



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3719 Name John Wall Corps R.L.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>John Wall</u> .....                |
| 2. What is your full Address? .....  | 2. <u>Staples Cove C.B.</u> .....        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>21</u> Years <u>7</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>no</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, John Wall, 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.

John Wall SIGNATURE OF RECRUIT.

R. C. Stewart Signature of Witness.

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

I, John Wall, do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 2 day of April 1915.

R. C. Stewart 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 complied with. I accordingly approve, and appoint him to the 1st Regiment.

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 John Wall  
 Apparent age 21 years 7 months. Height 6 feet \_\_\_\_\_ 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 Mrs Alice (Jane) Wall  
Chapel Lane G.R. | Relationship Mother  
Lark View 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 _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ (date of discharge) \_\_\_\_\_ years \_\_\_\_\_ days  
 " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_

3719



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3719 Name John Wall Corps R.L.

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

1. What is your name? ..... 1. John Wall
2. What is your full Address? ..... 2. Chapels Cove CFB
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 21 Years 7 Months
5. What is your Trade or Calling? ..... 5. Miner
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, John Wall, 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.

John Wall SIGNATURE OF RECRUIT.  
R. C. Adams Signature of Witness.

42-5-17

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

I, John Wall, 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 ..... day of ..... 191 .....

R. C. Adams 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 complied with. I accordingly approve, and appoint him to the ..... If enlisted by special authority, such will be attached to the original attestation.

Date ..... 191 .....  
Place ..... } Approving Officer.

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

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



C.R. 3719

Extract from Daily Orders part II? Depot St. John's dated  
21-2-19.

The discharge of the undern ed on demobilization has been  
CONFIRMED by Officer i/o Records on 28-6-19.

#3719 Pte. John Wall.

C.R. 3719

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT ~~DEPOT~~ DEPOT ST. JOHNS DATED MARCH 18th/19.

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The Discharge of the undernoted on Demobilization has  
been APPROVED by O.C. Discharge Depot from noted date.

#3719 Pte. John Wall.

14/3/19.

C.R. 3719

Extracted from Daily Orders Part II Unit The Royal  
Rif. Regt. St. John's, 11-2-19.

The undersigned returned from overseas and reported to  
Depot 7-2-19.

Registered on A.C. 1177.

3719 Pte. John Wall.

C.R. 3719

EXTRACT FROM MEMORIAL HALL OF THE ROYAL CANADIAN  
MOUNTED POLICE, OCTOBER, 1919.

3719 Wall.



C.R. 3719

Extract from Orders Part 2 by Lt. Col. B. J. Barton, D.S.O.  
Commanding 2nd Battalion Royal Newfoundland Regiment.

The following reported back from the 1st Battn, is taken  
on the strength and posted to "H" Company

3719 Pte. Wall, J. as from 22/11/18.

C.R. 3719

Extract from Casualties from Pay & Record Office, London,  
dated/4th. Nov. 1918.

The undermentioned was discharged from the 3rd London General  
Hospital on 13/11/18 and granted furlough to 22/11/18. ~~Fit for 1 Duty~~  
Fit for 1 Duty

3719 Pte. J. Wall.

Authority: A.Fs. W.3016 from 3rd L.G.H.

C.R. 3719

Oct 16th, 1918

Mrs. Alice Wall  
Chapel Cove

Dear Madam:-

I beg to inform you that additional information has been received concerning No. 3719, Private John Wall, through the Visiting Committee of the Newfoundland War Contingent, to the effect that he is now progressing favourably

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 3719  
Counter No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept of Militia.  
BBBBBBBBBBBBBB

Line Number	Rcd	By	Sent	by	Check

Dated

Oct. 4th 1918

To

Alice Wall, Chapel Cove, C.B.

Regret to inform you that Record Office, London, officially reports No. 3719, Private John Wall at 3rd London General Hospital, Wandsworth suffering from G.S.W. left leg

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3719

Extract from Casualties received from Pay & Record office,  
London. 3 Oct. 1918.

Admitted 3rd London General Hospital, 1-10-18.

3719 Pte. J. Wall.

G.S.W. L. Leg.

MI.

C.R. 3719

Extract from Casualties List No. 29599

3719 Pte. J. Wall.

Mfld. R. Admitted 18 Gen. H. DannesGambiers 29 Sept. 18.

G.S.W. Knee L. Sgt.

