



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1154

Name in full Arthur Joseph White Age 21

Address Little Bona, Placentia Bay.

Married _____
Single _____
Color Fair Height 5'9 Weight 150
Hair Dark brown Eyes Blue

Other distinguishing marks None

Nearest relative (Father) Joseph

Address Little Bona, Placentia Bay.

Dependents None

Occupation Fisherman Present Wage \$ 350.00 per Year

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Feb 18

I, Arthur Jos. White, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed for in the Colony of Newfoundland, as the case may be, against all His enemies and opposers whatsoever, according to the condition of my service.

Declared before me this 18 day of March 1914
[Signature]

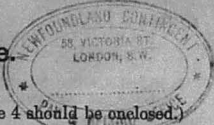
J. White.

C.R.

1154

P.H.O.

Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

460

No.	1154	Army Rank	Private
Name	White Arthur Joseph		
<small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>			
Corps	1st Newfoundland Regiment		
Battalion, Battery, Company, Depot, &c.			
<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>			
Date of discharge			
Place of discharge			
1. <i>Description at the time of discharge.</i>			
Age	21 years		
		months	
Height	5 feet	9 inches	Descriptive marks.
Chest measurement	girth when fully expanded _____ ins.		
	range of expansion _____ ins.		
Complexion			
Eyes	Blue		
Hair	Dark Brown		
Trade	Fisherman		
Intended place of residence	Little Paradise		
<small>(To be given as fully as practicable)</small>	Parsons Bay Newfoundland		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2. The above-named man is discharged in consequence of _____			

<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3. Military character:—			
4. Character awarded in accordance with King's Regulations:—			

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
Initials of Commanding Officer.			
Army Form B. 2088 has been issued to° _____			

To be filled in on the soldier quitting the Colours.

Medical Report on an Invalid



Original

Station 3rd London General Hospital

WANDSWORTH, S.W.

Date 15/12/16

- 1. Unit White 1st Newfoundland
- 2. Regimental No. 1154
- 3. Rank Pte
- 4. Name White A. J.
- 5. Age last birthday 21
- 6. Enlisted { on Jan 4th 1915
at St. John's Newfoundland
- 7. Former Trade or Occupation Deep sea fisherman.

8. Disability.

G.S.W. Right foot - marked impairment of function

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. Oct. 12th/16.
- 10. Place of origin of disability. Somme District, France.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Whilst advancing patrol was struck by a machine gun bullet which entered dorsum of the right foot, and came out about middle of the sole. He was treated at Lt General Hosp. Rouen, and transferred to the 3rd London General Hospital on Oct. 17th/16, where he has recovered to a considerable extent. Previously (Sept 1915) ^{severely} wounded at Gallipoli in left groin. A.W.
- 12. (a) Give your opinion as to the causation of the disability. Active Service
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8). G.S.W.

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.

wounds all healed.

There is marked interference with patient's ability to walk, much pain being caused when he has gone any distance.

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

(a) In action ?

(b) On field service ?

(c) On duty ?

(d) Off duty ?

Yes /

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 ?

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

No
No

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 ?

19. Do you recommend

(a) Discharge as permanently unfit, or

(b) Change to England ?

Discharge

[Signature]

Officer in medical charge of case.

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

3rd London General Hospital,
Station WANDSWORTH, S.W.

[Signature]

Officer in charge of Hospital.

Date 17/12/16

*Loss of teeth on, or immediately after, active service, should be attributed thereto unless the cause is clearly shown to be due to some other cause.

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

Opinion of the Medical Board.

NOTES.—(1) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

Active service

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

ly. S. W.

21. Has the disability been aggravated by

(a) Intemperance?

no

(b) Misconduct?

no

(c) Any of the conditions mentioned in question 20, and if so, which?

✓

22. Is the disability permanent?

yes

23. If not permanent, what is its probable minimum duration?

✓

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

lessened by one half.

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

✓

25. If an operation was advised and declined, was the refusal unreasonable?

✓

26. Do the Board recommend

(a) Discharge as permanently unfit, or

yes.

(b) Change to England?

Signatures:—

3rd London General Hospital,
WANDSWORTH, S.W.
Station

Date 16.11.16

C. F. Gosbell Major R.A.M.C. President.

H. J. P. Phelan. Capt. R.A.M.C.

R. J. P. Howard Esq.

Members.

Approved.

