | | |
| Vision | R. E.—V= <u>6/72</u> | | R. E.—V= | |
| | L. E.—V= <u>6/18</u> | | 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) | <u>Samuel Aboum</u> | | | |
| (Rank) | <u>Major</u> Medical Officer | | | Medical Officer |
| Enlisted | at <u>St. John's</u> | | at | |
| | on <u>12th</u> day of <u>Oct</u> 191 <u>8</u> | | on | day of 191 |
| Joined on Enlistment | Corps | Regtl. No. | Corps | Regtl. No. |
| | <u>Royal Nfld Regt</u> | <u>6281</u> | | |
| Transferred to | | | | |
| Became non-effective by | on | day of 191 | on | day of 191 |
| (Signature) | | | | |
| (Rank) | | | | |

Table II.—Only for admission to hospital or to the sick list

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on the Syphilis, admissions and of treatment |
|-----------------------|----------------------|-----------|-----------|--------------------------|-----------|-----------|-------------------------|-------------------------|--|
| | Day | Month | Year | Day | Month | Year | | | |
| St John's General. | 20 | 10 | 18 | 19 | 11 | 18 | Influenza. | 30 | |
| <i>6000000</i> | <i>19</i> | <i>11</i> | <i>18</i> | <i>4</i> | <i>12</i> | <i>18</i> | <i>Cont. abs. cont.</i> | <i>16</i> | |

Table III.—Records: Court of Inquiry, Vaccination, Incubation, Quarantine, etc.; Examinations for Field or
 in case of Warrant Officers treated in quarters
 Foreign Service, Extension, Re-engagement, or Provision of Service; Issue of Ser-

cause, nature or treatment of the case likely to be of interest or of future use. In case of
 re-admissions to hospitals will be shown. The subsequent progress, including particulars
 out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Temp. and pulse normal three weeks.

E. Ruzan

J. Peterson

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 |
|----------|--|
| 14-10-18 | <p>Vacc. #</p> <p><i>It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as <u>C</u> for Discharge on Demobilization. Medical category <u>A II</u></i></p> <p><u>9-12-18</u> <i>W. Shley</i> Captain Date of T.M.B. Principal Medical Officer</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 **Edward St Croix**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **6281**
 Intended address **St Marys, X**

Height on discharge **5** Feet **5½**

Color of hair on discharge **Black**

Complexion **Fair**

Color of eyes **Blue**

Descriptive Marks

Figure on discharge

Christian name of Father **John**

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth.

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)

(Rank)

Station

Date

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

DEC 12 1918

Medical Officer i/c Hospital,
Unit, or Command 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 work as Sailor

his
Edward ^{*with J. E. Sinclair*} *St. Louis*
March Signature of Man.

Reg. No. *6281*

Edward M. Hill

Signature of the Vocational Officer or his Representative.

Place *St. Johns N. F. L. D.*

Date *11/12/18* 191

Conditional

Placerie & B. King

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
C

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

DEC 9 1918

Date

Regimental No. *6281*

Name *St. Croix Edward*

Address *St. Marks*

Present Medical Category *A II*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

R. H. Lat *Capn*

O.C. Discharge Depot.

Robson

Senior Medical Officer

Stoburden

M. O. Depot

Report for Service 1769

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at *Adgits* on *Oct 12* 191*8*

1. Name *Edward H. Crave* Age (a) Declared *24*
(b) Apparent

2. Do you know of anything wrong with you? *Rupture*

What severe illnesses have you had? *None.*
Eyes Blue
Chimp Hair
Mark

6281

3. Height *5 ft 5 1/2* Weight *135*
4. Eyesight (a) Left *14/8* (b) Right *14/8*
5. Physical Defects (Examine after strenuous exercise) *~*

*weak abdominal muscles
not to disqualify.*

6. Examination of Lungs *~*
Measurement (a) Expiration *31* (b) Inspiration *39*

7. Examination of Heart *~*

8. Examination of Urine *~*

9. Examination of Mouth—(Defective Speech)
Teeth
Throat
Nose
Ears—(Otorrhea)
(Deafness)

10. Have you been successfully vaccinated, and when? *Yes*
11. Name and address of next of kin *Father John P. Crave*
Mary Crave
12. Category