H.M.S.

C.R. 3719

Extract from War Office List. No. C. 2910 dated 10/10/18.

#3719 pte. J. Wall.

RE TOURING 26/8/18.

DD.

C.R. 3719

June 19th 1918.

Mrs. Sullivan,

62 McFarlane Street.

Dear Madam:

In answer to our inquiries as to the whereabouts and condition of #3719 Pte. John Wall, we are informed by the Record Office, London, that he is well, and is now with the 1st Battalion in France.

Yours faithfully,

C.C.B.

Captain,

Staff Officer.



C.R. 3719

Extract from Telegram received from London, dated  
June 18, 1918.

In answer to your telegram June 15th 3719 Wall  
in France.

C.R. 3719

Extract of Telegram to Synoptical London dated June 15th. 1918.

Please inform condition and whereabouts of:-

3719 Wall. "

C.R. 3719

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 40, 80 Other Ranks from 2nd. Bn.  
Royal Wfld. Regt., Winchester to 1st. Bn., Royal Wfld. Regt., B. E. F.

Embarked Southampton, 27/3/18.

3719 Pte. J. Wall.

C.R. 3719

Extract from Nominal Roll. embarked St. John's for Overseas 19-5-17.

#3719 PTE. W. WALL.

C.R.

3719

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, May 2nd, 1917.

3719 Pte. John Wall.

Attested this day, posted F. Company and assigned to number  
as shown.

J Wall

C.R. 3719

PRU

**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* }  
 2. Regtl. No. *3719* }  
 3. Rank *Sgt.* }  
 7. Former Trade or Occupation }  
 7a. If the soldier claims previous service in Army, he should state—  
 (a) Former Regts. or Corps; with Regtl. Nos.  
 4. Name *WALL* }  
 (Surname) (Christian Names)  
 5. Age last birthday.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty?  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When (b) Date of Discharge;  
 (b) Where (c) Cause of Discharge.  
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
*B. S.W. left thigh*  
 11. Date of origin of disability.  
 12. Place of origin of disability.  
 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. *F.B. removed. no Disability.*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service .. .. .                      | No                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | No                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | No                  |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N.A.

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

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

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

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

*Repatented*  
*W. H. Williams*  
 HAZLEY DOWN BARRACKS  
 PORT NEWFOUNDLAND REG.

Station HAZELEY DOWN BARR.

Date 1919

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.

If the Member disagrees with the opinion space

Only answers placed than





This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of **John Wall**  
 aged **21 yrs** conducted at **Hdqrs**  
 Date: **2/5/17** Recruiting Officer:

NO OF TEST

FINDING

1 no  
 2 no  
 3 no  
 4 no  
 5 no  
 6 no  
 7 yes  
 8 yes  
 9 no. *W*  
 10 ~  
 11 ~  
 12 ~  
 13 ~  
 14 ~  
 15 ~  
 16 ~  
 17 ~  
 18 ~  
 19 ~ *6 look*  
 20 ~  
 21 ~  
 22 ~  
 23 ~  
 24 ~  
 25 ~  
 26 ~  
 27 ~  
 28 ~  
 29 ~  
 30 ~  
 31 ~  
 32 ~  
 33 no  
 34 6 ft  
 35 148 lbs  
 36 35.3g  
 37 61.75 per day  
 38 Mother: *Mrs Alice Hall. Chapel Cove. C-13.*  
 39 mother, partly

*[Large handwritten scribbles and lines, possibly representing a signature or initials]*

Signature of Medical Examiner:

*SwBorden*

*JW*





104

# WESTERN UNION



ANGLO-AMERICAN DIRECT UNITED STATES  
**CABLEGRAM**

Prefix _____ Code _____		SENT		FOR STAMPS	
WORDS	CHARGE	At _____	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.
130	25	<b>VIA WESTERN UNION</b>			

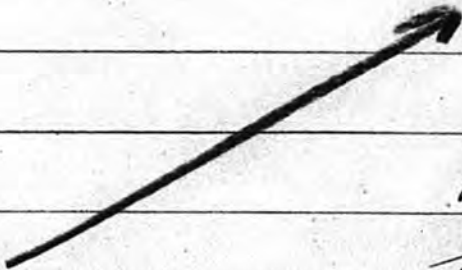
10/10/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS ALICE WALL  
HARBORMAIN (Newfoundland)

CABLE FIVE POUNDS THROUGH MINISTER MILITIA

37 19 WALL

*charge a/c*



*76 1/2*  
*6 1/2*  
*32 1/2*  
*78 1/2*

CHARGED  
PAY LEDGER  
Date 14/10/18 by M.R.

