



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4737 Name Ernest Turner Corps Col/E

### Questions to be put to the Recruit before Enlistment.

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Ernest Turner</u>            |
| 2. What is your full Address? .....  | 2. <u>Happy Adventure Bay</u>      |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>fisherman</u>                |
| 6. Are you Married? .....  | 6. <u>No</u>                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>No</u>                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                      |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                     |
|  | Corps .....                        |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                     |

I, Ernest Turner 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.

A  
26.4.18  
Ernest Turner SIGNATURE OF RECRUIT.  
James Gurney Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest Turner 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 26 day of April 1918  
Signature of Attesting Officer James Gurney

### †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 April 26 1918  
Place St John } 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 Ernest Turner  
 Apparent age 19 years 4 months. Height 5 feet 4 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Turner  
Happy Adventure B Bay 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 <u>26-4-18</u>									
Joined at <u>St John's</u> on <u>April 26-1918</u>									
<u>Discharged July 11-1919</u>									
<u>Embarked St John's train to Halifax N.S. 11-6-1918.</u>									
<u>Embarked for B.C. 26-10-18</u>									
<u>Re-embarked France 26-10-18.</u>									
<u>Joined Battalion in the field 3-11-18.</u>									
<u>Transferred from Roberts 22-4-19. Arrived Winchester 23-4-19.</u>									
<u>Arrived Newfoundland 1-6-1919.</u>									
Total Service forfeited as above..... <u>Re-embarked St John's 4-7-1919</u>									
Total Service towards Engagement to <u>4-7-1919</u> [date of discharge] <u>1</u> years <u>70</u> days									
Pensions " " " " " " " " " " " "									

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

# MEDICAL HISTORY

OF

Surname

*Lurner*

Christian Name

*Ernest*

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Happy Adventure* County *Nfld*

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <i>26<sup>th</sup></i> day of <i>Apr</i> 191 <i>8</i> at <i>St Johns</i>		on _____ day of _____ 191	
Declared Age	<i>19</i> years _____ days		years _____ days	
Trade or Occupation	<i>Fisherman</i>			
Height	<i>5</i> feet <i>4</i> inches		feet _____ inches	
Weight	<i>130</i> lbs.		lbs.	
Chest Measurement	Girth when fully expanded.... <i>36</i> inches		inches	
	Range of Expansion... <i>4</i> inches		inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<i>L. J. Peterson</i>			
(Rank)	<i>Major</i>			
Enlisted	at <i>St Johns</i> on <i>7<sup>th</sup></i> day of <i>Apr</i> 191 <i>8</i>		at _____ on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<i>Medical</i> <i>Nfld Regt</i>		<i>4737</i>	
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 in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazelton Down	11	7	18	29	7	18	Mumps	18	Discharged to duty.	<i>B. S. Privalo</i> S.M.C. R. A. M. G.



**Medical Report on an Invalid.**

Station Hazelton

Date 15/1/19

1. Unit Royal Newfoundland
2. Regimental No. 4737
3. Rank plc
4. Name Turner Ernest
5. Age last birthday 20
6. Enlisted { on apl 26/15  
at St John's
7. Former Trade } Tradesman  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**

(Other disabilities should be reported upon in answer to question No. 19).

**Statement of Case.**

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*nil*  
*nil*  
*nil*  
*nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*na*

13. What is his present condition?

*see complaint of no disability*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na*

17. If not, was an operation advised and declined?

*na*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease\* directly\* attributable to active service?

*na*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation*

*W. E. Proctor*  
*Sgt. R. M., Capt. Rame*  
 \_\_\_\_\_  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Wagley Down*

Date *11/5/19*

\_\_\_\_\_  
Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.



## 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. & 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

*Turner Ernest A.*

Regiment from which discharged

*Royal Newfoundland*

Regimental number

*4737*

Intended address

*Happy Adventure B.B.*

Height on discharge

*5 Feet 5"*

Color of hair on discharge

*Dark.*

Complexion

*Fair*

Color of eyes

*Grey.*

Descriptive Marks

Figure on discharge

*Med.*

Christian name of Father

*James*

Christian name of Mother

*Mosie*

Wife's maiden name in full

\_\_\_\_\_

Date and place of marriage

\_\_\_\_\_

Christian names of children

\_\_\_\_\_

Place and date of soldier's birth

*Happy Adventure Dec. 8. 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)

*Ernest Turner*

(Rank)

*Private*

Station

**ST. JOHN'S.**

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





No.

*4737*

Name

*Turner E.*

Sq., Batty,  
or Company

*A Coy*

Corps

*Royal U.S.A. Lt.*

Date of  
enlistment

*26/4/18*

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.

*1*

Signature O.C.  
Company, etc.