3rd London General Hospital,
WANDSWORTH, S.W.

Date 18.11.16

C. F. Gosbell Major R.A.M.C.
Administrative Medical Officer.

(On leaving Corps or Station where invalided.)

Transfer (Date _____) (Conveyance _____)
 or (Station _____) Name of (Vessel _____)
 Embarkation (Date _____) (Officer in _____)
 Port (Port _____) (medical charge _____)

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred (Date _____)
 (Hospital or Station _____) Officer in medical charge.

(At Station or Hospital where finally disposed of.)

Station and Hospital } _____
 Arrived from _____ Date _____

If admitted	If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
	From	To			
Date					

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } _____

Administrative Medical Officer.

Army Form B. 179.

MEDICAL REPORT ON AN
 INVALID.

Station Ayr
 Corps 1st New Zealand
 Regimental No. 1154
 Rank Plt
 Name White, A. J.
 Disability P. S. W. R. foot
 Date 18/12/16
marked improvable by further

Hospital or Station transferred to for final disposal } _____
 Date of final disposal } _____
 How finally disposed of } _____

The original Report is invariably to accompany the discharge documents of Invalids.
 W. 78530/2774 90M 9-15 M&C.I.A.
 Form B. 179
 94

58 vic

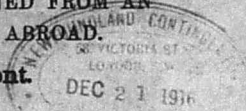
Admitted
17-10-16.

Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Bnld.

Regiment.



*The Officer Commanding

The Officer in Charge of Records

58 Victoria St. S.W.

The Regimental Paymaster

58 Victoria St. S.W.

With reference to No. 1154. PL6 White G. J.
of the above Regiment, who appeared before a Medical Board and was approved by

the D.D.M.S., London, Command, on the 18-12-16,
for discharge from the Service as permanently unfit, please note that this man has
been sent to his home on warrant with orders to await instructions as to his final
discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes~~.

He proceeded to 58 Victoria St. S.W.

on [date] 20-12-16

Horace Jagan Capt R.A.M.C.(F) Officer Commanding
Registrar, R.A.M.C.I.

Place Wandsworth 3rd London General Hospital, Hospital.
WANDSWORTH, S. W.

Date 20-12-16

* In case of Territorial Force "Officer Commanding the Administrative Centre."
Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.

1154, PTE. A.J. WHITE states that when he was embarking at Suvla to be invalided with dysentery, about 30/11/15, he was struck by a piece of shell which wounded him in the groin. No such report was ever received from any source at this Office, but the statement is substantiated by the Report of the Medical Board held at Wandsworth, 19/12/16, which was convinced that White was wounded in the groin.

H. A. Anderson Lt.

Pay & Record Office,

20/12/16.

See 416


23rd December,

6

The Embarkation Officer,
Liverpool.

5771/5
HA/JC.

1154 PTE. A.J. WHITE.



The above-named man of this Contingent is being discharged, (per S.S. Scotian) to Newfoundland, as medically unfit for further service overseas. He will join other members of this Contingent at Liverpool.

Major,
Paymaster & Officer i/c Records.

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

MEDICAL HISTORY

Surname White OF Christian Name Arthur Joseph

Table 1.—GENERAL TABLE.



Birthplace:—Parish _____ County _____

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	.....	on <u>19th</u> day of <u>Jan.</u> 191 <u>5</u>	on	day of	191
		at <u>Reading</u>	at		
Declared Age	.....	<u>19</u> years	days	years	days
Trade or Occupation	.....	<u>Fisherman</u>			
Height	.....	<u>5</u> feet	<u>6</u> inches	feet	inches
Weight	.....		<u>145</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<u>32 1/4</u> inches			inches
	Range of expansion				inches
Physical Development	.....			
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated	.....	<u>Never.</u>			
Vision		R. E.—V= <u>M.</u>		R. E.—V= <u>—</u>	
		L. E.—V= <u>M.</u>		L. E.—V= <u>—</u>	
(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>Patersa</u>			
(Rank)		<u>Capt</u>			
		Medical Officer.			Medical Officer.
Enlisted	.....	at <u>St. Johns</u>	at		
		on <u>18th</u> day of <u>Feb.</u> 191 <u>5</u>	on	day of	191
		Corps. <u>1st N.F.D.R.</u>	Regtl. No. <u>1154.</u>	Corps.	Regtl. No.
Joined on Enlistment	.....			
Transferred to	.....			
Became non-effective by	.....			
		on	day of	191	on
				day of	191
(Signature)					
(Rank)					