CHARGED.  
14-10/18

Authorised.

**NOT TO BE  
TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_ Address **58 Victoria St. S.W. 1.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No.

56

*104*

# WESTERN UNION



## ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM

Prefix _____ Code _____		At _____		FOR STAMPS	
WORDS	CHARGE	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
130	25	VIA WESTERN UNION			

10/10/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To EFM MRS ALICE WALL

HARBORMAIN (Newfoundland)

CABLE FIVE POUNDS THROUGH MINISTER MILITIA

3719 WALL

*change etc*



*76  
6 1/2  
32 1/2*

*78 1/2*

CHARGED  
PAY LEDGER *14/10/18*  
Date *14/10/18* by *M.R.*

CHARGED.  
*[Signature]*  
14-10/18

Authorised.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature \_\_\_\_\_

Address **58 Victoria St. S.W. 1.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

Officers Wc Pay & Record  
68 Victoria Street, Office

Please pay on demand  
3719. PTE. Wall. J.

The sum of one  
pound and reduce  
same from his  
account

3rd London General Hosp.

Oct 18/18.

Approved  
J.C. Wall  
Capt. R.A.M.C.

Registrar, R.A.M.C.  
3rd London General Hospital,  
WANDSWORTH, S.W.



O.K.

£1-0-0

18/10/18 W.R.

Receipt 9229  
FILE  
BRANCH  
INITIALS  
P.L.H.

Officer of Pay & Record  
Army

Please pay on account to  
No 3719 The Wall &  
the sum of one pound  
and deduct from his  
Account

3 London Gen Hosp  
58 Victoria St

4/11/18

Approved  
Major  
R. W. Kebley

P. W. Kebley

C.R. £1-0-0 W.R. 46/18  
Receipt No. 9499



No. 20758/2555

NEWFOUNDLAND

CONTINGENT



From:

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

To:

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

17th December 1918

Dec 26 1918

Subject: 3719, Pte. J. Wall,

Receipt hereunder.

With reference to the following telegram (10731) from the Hon. Minister of Militia, received

*J. Boston*

LIEUT. COLONEL,

Pay to 3719 Wall £4:0:0

COMMANDING OFFICER, 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

Received the sum of Four

Draft £4:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Pounds on account of cable remittance from Newfoundland.

J Wall

No. 3719 Rank Pte

Witness J Hopkins C & M

*A.A. Minwell Pay.*  
Chief Paymaster & O. i/c Records.

*H*



No. 10819/654

NEWFOUNDLAND CONTINGENT



P. /79.

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

To:  
Officer Commanding,  
2/1st. Newfoundland Regt.  
Ayr, N. B.

18th, October 1917

Oct 25/17 191

Subject: 3719, Pte. J. Wall

ANSWER

With reference to the following telegram from the Hon. the Minister of Militia, (5960) received 17/10/17,-

Receipt hereunder.

*Ed*  
*John Wall*  
Officer Comdg. *2nd* Battn.  
1st Newfoundland Regiment

"Pay to 3719 Wall £5.

*Postal Draft*  
Cheque £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

*A. A. Minnow*  
Major,  
Chief Paymaster & O. i/c Records.

*John Wall*  
No. 3719 Rank Private

Articles 1/2 Paid to Records.  
11 5.8. 9



Please pay to the order of the Registrar

# 3719. P/E.

Royal New Zealand Army Coy

The sum of one pound  
and reduce same from  
his account.

3rd London General Hospital  
9/10/18 P.E.



Approved  
W. M. M. M.  
Capt. Ramey

OK for £1-0-0

Receipt  
9077

Registrar, R.A.M.C.T.  
3rd London General Hospital,  
WANDSWORTH, S.W.

Wall, John

3719

Hay Sept

March 28, 1919

#3719 Pte. John Wall,

Chapel Cove, C.B.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1497."