REMARKS—

All my own

Archibald
J.W. Burden
Medical Examiner

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 021
030 Dickson

Regiment of Royal Newfoundland Regt. Signature of O. C. Company _____

| | | | | | | |
|----------------------------|-----------------------|------------|----------------------------------|------------------|---|--------------------------------|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | |
| No. | <u>Edward St John</u> | Age on | <u>24</u> years <u>00</u> months | <u>Fisherman</u> | | |
| Joined | | Date | Place and Date of Enlistment | Religion | | |
| Joined | | Date | } with Colours <u>00</u> years. | <u>P.L.</u> | Place of Birth | |
| Joined | | Date | | | | with Reserve <u>365</u> years. |

| Place | Date of Offence | Rank | Case of Drunkenness | 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>9-19</u> | | | |

To be carried over.

The Royal Newfoundland Regiment 6281

Reg. No. 6291 Rank RtE Name St Croix - McDermott
 Date of Enlistment 17.10.18 Address St Marys District Alc.
 Occupation Fisherman Classification for Discharge 1C Medical Category AII
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

| | | | | | | |
|----------|----------|--------|---|-----------|--------|---|
| N.F. F36 | B 268 | B 121 | 1 | N.F. Med | D.F. 1 | 1 |
| B 178 | W 3494 | B 122 | | Board 1st | " 2 | |
| B 178a | 1 D 400A | B 1915 | 3 | 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 | 1 | | | |

Date 10.12.18 R W. W. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Edward St Croix
Warrant Officer

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 A. Lawrence

Date 11-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. file to his home
at Stony and Release Certificate No. 281 issued.

Date 11-12-18

C. S. Dickson
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 9-1-19

Date 11-12-18

W. Bowley Capt.
Depot Paymaster.

Discharge approved for 12-12-18

Forwarded with following documents to O.C Discharge Depot.

| | | | | | | | |
|------------|------------|------------|-----|-----------|--------|-----|----------------|
| N.F. P[36] | B 268 | B 121 | ✓ 1 | N.F. Med. | D.F. 1 | ✓ 1 | |
| F 178 | W 3494 | B 122 | | Board 1st | " 2 | ✓ 1 | <u>Simon B</u> |
| R 178a | ✓ 1 D 400A | ✓ 1 B 1915 | ✓ 3 | do 2nd | " 3 | ✓ 2 | |
| 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 | ✓ 1 | | | | |

Date 11-12-18

C. S. Dickson
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

DEC 12 1918

Date

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

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

Date Dec. 13/1918

W. Bowley Capt.
O.C. P.

6281. 96 St Croix

has been recommended for
7 days leave. to settle up
private business.

MEDICAL DEPARTMENT,
1ST NEWFOUNDLAND REGIMENT.

H. Reedon 2/21.

~~7th M.C. DEPT.~~

D.O.C.

For your attention, please.

C.C.B.

Off. report

For your attention please
Respectfully



General Hooper

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Date No.

Sent by

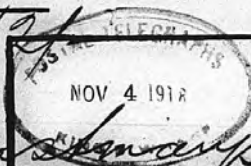
Paid & by

Check

No.

Place from

To



Point L'Anse-au-Loup

Hon J R Bennett
M of M

Kindly inform 6281
 ple Stcroix his mother
 died two o'clock this
 morning

John Stcroix

Attested to

Reg. No. 6281 Rank Pte Name St Croix Edward
Attested 12-10-18 Address St La Sape St 71
Allotment..... Allottee.....
Date of Allotment..... Returned from Overseas.....
Embarked for Overseas..... Cause.....

14-10-18
18-10-18 Adm - to barracks Hosp. & transferred to
20-10-18 Transferred from barracks Hosp. to General.
19-11-18 do to Escasoni
4. leave from 4-11-18 to 11-12-18.

10-12-18 PASSED TO DEMOBILIZATION OFFICER
12-12-18 DISCHARGE APPROVED ON DEMOBILISATION.