Table II.—Only for admissions to hospital or to the sick list in the 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 cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	17	10	16				G.S.H. Right foot marked impairment of function (G.S.H. groin (old, severe))		<p>Board held — see overleaf</p> <p>Disability — G.S.H. Right foot, marked — impairment of function. G.S.H. groin (old). Cannot walk for without getting ^{severe} pain</p> <p>Wounded severely in Gallipoli Sept 1915 when he received G.S.H. of left groin.</p> <p>Cause — G.S.H. on Active Service</p> <p>Capacity for earning a livelihood lessened by one half</p>	<p><i>W. K. Rouse</i> Capt Rouse 3rd London General Hospital, WANDSWORTH, S.W.</p>

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

Date	Brief Details, and Signature
18-12-16	<p>Board held — 18/12/16 found — Permanently unfit Board — approved 18/12/16</p> <p><i>Stansby</i> Capt RAMES 73rd London General Hospital, WANDSWORTH, S.W.</p>

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>St. Johns.</i>	<i>Feb 18/15</i>				

**Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 392 (xvi.) King's Regulations.**

(To be completed and dispatched on the day on which the discharge is approved)



To the Officer i/c Records _____

58 Victoria St S.W.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date $\frac{1}{2}$ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname

White

Christian names

Arthur Joseph

(in full)

Regt. No. and Rank

1154 Pte.

Regt. or Corps

1st Newfoundland

(If T.F. this should be stated)

His address on discharge will be

Little Paradise

Placentia Bay

Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that

no

allowance is

being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,
Station WANDSWORTH, S.W.

Date

18/12/16

President of Board

(Approving Officer).

A. H. Woseller, Major R.A.M.C.

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved)



To the Officer i/c Records 58 Victoria St Sw

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date $\frac{1}{4}$ days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname White, Christian names Arthur Joseph
(in full)

Regt. No. and Rank 1154 Pte. Regt. or Corps 1st Newfoundland
(If T.F. this should be stated)

His address on discharge will be Liate Paradise
Placentia Bay
Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that no allowance is being issued in respect of him.

*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,
Station WANDSWORTH, S.W.

Date 18/12/16

A. H. Voskeller Major R.A.M.C.
President of Board
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 1154

Rank Pte. 12

Name (surname first) White - Arthur, Joseph

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

Deep sea fisherman.

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*working with father on sailing vessel.
ever since a boy.*

3. What is the nature and locality of the employment you desire?

*near home in Newfoundland.
Unable at present to do heavy work or more than a little walking.*

4. What is the name of your Approved Society? None

5. Have you been employed whilst with the Colours? If so, in what capacity?

*no.
Arthur Joseph White*

Date 17/12/16

Signature _____

NOTE—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 8, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



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 Commissioners of Chelsea Hospital. Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

A Name in full White - Arthur Joseph
Regiment from which discharged 1st Newfoundland
Regimental Number 1154
Intended address Little Paradise Placentia Bay, Newfoundland
Height on discharge 5 Feet 9 Inches
Colour of Hair on discharge dark brown Colour of Eyes Blue
Figure on discharge Sturdy build - medium weight at present.
Christian name of Father Silvesty
Christian name of Mother Evangeline
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____

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) Arthur Joseph White (Rank) _____
Date Dec 16/16

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.

3rd London General Hospital,
WANDSWORTH, S.W.

Medical Officer i/c Hospital.
Date Dec 16/16

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		
				Years	Days	
				India		
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued				Sum due on account of advance of Pension }		
Sums due on account of public debts ...						

Rank on Discharge _____
Character (as on Certificate of discharge) _____
Where born, and on what date _____
Date and Place of first Enlistment _____
Trade on Enlistment _____
Cause of Discharge _____
Number of G.C. Badges _____ Medals _____
Wounds, and Actions in which received _____

Other distinguishing marks _____

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge _____
Date _____ Records _____

(9 38 41) W 1 751-6589/1 75,000(6) 10/15 H W V(M 531)
16.92-191 75,000 1/16

Forms/W. 3201/1

Army Form W. 3201.

(In pads of 50)

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN
EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Regd. Cont. (Regiment).

No. 1154, Rank Plé, Name White A. J.

is discharged from Hospital with orders to proceed to ~~his home~~
(Address 58 Victoria St. S.W.)

and there await further instructions as to his discharge from the
Service.