Yours truly,

Raymaster & V.i/c "records"      Captain,

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3719 Rank Private Name Wall John  
 Intended place of residence Chapel Coop

2. Occupation Mine  
 Classification of soldier E Medical Category A.I.

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 .....  
 Date MAR 13 1919 *H. Mews Lieut*  
 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  
13-3-19  
*J. Wall*  
 Signature of soldier  
*Joseph A. Howfeint*  
 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  
13-3-19  
*J. Wall*  
 Signature of soldier  
*W. G. Eaton*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 2.5.19 No of days on Military  
 Discharged from service 14.3.19 Plus 14 days Service 696

### 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  
MAR 14 1919  
*R. H. Sait Capt*  
 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  
March 28 1919  
*M. Howley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*DOB 2079/1497*

20  
30  
31  
31  
30  
31  
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31  
28  
28  
1

# The Royal Newfoundland Regiment

Class for Demobilization:

*7*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*10.3.19*

Regimental No. *3719*.....

Name .....

*Wall John*

*96*

Address .....

Present Medical Category.....

*A+*

Recommended for:—

- (a) Immediate discharge .....
- (b) ~~Standing Medical Board~~ .....

Members of Board

*R.H. Lait Capt.*

O.C. Discharge Depot.

*B. Watson*

Senior Medical Officer

*Geo Burden*

M. O. Depot

# The Royal Newfoundland Regiment

**DEMOBILIZATION OF**

Reg. No. 3719 Rank Private Name Wall John  
 Date of Enlistment 2-5-17 Address Chapel Lane District St. John's  
 Occupation Miner Classification for Discharge A 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 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 12-3-19 ..... H. Mears Lt.  
 for C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

*J. Wall*

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. Brown.....

Date 13-3-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 740* to his home  
 at *Woodford (Chapelton)* and Release Certificate No. *1507* issued.

Date *13. 3. 19* ..... *R. B. Dicks Capt.*  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly *28-3-19* balanced and all matters in connection  
 therewith settled. He has received pay and allowances to *H. M. Ink Hunt*

Date *13-3-19* ..... *H. M. Ink Hunt*  
 Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *14. 3. 19* .....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
B 178	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 *13. 3. 19* ..... *R. B. Dicks 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 *MAR 14 1919* ..... *R. H. Salt Capt.*  
 O. C. Discharge Depot.

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

Date .....



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

# MEDICAL HISTORY

OF

Surname Wall Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish Chapels Cove C. B. County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>2</u> day of <u>May</u> 191 <u>7</u>	on _____ day of _____ 191 <u>1</u>	at <u>Headquarters</u>	at _____
Declared Age	<u>21</u> years <u>7</u> months <u>_____</u> days	_____ years _____ days		
Trade or Occupation	<u>Miner.</u>			
Height	<u>6</u> feet _____ inches	_____ feet _____ inches		
Weight	<u>148</u> lbs.	_____ lbs.		
Chest Measurement	Grith when fully expanded	<u>39</u> inches	_____ inches	_____ inches
	Range of Expansion	<u>4</u> inches	_____ inches	_____ inches
Physical Development				
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated				
Vision	R.E.—V= <u>4/6</u>	R.E.—V= _____		
	L.E.—V= <u>4/6</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>W.S. Procunier</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns Nfld</u>	at _____		
	on <u>2</u> day of <u>May</u> 191 <u>7</u>	on _____ day of _____ 191 <u>1</u>		
Joined on Enlistment	Corps.	<u>4<sup>th</sup> FLD</u>	Corps.	_____
	Regtl. No.	<u>3719</u>	Regtl. No.	_____
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>			
Became non-effective by				
	on _____ day of _____ 191 <u>1</u>	on _____ day of _____ 191 <u>1</u>		
(Signature)				
(Rank)				

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	1	10	18	13	11	18	G. Sw Left Thigh simple flesh.	43	

st in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

*Sew. left Hugh: F.B. removed:*

*John Wm. Cold Rice*



# 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 Miner*

*J Wall*

Signature of Man.

Reg. No.

*3719*

Signature of the Vocational Officer or his Representative.

*C. B. Dicks Capt.*

Place

*St John*

Date

*13-3-19*

191

**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 Mfld Regt.*
2. Regtl. No. *3.744* 3. Rank... *Pte*
4. Name *Wall* .....  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation }  
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.
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  
(d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

*Isch. Left Thigh*

11. Date of origin of disability.
12. Place of origin of disability.
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.

