



THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4946 Name Wm G Stevens Corps Rifles

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>Wm G Stevens</u> |
| 2. What is your full Address? | 2. <u>Clarks Beach C.P.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years |
| 5. What is your Trade or Calling? | 5. <u>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, Wm G Stevens 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.

Wm G Stevens SIGNATURE OF RECRUIT.
J. Daymond SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Wm G Stevens do solemnly declare that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors; and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 7 day of May 1918.

Signature of Attesting Officer J. James

† CERTIFICATE OF APPROVING OFFICER.

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

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

Date May 7 1918

Place St. John's } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Wm G Stevens
 Apparent age 21 years months. Height 5 feet 1 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 6 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Wm Stevens
Clarks Beach C.B. 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 length of engagement reckons from <u>7-5-18</u>									
Joined at <u>Wales</u> on <u>May 7-1918</u>									
<u>Discharged August 11-1919</u>									
<u>Embarked for Italy 26-10-1918</u>									
<u>Transferred to France 26-10-1918</u>									
<u>Transferred from Spain 25-7-1919</u>									
<u>Discharged 25-7-1919</u>									
<u>Demobilization 4-8-1919</u>									
Total Service forfeited as above <u>Demobilization 4-8-1919</u>									
Total Service towards Engagement to <u>4-8-1919</u> (date of discharge) <u>1</u> years <u>90</u> days									
Pensions " " " " " " " "									

C.R. 4946

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 12th 1919.

The discharge of the undernoted on demobilisation has been
CERTIFIED by Officer i/o Records from noted date
4-8-19.

4946, Pte. Wm. Stevens.

C.R. 4946

extract from daily orders part 11 Royal Newfoundland
Regiment Depot St. John's dated 23rd July 1919.

The discharge of the undernoted on demobilisation has
been APPROVED by U.C. Discharge Depot with effect from
following date
12-7-19.

4946, Pte. W. Stevens.

C.R. 4946

Extract from Daily Orders Royal Unit The Royal Field.

Regt. St. John's, July 3rd, 1919.

4946 Pte. G. Stevens.

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

C.R. 4946

Extract from telegram from Syn., London to Military.
dated June 26th 1919.

Remittances received as follows have not
been paid - soldier repatriated - you can
adjust.

4946, Stevens; £4.2.0.

C.R. 4946.

Ex. tract from D.O.Pt.II, Unit the R. Filed R. dated
31-5-19. by Lt.Col. B.J.Barton, D.S.O. O.C. 2nd. Bn.

The u/m having reported back from Hilsea Mil Hospl.
are taken on the strength and posted to "C" Co.
as from 30-5-19.

4946 Pte. Stevens.

C.R. 4946

Extract from Nominal Roll 1st, Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19
disembarked at Southampton 23/4/19; and reached
Hazeley Down Camp 25/4/19.

4946 Pte. W. Stevens.

C.R. 4946

Extract from Daily Orders Part 11 Unit The Royal Sfid. Regt.,
By Lt. Col., F.G. Mathias, D.S.O. Commanding 1st Bn. 3-11-18

The following joined the Bn. 3-11-18.

4946 Pte. W. Stevens

D Coy.

C.R. 4946

Extract from Serial roll re-enforcement draft No. 15 (marked Folio 10)
24/30/18, from 1st Batta, Royal Newfoundland Regiment, Hasleby Camp, New
Winchester, to 1st Batta, Royal Newfoundland Regiment, R.N.C.

4946 Pte. Stevens, W.G.

Mr.

C.R. 4946

Extract from Daily Orders part 11, from Unit The Royal
2216. Regt. St. John's, dated June 14, 1918.

#4946 Pte. W. Stevens.

Embarked for Overseas with Crest 11-6-18

Extract from Daily Orders part 11, from Unit The
Royal Newfoundland Regiment, St. John's, dated
May 11, 1918.

#4946 Pte. W.J. Stevens.

Attested for General Service with the Royal Newfoundland
Regiment from 7.5.18.