Place WANDSWORTH.

Officer Commanding

Date 20/12/16

Horse *Tagan* *Capt R.A.M.S.(T)*
Registrar, R.A.M.H.
3rd London General Hospital,
WANDSWORTH, S.W.

No 1141



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Arthur Joseph White, Regl. No. 1157

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz. :

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
128	Father	Joseph White	Little Bond Placentia Bay	50 [¢]

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

Sig.) *Edwin Jones*
Officer Commanding
Company
117
10741
1915

(Sig.) _____
(Rank) _____



1ST NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, Gilbert Joseph White, Regl. No. 1154
hereby agree, until further notification by me, and in similar official form to make an Allotment of 75 Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons concerned, viz. :

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>1128</u>	<u>Father</u>	<u>Joseph White</u>	<u>Little Bond Placentia Bay</u>	<u>50⁰⁰</u>
		<u>Cancelled</u> <u>27/3/17</u> <u>Will do 1154</u>		
Total Allotment, \$				

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.) E. S. S. [Signature]
Officer Commanding
Company
117
10741
1915

(Sig.) Joseph White
(Rank) Private

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st. Newfoundland

No. 1154 Rank Private Name White, A. J.

Died^(a) at on the of 191 .

Deserted at Repatriated on the 24 of Decr 191 6

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 27/10/16	41	4	6
	Cash issues (Date of each issue to be stated)				Pay 58 days at 2-10 from 28/10 - 24/12/16 13 2 2			
		£ s. d.			Proficiency, Service or good conduct pay of 63.80 days at from to			
	Decr 20 191	100	0		Messing allowance days at from to			
	Decr 23 "	100	0		Kit allowance			
	"			20 0 0	Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Allotment 58 @ 50¢ \$29.00	5	19	2	Deferred Pay or Gratuity			
Decr 20	Advance Hospital B.P. Berkeleys	1	0	0				
		5	14	0				
	Balance due by the Paymaster	21	12	9½	Balance due to the Paymaster			
		£				£		
		54	6	8½		54	6	8½

I hereby Certify that the above account is correct in every particular, and that the
debtor balance of £ is correctly chargeable against the Public.

Dated at

this

day of

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will shall be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

White, A. J.

1154

Ray Sept

PAY LIST No. _____

STATEMENT OF ACCOUNT

Regiment or corps _____
 No. _____
 Dated at _____



I Certify to the correctness of above in every particular

(Continuing Statement from
 History or Company)

STATEMENT OF ACCOUNT

Date	Dr.	Cr.	Total
	Balance Dr. last month	Balance Cr. last month	
	Cash issues	Payroll check	
	(Date of each issue to be stated)	Indemnity, for the 2 paid account pay	
	Decr 20 1916 150 00	Days at from to	
		Moving allowance	
		Days at from to	
		Exp allowance	
		Amount paid by the sale of Effects from	
		Form 3	
		Amount of Savings Bank balance, including interest (if so balance, to be so stated)	
		Unpaid Pay or Gratuity	
	Allocation 50 00		
	Decr 20 Advance Hospital 1 00		
	S.P. Berthelays 5 14		
	Balance due to the Government 21 70	Balance due to the Government	

This account is in accordance with information received at the Pay & Record Office to 22/10/1916 and is therefore subject to amendment if, and as may be found necessary. 34 DEC 1916

I hereby Certify that the above account is correct in every particular, and that the above is a true and correct statement of the account.

Dated at _____ 1916

Embarked per S. S. "Scotian"

Army Form O. 1625

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.



Regiment or corps 1st. Newfoundland

No. 1154 Rank Private

Name White, A. J.

Died^(a) at

on the of 191 .

Deserted at Repatriated

on the 24 of Decr 191 6

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 27./10./16.....	41	4	6 1/2 ✓
	Cash issues (Date of each issue to be stated)				Pay 58 days at 1.10 from 28/10 - 24/12/16	13	2	2 ✓
		£ s. d.			Proficiency, Service or good conduct pay			
					days at from to			
	Decr 20 1916	100	0		Messing allowance days at			
					from to			
				0	Kit allowance			
					Amount produced by the sale of Effects from			
					Form 2			
					Amount of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Allotment 58 @ 50¢							
	\$29.00	5	19	2 ✓				
Decr 20	Advance Hospital	1	0	0 ✓				
	B.P. Berkeleys	5	14	9 ✓				
	Balance due by the Paymaster	21	12	9 1/2 ✓	Balance due to the Paymaster			
		£	54	6	8 1/2 ✓			

This account is in accordance with information received at the Pay & Record Office to 2/10/16 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 54 6 8 1/2 is correctly chargeable against the Public.