*F.R. Remove no Disability*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 | .....             |
| (ii.) Previous active service.. .. .                       | no                  | .....             |
| (iii.) Climate in pre-war service .. .. .                  | no                  | .....             |
| (iv.) Ordinary military service before the war .. .. .     | no                  | .....             |
| (v.) Serious negligence or misconduct on the man's part. } | no                  | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

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

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

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

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

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

*Ref. 10/10/19*  
*W. H. M. M. M.*  
 ROYAL NEWFOUNDLAND REG.

Station .....

Date .....

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.

The Royal Mfld. Regiment

DEMOBILIZATION

No. 3719 Rank PTE

Name Walsh

Warned for demobilization on

MAR 13 1919



Army Form B. 103.

Regimental Number *3719...*

**Casualty Form—Active Service.**

Regiment or Corps *2/1st Royal Newfoundlands*  
 Rank *Pte* Surname *Wall* Christian Name *John*  
 Religion *R.C.* Age on Enlistment *21* years *7* months  
 Enlisted (a) *2.5.17* Terms of Service (a) *Duration* Service reckons from (a) *2.5.17*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation *Miner* *C. F. Garland 2nd Lt* Signature of Officer



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 <i>27 MAR 1918</i>		
			Disembarked <i>29 MAR 1918</i>		
			Joined Battalion <i>14.4.18</i>		
		Wounded in Action	<i>29-9-18</i>		
<i>20.9.18</i>	<i>Ady SWT base train</i>		<i>Cpl</i>	<i>20/9/18</i>	<i>807229</i>
<i>18 Feb 18</i>	<i>Ady SWT base train</i>		<i>Private</i>	<i>29/4/18</i>	<i>112 29599</i>
<i>Ady SWT base train to England.</i>			<i>3-9-18</i>	<i>W. B. O'Connell</i>	
			<i>Co</i>		
			<i>O 1/s. No 1 Infantry Section,</i>		
			<i>3rd Echelon, G, H, Q, B, E, F.</i>		<input checked="" type="checkbox"/>

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

(b) Signaller, Spang-Smitb, &c.

April 3rd., 1919

#3719 Pte John Wall,  
Lakeview,  
Chapel's Cove, C.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 & Officer i/c Records

DEPARTMENT OF MILITIA

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

13371

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 dashed. If any question 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 & RECORDS OFFICE, ST. JOHN'S.

Christian names... John ..... 2. Surname... Wall .....

3 Rank... Private ..... 4 Regtl. No... 3749: .....

5 Address in full to which future payments of gratuity are to be forwarded... Chapel's Cove: .....

..... Robeview, Conception Bay .....

6. Date of enlistment in the Regiment... 2<sup>nd</sup> May 1917: .....

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... Not applicable .....

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

..... Not applicable .....

10 Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....

..... 1. .... Not applicable .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.....

..... From May 2<sup>nd</sup> 1917 to March 13<sup>th</sup> 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.....

*no*

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

*no*

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

*no*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

*no*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*no*

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

*not applicable*

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

*March 1918*

*Several Demobilizations*

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.....

*From March 1918 to Sept. 1918 when returned to England. Awarded: Served with Regiments in France & Belgium*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.....

*no*

(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.

Signature of Applicant: *John Wall*

Place of Residence: *Chapel's Con. Bakeries, Coventry, Mass.*

Declared before me at *Saint Luke's*

This *thirteenth* day of *March* 19*17*.

*John Jewell  
Notary Public  
+  
Notary Public*

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 Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>4.60</i>	<i>280.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Paymaster.



4 1<sup>ST</sup>. NEWFOUNDLAND REGIMENT 4

ALLOTMENTS

I, John Wall, Regl. No. 3719, hereby agree, until further notification by me and in similar official form to make an Allotment of Sixty 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.: June. 1<sup>st</sup> 1917  
 Allotment begins June. 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2971	mother	Mrs. James (Alice) Wall	Chapels. bou. A.B.	60
				60

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.

<p>(Sig.) <u>Chas. R. Aysc. Capt.</u>                  Officer Commanding                  Company <u>St. Johns. Mt</u>  <u>May 17<sup>th</sup> 1917</u></p>	<p>(Sig.) <u>John. X. Wall</u>                  (Rank) <u>Private</u>  <u>mark Hameport</u></p>
--	---

No AA has been  
Paid on this man - etc  
There is quite a lot of  
Correspondence re this claim

Chapels Cove

5004

Aug 13<sup>th</sup> / 19

Mr J. R. Bennett -  
Mr. of Meletha  
Dear Sir

You promised me  
my mother would get  
my allotment for the next  
six months. I didnt  
get any allotment this time  
please let me know what  
is wrong.

and oblig

Yours

Chapels Cove

Wally 3/19  
3719  
Discharged  
H.P.