*J. Smith Capt*

Character

*Good*

Army Form B. 122.

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

E. Turner

C.R. 437

~~PKD~~

## Medical Report on an Invalid.

Station Hazelwood Camp.Date 1-5-19

1. Unit Royal Newfoundland. 7. Former Trade } Tradesman.  
or Occupation }
2. Regimental No. 4737
3. Rank Pte
4. Name James Sweet
5. Age last birthday 20
6. Enlisted { on 11/26/18  
at St John's
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.***(Other disabilities should be reported upon in answer to question No. 19).*Statement of Case.

*Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.*

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nl  
nl  
nl  
nl

nl.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He complains of no disability.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

- (b) Where?
- (c) Opinion?

16. Was an operation performed? If so, what?

*na,*

17. If not, was an operation advised and declined?

*na.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

*Repatrolion*

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*W. B. Trocener*

*Capt R. A. H. L.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazelwood*

Officer in charge of Hospital.

Date *1-5-19*

\*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.

† Delete this word if no exceptions are to be made.



FORM K

No 4006 a



1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS**

I, Ernest Turner, Regl. No. 4737

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3074</u>	<u>mother</u>	<u>Mrs James (Rose) Turner</u>	<u>Happy Adventure, B.B.</u>	
Total Allotment, \$				<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
 Officer Commanding  
A Company

[Signature]  
May 16th 1918

(Sig.) Ernest Turner  
 (Rank) [Signature]

N<sup>o</sup> 4006



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Earnest Turner, Regl. No. 4737

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

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3874	mother	mes James (Rose) Turner	Happy Adventure E E	
			Total Allotment, \$	<u>60</u>

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]  
 Officer Commanding  
A Company  
[Signature]  
16th May 1918

(S) Earnest Turner  
 (Rank) Pte

No. 6685/1088

N.F.P./79.

From: NEW FOUNDLAND 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

3rd May 1919

4737 Pte. E. Turner

With reference to the following telegram from the Minister of Militia / / (162)

"Pay to-4737 E. Turner

£4-2-0

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

Chief Paymaster & O. i/c Records.

May 5<sup>th</sup> 1919

Receipt hereunder.

Officer Commdg.      Batt'n.

Received the sum of Four  
pounds & two shillings respect of  
telegraphic remittance from the  
Minister of Militia.

Ernest Turner

No. 4737 Rank Pte.

Witness J. Hornick

No. 4530/186

From: NEWFOUNDLAND CONTINGENT N.F.F./80.

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

CHIEF PAYMASTER & OFFICER I/C RECORDS.  
NEWFOUNDLAND CONTINGENT,  
1/58, Victoria Street, London Regt.,  
S.W. 1.  
ENGLAND.

21st. March 1919

29-3-1919

4737 Pte. Turner E.

4737 Pte E. Turner

With reference to the following telegram from the Minister of Militia, / / ( 84 )

This man wishes this amount retained to the credit of his account please.

"Pay to- 4737 Turner,  
£3. 2. 0.

*R. L. Leonard*  
Lieut. Col.

- Kindly advise whether this remittance should be
- (1) forwarded to you for payment to this Soldier;
  - (2) retained to credit of his account; or
  - (3) otherwise dealt with.

COMMANDING 1st BR. ROYAL NEWFOUNDLAND REGIMENT.

*Deposited*  
*20/3/19 EW*

*R. A. Minshall*  
Chief Paymaster & O. i/c Records



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

Sir:-

Please charge the amount set opposite me 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
4737	Pte	Lewner E	\$250	Ernest Turner

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

Date July 1/18

Ernest Turner

C.R. 4737

Extract from Daily Orders Part 11 Unit The Royal WFLA.  
Regt. St. John's, (Depot) June 10th, 1919.

The discharge of the undermoted on demobilisation has  
been APPROVED by G.O. Discharge Depot, with effect from  
20-6-19.

4737 Pte. E. Turner.

C.R. 4737

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilisation has been  
CONTINUED by Officer i/c Records from noted date 4-7-19.

4737, Pte. Ernest Turner.

C.R. 4737

Extract from Daily Orders Part 11 Depot, St. John's,  
Date 9-6-19.

4737 Pte. E. <sup>T</sup>Turner

Reported at Headquarters 1-6-19.      BX "Corsican"  
which sailed Liverpool May 22/1919.

C.R. 4737

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 23/4/19.

#4737 Pte. E. Turner.

R. 4737

Extract from Daily Orders Part 11 Unit <sup>+</sup>The Royal Nfld.  
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st  
Bn. 3-11-18.

The Following joined the Battrn. 4-11-18.

4737 Pte. E. Turner,

D Coy.