W. Stevens

C.R. 4946

~~120~~

FORM K

No 4281



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *William George Stevens*, Regl. No. *4946*
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *Seventy* 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 *1-6-18*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4048	Father	<i>William Henry Stevens</i>	<i>Clarks Beach, C.B.</i>	<i>70</i>
			Total Allotment, \$	<i>70</i>

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.) *J. Kinnings*
Capt.
 Officer Commanding
A Company
St. John's,
29-5 1918

(Sig.) *William George* ^{*his*} *Stevens*
marks
 (Rank) *Pte* *W. Kinnings*
Capt.



No 4281a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William George Stevens, Regl. No. 4946
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Seventy 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4048	Father	William Henry Stevens	Clarke Beach, C.B.	70
Total Allotment, \$				70

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.) J. Kinnings
Capl.
 Officer Commanding
 'A' Company
St. John's,
29-5 1918

(S) William George Stevens
mark.
 (Rank) Pte
Witness
J. Kinnings
Capl.

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. Nfld. Regiment
Winchester

End May 191 8

191

4946. Pte W.G. Stevens

With reference to the following
telegram from the Minister of
Militia / / (180.)

"Pay to-4946 W.G. Stevens
E4-2-0

Cheque £ 4-2-0 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

R. O. Murray
Chief Paymaster & O. i/c Records.

[Large handwritten signature]
Receipt hereunder.
Officer Commandg. Batt'n.
Received the sum of _____
in respect of _____
telegraphic remittance from the
Minister of Militia.
No. _____ Rank _____

Witness

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,
2nd Bn. Royal Nfld. Rgt.,
Winchester.

September 25th, 191 ⁸30 SEP 191 ⁸Subject: 4946, Pte. W.G. Stevens,

With reference to the following telegram (8321) from the Hon. Minister of Militia, received

*Pay to 4946, Pte. W.G. Stevens, £4.0.0.

Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

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

Received the sum of £4-0-0

W.G. Stevens
on account of cable remittance from Newfoundland

No. 4946 Rank Pte

Witness

E. Manning

To: The Chief Paymaster.,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1946	Lt	Stephen H.	\$250	V. J. King

I have the honour to be, Sir,
Your obedient servant.

Date

July 7/18

V. J. King

4946

No. 4946 Name Stepens J.O. Sqn., Batty., or Company I Corps ROYAL NEWFOUNDLAND REG. Date of enlistment 7/17/18 G.C. Badges Service or Proficiency Pay
 Date of last entry in Company Conduct Sheet No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. One Signature O.C. Company, etc. W. M. Cameron Capt. Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>Field</u>	<u>8.4.19</u>	<u>Pte</u>		<u>Def.</u>	<u>2/5</u>	<u>to the Show</u>	<u>lay for same</u>	<u>8.4.19</u>	<u>Major Benson</u>

ARMY FORM B. 122

Stevens, D^{ca}

4946

Ag rept

August 12, 1919

Mr. William Stevens,
Clarke's Beach, U.S.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain & Paymaster.

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 J. Stevens* 2. Surname *Stevens*
3. Rank *Pvt* 4. Regtl. No. *4945*
5. Address in full to which future payments of gratuity are to be forwarded. *Clarke's Beach, C. B.*
6. Date of enlistment in the Regiment. *May 7/18*
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 H.M.L. If so, give dates and particulars of such service. *Overscas,*
12. Give total length of time which you served on active service, whether in H.M.L. or Overseas. *from May 7/18 to July 1919*

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.

15. Have you been issued with a War Service Badge?

No

16. Have you, during the present war, served in the Imperial Forces?

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 Regulars? If not give - (i) date of discharge.

No
July 1919
Temporary, New Zealand

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

France, from Oct. to April 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

No

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.

W. M. Menden

Signature of Applicant:

Place of Residence:

Declared before me at:

This

1902

day of

July 19. 19...

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

POST DISCHARGE PAY.

Date paid	Paid Salary.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Paymaster	

August 4th 1919.

#4946, Pte.W.G.Stevens,
Clarke's Beach.

Dear Sir:

Enclosed please find Discharge Certificate
3517.

Yours truly,

Capt. J. P. Pagmaster.

RS/.

The Royal Newfoundland Regiment

Class for Demobilization:—

8/6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *4946*

Name

Stevens. H.M.

Address

Clarks Beach

Present Medical Category

A1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

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

Members of Board

H. P. ...
Senior Medical Officer

Geo. ...