SEPARATION ALLOWANCE.

Claimant..... *Sancho, Alice (mother)*  
On account of *John Wall*..... No. *3719* Rank. *Pte*

Decision..... *Refused*  
*Husband not totally incapacitated*  
.....  
.....

..... *J. R. Bennett*  
*W. T. Hendee Lieut. Col.*  
*M. Bowley, Capt*  
.....

Date..... *17/5/19*.....

Instructions.....  
.....  
.....  
.....

Allotment of *60<sup>4</sup>* per *day* payable to *Mrs James Wall*  
his *mother* from *1/6/19* to *28/3/19*  
Discontinued on account of *being Discharged*  
*Loke Sgt*  
.....



~~3879~~  
Attachment correct for  
box beginning June 1/19

3879

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch )

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Paymaster"  
Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.  
John Wall, - Private. Nfld. Co. Company - 3719

2. Age of soldier. Married or Single,  
25 Yrs. Single

3. Name in full of mother. Age. Occupation. Permanent Address.  
Alice Sanches - 50 Yrs - Housewife - Chapel Cove

4. Give name of your husband. Age. Occupation Where Employed.  
William Sanches - 58 Yrs - Invalid

5. If your husband is not supporting you, state the reason. No  
Incapacitated

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. ( A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue. )  
Kidney trouble, Weakness of leg.

7. If you are a widow, state date and place of death of your husband. First husband. Jane Wall  
died at Chapel Cove  
24 years ago.

8. Have you married again since death of above mentioned husband? Married Wm Sanches  
18 years ago.

9. Names of your other children. Address in full. Age. Occupation Married or Single.  
Mary Sullivan 62 McFarlane St. 30 Yrs Married  
St Johns.

Attachment correct  
June 1st 1919

10. State amount earned by (a) Yourself (b) Your husband. *Nothing*

11. State amount and source of any other income. *None,*

12. State value of real property belonging to you and your husband. *\$100*

13. State value of personal property belonging to you and your husband. *\_\_\_\_\_*

14. If husband is dead state value of real and personal property left by him. *\_\_\_\_\_*

15. Actual amount contributed by soldier during the year prior to enlistment. *\$60 per month before enlistment*

16. Was this amount contributed weekly or monthly. *Monthly*

17. Did this amount include payment of soldier's board etc. *No*

18. State your son's trade or occupation prior to enlistment. *Mining*

19. State amount of his wages per week. *\$20.*

20. State name and address of his last employer. *Chambers - Bell Island,*

21. State amount of monthly support from son since enlistment. *~~\$18.60~~*

22. State amount of allotment received by you from son since enlistment. *\$18.60.*

23. State from what date did you receive allotment? *June, 1917.*

24. Actual amount contributed by other children. Weekly Monthly. *None,*

25. Are any of these children in the employ of you or your husband? *No*

26. If not receiving support from other children, state cause. Explain fully.

27. With whom are you residing at present ?

*Husband*

28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars.

*I made no application until now - I am forced to*

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

*no*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.

*no*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government.

*no*

32. In what capacity and in what place ?

*/*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.

*/*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in Virtue of the Evidence Act.

Signature of Applicant..... *Alice Wall (Sandes)*.....

Place of Residence..... *Chapel's Cove*.....

Declared and subscribed before me at..... *St. John's*.....

this..... *29<sup>th</sup>*..... day of *October*..... 191*8*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. ) *M. Jones J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman..... *P. M. Sheehan C.C.*.....

Signature of member of the Patriotic Fund Committee.

January 10, 1919

Mrs. James Wall,  
CHAPEL COVE, C.B.,  
Hfld.

Dear Madam:

With reference to your letter of January 8th. and your previous letters concerning your Separation Allowance, I beg to state that your case has not yet been considered by the authorities.

Just as soon as it is, you will be notified as to the result.

Yours truly,

Lieut.  
For Paymaster.