C: 4737

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

<sup>4</sup>/<sub>5</sub> 4737 Pte. E. Turner.

Embarked for overseas with draft 11-6-18

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated April 29, 1918.

#4737 Pte. E. Turner.

Attested for General Service with the Royal  
Regt. from 26/4/18.



Turner, E

#707

Ray Sept.

July 5, 1919

#4837 Pts. Ernest Turner,

Happy Adventure, 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 the War Service Gratuity

Yours truly

Captain  
Paymaster & C.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration there must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name..... *Ernest* ..... Surname..... *Jurmer* .....
3. Rank..... *Rte* ..... 4. Regtl. No..... *47<sup>3</sup>7* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Happ's Adventure St* .....
6. Date of enlistment in the Regiment..... *26/4/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *Not applicable* .....
8. Relationship of such dependents..... *NO* .....
9. Address in full of such dependents..... *NO* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *NO* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Fourteen Months* .....
- ..... 1<sup>2</sup> .....

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

*Not applicable*

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.

*£ 81.19. Clothess & Books allowance*

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*

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

*no*

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge

*June 20/19*

(b) Reason for discharge

*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.

*France, Belgium & Germany*

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

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

Signature of Applicant: *Ernest Turner*  
 Place of Residence: *Happy adventure, B.B.*  
 Declared before me at: *St John's*  
 This *6<sup>th</sup>* day of *June* 19...*(S....)*

*Louisa M. Corthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Legis-  
 trate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster

The Royal Nfld. Regiment

DEMOBILIZATION

No. 4737 Rank \_\_\_\_\_

Name Lorne E \_\_\_\_\_

Warned for demobilization on

JUN 6 1919

July 4, 1919

#4737 Pte. Ernest Turner,

Happy Adventure, B.B

Dear Sir:-

Please find enclosed Discharge

Certificate No. 2402.

Yours truly

Captain,  
Paymaster & Co. 1-s Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4737 Rank Pte Name Jurner, E  
 Intended place of residence Happy Adventure  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category 41

3. The above named man is discharged in consequence of... **DEMOBILIZATION**.....

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S  
 Date JUN 6 1919 *J. H. Munsie*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S  
JUN 6 1919  
*E. Jurner*  
 Signature of soldier  
*Ambleton St*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S  
JUN 6 1919  
*E. Jurner*  
 Signature of soldier  
*W. J. Beaton*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military  
 Discharged from service 20-6-19 Plus 14 days Service 435

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S  
 Date JUN 20 1919  
*R. H. Last Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St Johns Head  
 Date July 4/1919  
*M. Bowley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*Auth by 27/9/2019*

5  
31  
20  
4



# The Royal Newfoundland Regiment

Class for Demobilization:—

*A*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4-6-19* .....

Regimental No. *4.737*...

Name *J. J. J. J.* .....

Address ..... *Happy Adventure* .....

Present Medical Category ..... *A. 1.* .....

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

Members of Board {

*R. H. J. J. Capt.*  
O.C. Discharge Depot.

*J. J. J. J.*  
Senior Medical Officer

*J. J. J. J.*  
~~M. O. Depot~~

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4737 Rank Plt Name J. J. [unclear]  
 Date of Enlistment 26 4 18 Address Happy Adventure District Bonjardit  
 Occupation Sherman Classification for Discharge 6 Medical Category II  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

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

Date 26.1.19 .....

J. J. [unclear]  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am [unclear] 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.....

(b) Clothing Supplied.....

Date 6-6-19 .....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 15-369 606* to his home at *Happy Adventure* and Release Certificate No. *2402* issued

Date *6-6-19* *J.A. Snow Capt.*  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *4-1-19*

Date *6-6-19* *J.A. Snow Capt.*  
Depot Paymaster.

Discharge approved for *20-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	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		

*2 Form B*

Date *6-6-19* *J.A. Snow Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—  
Officer in Charge Records.  
Board of Pension Commissioners.  
with following additional documents.

Eligible for War Service Gratuity

Date *JUN 20 1919* *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

*To resume former occupation*

*Ernest Turner*

Signature of Man.

*J. A. Crawford*

Signature of the Vocational Officer or his Representative.

Reg. No. *4737*

Place *St. Johns.*

Date *6-6-19.* 191



6-8

Happy Adventure

B.B.

Sept 4-1919

To J. M. Howley Esq.  
Dept. of Militia  
St Johns

Dear Sir

Will you kindly let  
me know if my discharge  
pay (or war service gratuity)  
from July 5<sup>th</sup> has been sent.  
If so I havent received it-  
up to this date (If I am

Entitled to any), Hoping to  
hear from you soon in so  
doing you will sincerely

oblige (Exc, P)

Ernest Turner

Happy Adventure B.B.

add.