~~M.O. Depot~~

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4946 Rank Plc Name Stevens W. J
 Intended place of residence Clarks Beach P. S. J

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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 19 1919

J. M. H.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUL 19 1919

Date

W. Stevens
 Signature of soldier

M. B. Stovner
 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 19 1919

W. Stevens
 Signature of soldier

James Sheverson
 Signature of witness SPI

STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 453

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 21 1919

N. D. 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 4/1919

M. Bowley Capt
 Officer in Charge
 The Royal Newfoundland Regiment

CAAS 207 4/3517

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 1976 Rank Pvt Name Stevens W G
 Date of Enlistment 7-5-18 Address Clark's Beach District P. G.
 Occupation Teamster Classification for Discharge 1 Medical Category A-1
 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 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 18-17-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOLIBIZATION

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 [Signature]

Date 19-7-19

O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192491 to his home at Blanken Beach and Release Certificate No. 3729 issued.

Date 19-7-19

Am Johnston
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 4-5-19

Date 19-7-19

Mrs. H.
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 173	W 3494	B 122	Board 1st	" 2
R 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 19-7-19

Am Johnston
Demobilization Officer.

APPROVED.

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

JUL 21 1919 Eligible for War Service Gratuity

Date

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

W. Stevens

Signature of Man.

M. Clonish

Reg. No. 4946

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

19-7-18

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

MEDICAL HISTORY

Surname Stevens OF St. John's Christian Name William J.

Table I.—GENERAL TABLE.

Birthplace:—Parish Clarks Beach County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	7 day of May 1918	St. John's	day of	191
Declared Age.....	21 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	1 inches	feet	inches
Weight	121 lbs.			lbs
Chest Measure- ment {	Girth when fully expanded....	34 inches		inches
	Range of Expansion	5 inches		inches
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Samuel Wilson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John's	at	
	on	7 day of May 1918	on	day of 191
Joined on Enlistment.....	Corps.	The Royal	Corps	
	Regtl. No.	4946	Regtl. No.	
Transferred to	Nfld Regt			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Stevens, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4946*
Intended address *Clarks Beach Port de Grave*

Height on discharge *5 Feet 2*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Short*

Figure on discharge *D-Money*

Christian name of Father *Ruth*

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 *Clarks Beach 26-8-1897*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full) *Wm Stevens* (Rank) *Alc*

Station *ST. JOHN'S.* Date *17-7-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and particulars 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 Newfoundland Regt.* Former Trade or Occupation *Fisherman*
2. Regtl. No. *4946* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Stevens W.*
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on *May 7/18* at *H. G. Jones*
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
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (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 *na*
- (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 injury, ear, 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.)

na.
No 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 ?

na.
na.
na.
na.

20. Do you recommend—

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

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

Repatriation

W.S. Pocumier,

Capt. Home

Station

Hogley D. Camp

Date

13/1/19.

Medical Officer in charge of case.

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

Stevens
Casualty Form - Active Service.

Regiment or Corps ROYAL NEWFOUNDLANDS REG.

Rank Pte. Surname Stevens Christian Name Wm. L.

Religion Methodist Age on Enlistment 21 years months

Enlisted (a) 2/1/18 Terms of Service (a) DURATION Service reckons from (a) 2/1/18

Date of promotion to present rank Date of appointment to lance rank

Extended Re-engaged Qualification (b)
or Corps Trade and Rate

Occupation Fisherman Signature of Officer W. M. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked		26 OCT 1918	
		Disembarked		3 NOV 1918	
		Joined Battalion			
		Arrived in UK			24/4/19

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

(1722) Wt. No. 1887 - P. 12 - 1,000,000 - 0/11 - D.A.S. Form No. 5. (E. 1266.)

I.P.T.O.

Rec'd by kin Father, Wm. Stevens Clerk's Beach St. [Signature]

Regimental No. 4946 Region

Surname Christian Names

TABLE I.—General Table.

Birthplace { Parish
County

Examined { on day of 191
at

Declared Age years days.

Trade or Occupation

Height feet inches Weight lbs.

Colour of Hair Complexion

" Eyes

Chest Measurement { Circum when fully expanded inches.
Range of expansion inches.