Dated at this

day of

191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not necessarily the Pay & Record Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italic to be struck out when there is no debtor balance.

Embarked per S. S. "Scotian"

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.



Regiment or corps 1st. Newfoundland

No. 1154 Rank Private Name White, A. J.

Died (a) at on the of 191 .

Deserted at Repatriated on the 24 of Decr 191 6

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

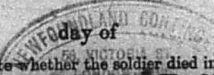
STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 27./10./16.....	41	4	6 1/2 ✓
	Cash issues				28/10 -			
	(Date of each issue to be stated)				Pay 58 days at 1.10 from 24/10/16	13	2	2 ✓
		£	s.	d.	Proficiency, Service of good conduct pay			
					days at from to			
	Decr 20 1916	100	0	✓	Messing allowance days at			
	Decr 23 "	100	0	✓	from to			
					Kit allowance			
		20	0	0 ✓	Amount produced by the sale of Effects from			
					Form 2			
	Consolidated stoppage				Amount of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
	Allotment 58 @ 50¢				Deferred Pay or Gratuity			
	\$29.00	5	19	2 ✓				
Decr 20	Advance Hospital	1	0	0 ✓				
	B.P. Berkeleys	5	14	9 ✓				
	Balance due by the Paymaster	21	12	9 1/2 ✓	Balance due to the Paymaster			
		£	54	6	8 1/2 ✓			

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 54 6 8 1/2 is correctly chargeable against the Public.

Dated at this

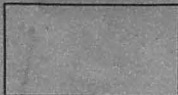


191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Pay Office with Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

This space to be left blank for the Chelsea Number.



Army Form B. 268.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be appended.)

No. <u>1154</u>	Army Rank <u>Private.</u>
Name <u>White Arthur Joseph</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>13th March 1917</u>	
Place of discharge <u>St. John's, Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>21</u> years _____ months Height <u>5</u> feet <u>9</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion _____ Eyes <u>Blue</u> Hair <u>Dark Brown</u> Trade <u>Fisherman</u> Intended place of residence { <u>Little Paradise</u> <u>Placentia Bay</u> <u>Newfoundland</u> <small>(To be given as fully as practicable)</small>	Descriptive marks.
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>	
2. The above-named man is discharged in consequence of _____ _____	
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>	
3. Military character:—	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer _____	
Army Form B. 2088 has been issued to*	

To be filled in on the soldier quitting the Colours.

NEWFOUNDLAND CONTINGENT

N.F.P./58

REPARATION DRAFT No. 21 per S.S. Antonia due to sail
 from Liverpool (Date) 21/12/16 to London
 In charge of _____

17000000
 on dis'ce
 6. 105
 5. 121
 5. 122
 5. 178
 5. 179
 5. 302
 5. 3484
 5. 3494
 D. 400A
 0. 1685

Classification

Remarks.

This man A
 will embark and statement to effect
 at Liverpool that the White was wounded
on Sunday at Gallipoli
Dec 21/16
Direct from
London per
train Dec 23/16

CO. Officer Commanding,
 1st Newfoundland Regiment,
 Headquarters,
 St. John's, Newfoundland.

No. Rank & Name

1154 Private White A. J.

Dated at 58, Victoria St., London, S.W.

DESPATCHED:

DEC 23 1916

191

NEWFOUNDLAND CONTINGENT

H. A. Anderson
 Paymaster & S. i/c Records.

Dated at _____

RECEIVED:

191

Signature of _____



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

1154

ST. JOHN'S, NEWFOUNDLAND.

February 13th., 1918.

Capt. J. M. Howley,

Seaty. Pensions & Disabilities Board.

1154, Pte. A. J. White,
Little Bona, P. B.

Sir:-

The marginally noted man should report to Dr.
R. J. McDonald, Marystown, for re-examination, on
whatever date between February 17th. and 24th. the
Doctor notifies him to appear.

I have the honour to be,

Sir,

Your obedient servant,

Cluny Macpherson

Major, D. M. S.