Chapels Cove

3670

January 8<sup>th</sup> 1919

J. M. Howley Esq. paymaster  
Dear Sir

I have wrote Your department  
four or five times and Got no  
Reply. I asked Mr. James Coman  
of Mr. Main if he would call at  
Your department and see why I  
didnt Get my Sepatatory Allowance  
he did so and brought my papers  
back and told me to Go to Dr.  
W. E. Jones. and Get him to sign  
them and I done so. Also Mr. Coman  
told me that Capt. Howley would  
see to it - I sent on that paper  
and havnt herd from You since  
would You please let me know  
what is wrong.

Yours Mrs James wall  
son John wall allot. no 3879  
Chapels Cove

3177

J. E. Bennett

Hear this

Chapin's Refused  
All letters  
been closed  
19.18

J. M. W.

I would like to know if you received my paper I mailed it near two weeks ago please let me know if you did you know its in your power to help me through as I am at present in need of help I receive my sons pay on the 8 and against I paid my bill to doctors fees I have none yours respectfully

Alice Hall  
Chapel Cove

MEDICAL CERTIFICATE.

For information of the Separation Allowance  
Department.

6

1. Name and Regimental Number of soldier in respect of whom Separation Allowance is claimed. ) *John Wallace 3719*
2. Name and age of ~~soldier~~ father of said soldier ) *58*
3. Is said father a chronic invalid and totally incapacitated. ) *No*
4. Of what nature is disability? ) *—*
5. From what date has this total incapacity been existent? ) *—*
6. How long is total incapacity likely to continue and what will be the effect on earning power? ) *—*
7. If not totally incapacitated, by what per cent in your opinion is capacity for work reduced, and from what date? ) *50% since 1917*
8. Are you the regular attending Physician? ) *Yes*
9. Relationship to soldier of applicant. ) *Mother*

I certify that the above statements are correct.

*Woodlee* ----- Place

*Dec 22/18* ----- Date

*W.E. Jones*  
-----  
Physician.

May 28, 1919

Mrs. Alice Sanchos,  
Chapels Cove, C.B.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been reconsidered, and that I have been directed to inform you that the Allowance cannot be granted to you, because your Husband is not totally incapacitated, and consequently your son cannot be considered to be your sole support.

Yours truly

Raymaster & Officer i/c Records  
Captain



✓  
Chapel Cove

Sept 16 / 1919

Col. W F Rendell  
Dep. of Militia

Dear sir

Please will you be kind enough to let me know what is the up sticked in No 3719 form will pay that He didn't get the last two pays as he help to fight Lepily & right and got wounded on the Battel field of France I wrote cpt Hourley & got no answer about it so please let me no about it

yours truly  
Mrs Jones wall  
Charles Cove

29<sup>th</sup>

ch. mailed	Mar. 29
do	Apr. 29.
do	May 29
do	June 29 Final.

~~29~~  
29

Hr. Main

Aug. 29 1919

6245

C. J. Holly

Pay & record office  
Minister Militia  
St Johns.

Mar 29	mailed	Apr 3
Apr 29	do	Apr. 29
May 29	do	May 29.
June 29	do	June 29.

mailed to Chapel Cove

---

Dear Sir

Please can you give  
Me any information about

<sup>3719</sup>

No 31119 Privet John wall  
Pay as he went for person  
for it I didn't get it he wrote  
me & told me he didn't receive  
his pay Please let me know  
the pitickers

your truly

Mrs John wall  
Chapel Cove  
~~St Johns~~

Chappels Cove

2963

~~2063~~

Oct-15- /18.

Depot of Militia

Dear Sir

Yours of the 12<sup>inst</sup> to hand with  
thanks.

Re. My son John Wade  
his Lobment Form. L. No 12971  
regl No. 3719. - - -

Dear Sir

he is the only support I got  
and I find it hard to live  
on that small amount You  
would do me a great favour  
by letting me have a separate  
allowance. in fact I  
cannot live on the present  
amount. Hoping to hear from  
You as soon as possible  
Yours obedt. Mrs James Wade  
Chappels Cove

October 18, 1918.

Mrs. James Wall,  
CHAPEL'S COVE, C.B.

Dear Madam:

With reference to your letter of October 15th. I enclose Form of application for Separation Allowance, which kindly have filled out, answering each question in full, and when completed return to this office, when your claim will be considered.

Yours truly,

Lieut.  
For Paymaster.