Physical Development

Vaccination Marks { Arm, Right | Left
(Number)

When Vaccinated

Vision { R.E.—V— With Glasses { R
{ L.E.—V— { I

Identification Marks, such as Tattoo, Moles, Scars, etc. :—

Defects or Ailments :—

Examined and found—

Fit for Grade { I
II
III
IV

(Strike out those which do not apply.)

Signature Chairman of Medical Board.

Re-examined for posting at

On day of 191

Enlisted { at
{ on day of 191

Joined on enlistment Corps Reg'tl. No.
4946

Transferred to

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief details and Signature. Multiple rows for recording.

Special Remarks : state if a discharged Soldier

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of Departure or disembarkation. Multiple rows.

Became non-effective by
on day of 191

(Signature)
(Rank)

FORM K

N^o 4281



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, William George Stevens, Regl. No. 4946 hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Seventy 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 1-6-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4048	Father	William Henry Stevens	Clarke's Beach, C. B.	70
Total Allotment, \$				70

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. Kunz
Capt.
 Officer Commanding
A Company
St. John's,
29-5 1918

(Sig.) William George Stevens
his
mark
 (Rank) Pte Witness
J. Kunz
Capt.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

 Forms
B 121.
39.

 Number of Sheet one

 Regiment of Royal Newforshire

 Signature of O. C. Company W. James

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	<u>1946 Stevens W 29</u>	Age on	<u>21</u> years <u> </u> months	<u>Inslemann</u>			
Joined		Date	Place and Date of Enlistment				
Joined		Date	<u>7.5.18</u>	<u>Meth</u>			
Joined		Date	Period of	Place of Birth			
Joined	Date	with Colours	<u>90</u> years.	<u>Clark Beach B</u>			
Joined	Date	with Reserve	<u>36</u> years.				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>4/19</u>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 11946 Rank Plt Name Measom, W.G.
 Date of Enlistment 7-5-18 Address Charles Road District P.S. 9
 Occupation Truckman Classification for Discharge Fy Medical Category Hi
 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 123	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 18.12.19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

W. Stevens

Particulars passed to Vocational Officer for information and action.

UNITED

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. \$60.00
- (b) Clothing Supplied [Signature]

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B2491 to his home at Blakes Road and Release Certificate No. 3729 issued.

Date 19-7-19 Amel [Signature]
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 4-8-19

Date 4-7-19 [Signature]
Depot Paymaster

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P38	B 268	B 121	N.F. Med	D.F. 1
F 178	W 2494	B 122	Board 1st	" 2
F 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		

Handwritten notes: 1/2 Form B

Date 19-7-19 Amel [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 21 1919 L. R. COOPER, CAPT.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date Aug 11/19 [Signature]

Reg. No. *1946* Rank *Plt* Name *Stevens Wm*
Attested Address *Clarks Beach*
Allotment Allottee ..
Date of Allotment Returned from Overseas *JUL 1 1919*
Returned on S.S. *Cassandra* Cause *Discharge*

1919
21.7.19 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 (vi.), 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 Dragoon Guards* } Former Trade or Occupation } *Fisherman*
- 2. Regtl. No. *4448* 3. Rank. *Pt. 6*
- 4. Name *S. Percus W.* }
(Surname) (Christian Names)
- 5. Age last birthday. *21*
- 6. Posted for duty on *May 7/18* at *S. 9th Div*
in category (or grade).....
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
- 9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability. *Nil*
- 12. Place of origin of disability. *nil*
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

} na.
 } na.
 } na.

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

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

2 Comp. laws 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?

na.
 na
 na
 na

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?
 Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation

W. E. Procter, Capt. R.M.C.
 Medical Officer in charge of case.

Station *Stepley D Camp*
 Date *14/6/19*

* 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.

WAR VETERANS ALLOWANCE

Name: Stevens, William E.

No: 4946

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I *Canada, U.K., France.*

IF CANADA	}	Date(s) disembarked in U.K.
AND		Date(s) S.O.S in U.K. for Canada
U.K. ONLY	}	Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments:

*7 May 1918.
St John's, Nfld.*

3. Date of all discharges and reason:

4 August 1919 - Desert.

4. Date and place of birth as per attestation paper:

*26 August 1897
Clarks Beach, Nfld.*

5. Marital status: If married, name in full of wife:

single

6. Any other military service:

nil

7. Decorations, if any.

*nil*Clerk's Initials: *GC.**Halifax
29/6/60*