February 15th. 1918.

Private A. J. White,
Little Bona, P. B.

Dear Sir,-

Kindly present yourself to Dr. R. J. McDonald,
Marystown, for re-examination, on whatever date, between
February 17th. and 24th. the Doctor notifies you to ap-
pear.

Yours faithfully

Secretary.

JMH/JH.

NEWFOUNDLAND.

CLAIM FOR PENSION

EUROPEAN WAR.

PENSION No 100.

NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.

Name in full I hereby solemnly declare that my name is Arthur Joseph White and that I was

Fill in rank and force a (rank) Private (1st. Nfld. Reg.) in or (R. N. R.) and that I am entitled to a Pension from the Colony of Newfoundland

Fill in place giving full postal address I am residing at (Street and number) _____
Town of Little Long Placentia Bay and request my next pension cheque be sent to this address.

Arthur J. White SIGNATURE or mark of Pensioner.
Witness J. Sullivan

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this 7th day of July 1917 and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

J. Sullivan Signature.
Arthur White Rank or position.
Placentia Bay Postal Address.

Add any Remarks _____

\$ _____

N.F.P./54.

No.135.

From Pay & Record Office, London

To Minister of Militia, St. John's, ²Fla.

#1154 Pte. J. White

Hospital Breakage 3rd London General Hospital 1 Clinical
Thermometer Voucher 1682 1s.4¹/₂d.

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... *White* 2. Surname... *Joseph*
3. Rank... *Private* 4. Regtl. No... *11574*
5. Address in full to which future payments of gratuity are to be forwarded... *Little Paradise*
.....
6. Date of enlistment in the Regiment... *File 18th 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no
8. Relationship of such dependents.....
9. Address in full of such dependents.....
.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....
Gallipoli + France
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *2 Years + 18 days*
..... *1 1/2*

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? *Yes*

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.

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

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

19. Are you now serving in the Res? *No* - If not give? - (a) Date of discharge *March 13, 1917*

(b) Reason for discharge *Medically unfit for further service*

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. *Yes*

Gallipoli, France
Oct 19, 15 to Oct 12, 1916

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

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

-3- Joseph White.

Signature of Applicant:

Place of Residence: *Little Saradiso T. Bay*

Declared before me at: *St. John's*

This *3rd* day of *Dec* 19*22*...

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

POST DISCHARGE PAY.			Net amount due
Date paid	Widow Soldier, Dependents	Widow Service Invalidity.	due
.....
.....
.....
Certified correct.			Paymaster

Signature of Applicant:
Signature of Barrister:
Signature of Commissioner:

STATEMENT OF ACCOUNT

No. 1154

Name White A.J.

17/1/ 398/2

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
Dec 24	Balance due by P.M. £24 12-92			105 31	105 31
31	Pay. 7 days @ 1% ⁰⁰			7 70	113 01
Jan 6	" " 6 " @ 1% ⁰⁰			6 60	119 61
31	" " 25 " @ 1% ⁰⁰			46 25	165 86
Feb 28	" " 28 " @ 1% ⁵⁵			51 80	217 66
Mar 13	" " 13 " @ 1% ⁵⁵			24 05	241 71
	Bonus			12 95	254 66
	c. allowance			25 00	279 66
Jan 9	To Pay	92	25 00		254 66
31	Alloctment 31 days @ 50		19 00		235 66
Feb 28	do 28 " do		14 00		221 66
Mar 1	To Pay	132	30 00		191 66
3	To Pay	134	191 66		0
	War Service Enty				
	5 mo @ 70 ⁰⁰			350 00	350 00
	c. allowance			20 00	370 00
	Bonus		12 95		357 05
	Simplet Branchage 1%		32		356 72
Feb 3	To Pay	9380	86 82		269 90
			379 76	649 66	269 90

Signed A. J. White

STATEMENT OF ACCOUNT

No. 1154

Name White A.J.

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
	Brought forward		579 76	649 66	269 90
Mar 1	Today	11276	70 00		199 90
Apr 1	" "	14156	70 00		129 90
May 1	" "	18636	70 00		59 90
June 1	" "	21899	39 90		20 00
	C allowance		20 00		0
			649 66	649 66	0

Signed Afloamey S. Sw

7
12
1920

Little Paradise

April 3rd 1917

Capt. J. J. O'Grady,

Dear Sir.