Chapels Cove

March the 29 / 90

10247

Mr. B. Rendell

Chief Staff Officer

Dear Sir

I wrote your dept  
in 1819 Re. my separation allowance  
and got no reply. Also my son  
John Wale No 3719 didn't get  
his two last months pay. would  
you be good enough to reply by  
return mail

Yours Mrs Alice Wale

address

Mrs Alice Wale } Chapels Cove

application?

balance W.S.G.?

ST. JOHN'S, BVGR I 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Plt J. Wall

Billeting Soldiers as undermentioned

from Feb 8<sup>th</sup> /19 to Mar 14<sup>th</sup> /19

3719 Plt J. Wall 36 00

*Btm*

ACCOUNT	
CH. N <sup>o</sup>	<u>12618</u>
INITIALS	<u>EW</u>
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

Certified correct for \$ 36.00

*R-7*  
J. A. Snow  
J. Wall Billeting Officer.

1901

Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

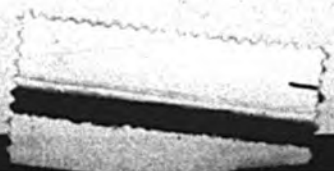
***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

Fold Here



1901





SEP 28 1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

John Wall

in respect of his service as No. 3719 Rank Pte.

Name J. Wall Royal Nfld. Regt.  
~~Nfld. Forestry Coy.~~

Receipt of the same should be acknowledged hereon.

Received ✓

Signature John Wall

Date October 4<sup>th</sup> 21

Address Chaphis Cove, C.B.

[P.T.O.]

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
379.

Number of Sheet First  
Signature of O. C. Company Thos. A. [Signature]

Regiment of 1st Newfoundland.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Wall John.</u>	Age on	21 years 7 months	<u>Miscer</u>	
<u>3719</u>		Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined _____ Date _____		2-5-17	<u>R. C.</u>	Place of Birth	
Joined _____ Date _____		Period of { with Colours 331 years. with Reserve 365 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
		1							
				<u>Dismissed St. John's. 28<sup>3</sup>/<sub>19</sub></u>					
				To be carried over					

Army Form B. 121.

28

# The Royal Newfoundland Regiment

3719

## DEMOBILIZATION OF

Reg. No. 3719 Rank Private Name Wall, John  
 Date of Enlistment 2-5-17 Address Chapel Lane District St. John's  
 Occupation Miner Classification for Discharge By Medical Category H.I.  
 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 12-3-19 ..... H. Mears Jr.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation.

J. Wall

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been/complied with:—

(a) Clothing Allowance payable. \$6.00.....

(b) Clothing Supplied Joseph A. Snow.....

Date 13-3-19.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 740 to his home at Woodford (Clydesdale) and Release Certificate No. 1507 issued.

Date 13 3 19 ..... RBDicks 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 28-3-19

Date 13-3-19 ..... H. M. ...  
for Depot Paymaster.

STATEMENT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 14 3 19 .....

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
R 178a.....	1 D 400A.....	B 1915.....		do 2nd.....	" 3.....	2 Form B
B 179.....	D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	1 D 400C.....	Form K.....		do 4th.....	" 5.....	
B 179b.....	B 103.....	1 ME 2.....			" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 13 3 19 ..... RBDicks 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 MAR 14 1919 ..... RBDicks Capt.  
O. C. Discharge Depot.

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

Date 14/3/19 ..... RBDicks Capt.

EXTRACT FROM STATEMENT OF A/C TO  
31-1-19 FROM PAY & RECORD OFFICE LONDON

3719 Pte. Wall, J.

Dr. Bal. £1-11-3

This is transferred to Pay Office from 2693-19

Reg. No. *3719* Rank *Pfc* Name *Wall John*

Attested ..... Address *Chapel Cove C.B.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *2-18*

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

*12.3.19*

PASSED TO DEMOBILIZATION OFFICER

*14.3.19*

DISCHARGE APPROVED ON DEMOBILIZATION

Name: *Wall, John*

No: *3719*

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I

*Newfoundland, 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:

*2 May 1917 - St John's Nfld.*

3. Date of all discharges and reason:

*28 March 1919. Demob.*

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

*21 yrs. 7 mons on enlist - Chapels Love, C.B. Nfld.*

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

*Single*

6. Any other military services:

*nil*

7. Decorations, if any.

*nil*

Clerk's Initials:

*St John's Nfld  
10/6/60*