4737

July 5 - m to Gaffly adv. 5/7/19

5725 Aug. 5 - Q } married Sep 19

7872 Sep. 5 - Q }

May 6th. 1918.

The Royal Newfoundland Regiment,  
To 4737 Private Ernest Turner,

RECEIVED	<i>R.M. King</i>
DATE	<i>6/2/18</i>
BY	<i>[Signature]</i>
FOR	<i>[Signature]</i>
AMOUNT	<i>[Signature]</i>

4737

To Meals while waiting passage Happy Adventure to  
St. John's.

\$2.50.

(As per voucher).

*Pte*  
Ernest Turner

CERTIFIED CORRECT

*W. James*



*[Handwritten initials]*



5 meals 50¢ a meal  
is \$2.50 to deer and fifteen

from Mrs. + Champson

2/12/22

Happy Adventure B.B.

Nov. 8<sup>th</sup> 1919

7412

To

Capt. J. M. Howley

Dept. of Militia St. John's

Dear Sir

Will you kindly let  
me know if my Cheque \$70.00  
from July 5<sup>th</sup> to August 5<sup>th</sup>  
(1919) Has been sent or  
whether it is astray. As I am  
anxious to know in so doing  
you will please oblige

Your Humble Servant  
(4737) (Capt) Ernest Turner

Happy Adventure  
Bonaville Bay

Note Have written to you  
twice before on the matter  
and received no answer  
E. T.

July 5. Pay 700.  
Sept 5. 700.  
Oct 5. 200.  
mailed Sept 15  
do Oct 9.

671

Happy Adventure  
Sept 25th 19

Minister of Militia  
Dear Sir:-

I havnt recd.  
any payment since my  
first payment on account  
of the war service  
 GRATUITY; and that was  
in July. What is the  
reason that I dont get  
it has it been sent  
out and mislaid some  
how; please reply and  
let me know

I am yours truly

# 4737 St Ernest Turner

Receipt for Army Book 64

No. .... *4737* ... Name .... *E. Turner* .....

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

Name *Ernest Turner* .....

Date. *Aug. 30<sup>th</sup> / 20* .....

Place. *Happy Adventure B.B.* .....

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



**Casualty Form - Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte. Surname Turner Christian Name Ernest

Religion C. of S. Age on Enlistment 19 years 4 months

Enlisted (a) 26/4/18 Terms of Service (a) DURATION Service reckons from (a) 26/4/18

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

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

Occupation Subaltern W. G. Eversham Capt. Signature of Officer.

Report		Record of promotions, rotations, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 30, 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. 30, or other official documents
Date	From whom received				
		Embarked ...	<u>26 NOV 1918</u>		
		Disembarked ...	<u>3 NOV 1918</u>		
		<u>Arrived in UK</u>		<u>28/4/19</u>	

*Handwritten initials and scribbles*

(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.

*Next of kin: Fatter, James Turner, Ruffy, Modulare, W. G. Eversham*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39

Number of Sheet. 1

Regiment of Royal Newfoundland

Signature of O. C. Company W.M. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years months		
437	Turner Ernest	19		Fisherman	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	26.4.18		C.P.R.	
Joined	Date	Period of	with Colours 70 years.	Place of Birth	
Joined	Date	with Reserve 36 years.		Happyden B.B.	

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
				Demobilized	S. P. H. A. S.	4 79			

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

4737

## DEMOBILIZATION OF

Reg. No. 4737 Rank Plt Name Jurnas E  
 Date of Enlistment 2.4.15 Address Happy Adventure District Bonaventure  
 Occupation Soldier Classification for Discharge 6 Medical Category AI  
 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			" 6.
B 179c	B 120			

Date 5.6.19

O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am  in a position to resume civilian occupation.

*Ernest Jurnas*

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6.10.0

(b) Clothing Supplied new cap

Date 6-6-19

O i/c. Re-clothing.

3: Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.11.363.606 to his home at Happy Adventure and Release Certificate No. 2402 issued.

Date 6-6-19 *J.A. Snow Capt.*  
Demobilization Officer

4: Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1/1/19

Date 6-1-19 *J.A. Snow Capt.*  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	1
B 178a	1 D 409A	B 1315	1	do 2nd	" 3	2 Form B
B 179	1 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				ME 2

Date 6-6-19 *J.A. Snow Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 20 1919 *R.H. Jatta*  
O. C. Discharge Depot.

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

Date June 11/1919 *[Signature]*



Reg. No. 4787 Rank PL Name Turner E.  
Attested ..... Address Happy Adventure  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 1.6.49  
Returned on S.S. Corsevan Cause Discharge

1.6.19  
20.6.19

PASSED TO DEMOBILIZATION OFFICER

~~RECEIVED~~