I wish

to inform you that I have
been discharged from the Regiment
for wounds & so make
application for the Imperial
Silver War Badge.

yours Respectfully,

1134 Pte A. J. White.

Arthur White

Little Bona,

Via Little Paradise,

Plac West.

OK
Morrow
over

✓
K127

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20⁰⁰_{XX}

Feb 3. 19 19

Received from the First Newfoundland Regiment
the sum of Twenty ⁰⁰/_{XX} Dollars.
~~on account~~ balance of Pay. - Clothing

Ch. No.	9379	Initials	EWS
Pay Ledger	171	Initials	WV
Gen. Ledger		Initials	

Regtl. No. Rank

J. C. B.

No. 1154.

Rank

Pl-

Name

White GJ

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 86 $\frac{82}{xx}$

Feb 3. 19 19

Received from the First Newfoundland Regiment
the sum of Eight Six $\frac{82}{xx}$ Dollars.

~~account~~ of Pay. P.D.P.
balance 80

Cheque mailed Feb 12/19
by ~~the~~ voucher no 9379

Ch. No. 9380	Initials Ew
Pay Ledger 171	Initials wa
Gen. Ledger	Initials

Reg. No.

Rank

No. 1154. Rank Pt-

Name Whitaj

Little Paradise
Placentia
Bay
Held
Deputy
Paymaster

Dear Sir

I beg to
draw your attention
to the fact that
the second allotment
of my sons pay has
not been received by
me

On leaving St
Johns he ordered that
50 cts per day should
be sent home the
first allotment came

about June 8th or 9th
I have received none
since so that now two
monthly allotments are
due

Trusting to hear
from you regarding this
matter

I remain
Yours etc

Joseph White
my Sons name is:

A. J. White

No 1154 E Company
1st Nfld
Regiment

August 11th
1915

12th. August

5

Mr Joseph White,
Little Bona.
Placentia Bay.

Sir,-

Referring to your letter of August 2nd to Mr.
Bursell. I find that your name was inadvertently omitted
from the June Pay Sheet, and I enclose you cheque for \$15.00
covering June payment. I am exceedingly sorry that this
occurred, and hope it has not caused you inconvenience.

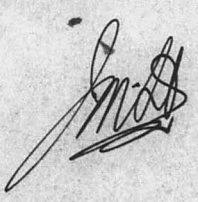
I have the honour to be,

Sir,

Your Obedient Servant,

J.M.H/B.M.W.

Enclosure.


Deputy Paymaster.

J. Bursell Esq.

Aug. 2nd 1915

Dear Sir
My Son Pte Arthur J. White no
1154 E Company First Wfld Regiment
on leaving St Johns instructed that
30 cts of his daily Pay should be
sent Home to me. but I have only
received one allotment paid June 8th
and received by me on or about June
th 15th since then I have not received
either one. so I decided to write
you trusting you can rectify this
matter

Yrs Very Sincerely
Joseph White

Little Bona Placentia Bay
Newfoundland

1141, 1128, 1154

Ans. Aug 12 enclosed cheque
for \$15⁰⁰

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. A.J. White

Voucher No. 2863 9

Cheque No. 28639

Reg'l A/c No. Name

C.B. Folio No.

Date	Reg'n No.	Invoice No.	Particulars.	Amount.
Mar. 3	324		Balance of pay	\$153 70
			Bonus 1 week @ \$1.85	12 95
			Clothing.	<u>25</u>
				\$191 66

CERTIFICATION

Dissectⁿ Sheet No.

Recap. Sheet No. 324

A. Hawley
PAYMASTER

Checked by

RECEIPT

March 3rd, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
One Hundred & Ninety One Dollars
and Sixty Six Cents in Payment as above stated.

March 5th 1917.

\$ 191.66

[Sig.] *Arthur Joseph White*

Militia Department

St. Johns

3866

I. Joseph White Regt. No 1154 (private)
do hereby apply for 3 months additional
pay as granted to discharged
Soldiers

Joseph White
Little Bona
Via St Paradise
Placentia Bay

Jan 23^d

1919

Enlisted Feb 10/17

Discharged Mar 13/17

Placentia Bay
- J. -

Feb. 12th. 1919.

Pte. A. J. White,
Little Bena,
Via Little Paradise, P.B.

A. C. B.

Dear Sir,-

Referring to your letter of Jan. 23rd.,

I enclose herewith cheque for \$86.82, being three months Service Pay due you after discharge, also cheque for \$20.00, being the difference in Clothing allowance due you at date of discharge.

Yours truly,

Capt. & Paymaster.

RECEIPT

C.R.

1154

I hereby certify that I have received the 1914-1915

STAR.

No 1154

Name

A. J. White

Witness

Julia M. White

Date

Dec. 28

Place

Little Bona

m. B.

C.R. 1154

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name *A. J. White*

Date *25/3/14*

Place *W. Wharfedale*

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli* from *Sept 19th* 1915 to *Dec 31st* 1915.
(Date) *2/3/15* (NO) *1154* (Rank) *Lieut.* (Company) *White*...
(Place) *St. John's*.

*Fill in theatre of War where you served in Gallipoli, Madros, Lemnos, or Western Egyptian Frontier.

1154
C.R.

Extract from Daily Orders Part 11 Unit The Royal
Hfld. Regt., St. John's, March 27th, 1917.

1154 Pte. A.J. White.

Med Unfit is discharged from March 27th, 1917..

C.R. 1154

L
Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

#1154 Pte. Arthur J. White, discharged Mar. 13th 1917, Medically
unfit

C.R. 1154

Extract from Roll of Officers and N.C.O's
and men DISCHARGED from the Royal Newfound-
land Regiment.

<u>Regtl.#</u>	<u>rank</u>	<u>name</u>	<u>date</u>	<u>reason</u>
1154	Pte.	White Arthur	13/3/17	MED. UNFIT..

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

C.R. 1154

CABLES AND TELEGRAMS.
"SYNOPTICAL."
LONDON.

TELEPHONE:
VICTORIA 147.

COMMUNICATIONS TO BE ADDRESSED TO THE
PAYMASTER & OFFICER i/c RECORDS.
AND THE FOLLOWING NO. QUOTED:

PAY & RECORD OFFICE.

58, VICTORIA STREET,

LONDON, S.W..

23rd December, 1916

5771/5

HA/JC.

To The Embarkation Officer,
Liverpool.

SUBJECT: 1154 PTE. A.J. WHITE.

The above-named man of this Contingent is being discharged, (per S.S. Scotian) to Newfoundland, as medically unfit for further service overseas. He will join other members of this Contingent at Liverpool.

H.A. Anderson *2/lt.*
for. Major,
Paymaster & Officer i/c Records.

Extract from Casualties received from Pay & Record Office,
London, dated December 23, 1916.

#1154 Pte. J. White.

Dysentery.

Admitted 2nd Australian S.H. Mudros W. 30th November 1915.

C.R. 1154

Extract of Casualties received from Pay & Record
Office, London, dated October 30, 1916.

#1154 Pte. J. White. ✓

Wounded 12/10/16 and reported by B.C. Bn. 14/10/16.

C.R. 1154

Extract of Despatches received from War & Home Office,
London, dated October 24, 1916.

The

#1154 Pte. J. White.

Despatch serial LX (1) R.

Admitted 5th General Hospital, Rouen, 14th October 1916.

C.R. 1104

Extract of Casualties received from Pay & Record Office,
London, dated October 23, 1916.

#1154 Pte. A. White.

G.W. 1X (1) R.

To England per H.S. "Aberdonian" ex 8th General Hospital
15th October 1916.

✓

C.R. 1154

Extract of ^{casualties} casualties received from Pay & Record Office,
London, dated October 19^m1916.

#1154 Pte. J. White.

Gunshot Wound perforating right foot.
Admitted 3rd London General Hospital, Wandsworth, S.W.
17/10/16.

C.R. 1154

L

EXTRACT FROM CODE TELEGRAM FROM CAPT. TIMSWELL, RECD. 19 OCT. 1916.

1154 White

PERFORATING RIGHT FOOT.

C.R. 1154

Extract from Casualties from London District. No. C.997 dated
27-10-16.

#1154 Pte. J. White.

WOUNDED 12-10-16

AUTHORITY G. C. En. 14-10-16. P.R. NIL.

BC.

C.R. 11574

Extract from War Office List No. 6990.

1154 Pte. White, J. (Sick)

1/21st. B. Coy. St. Michaels B. Op. Helms with 14th, Mar '16.

C.R. 1154

NEWFOUNDLAND CONTINGENT

Extract of casualty List received from P. & R. O. Feb. 27th 1916

1154, Pte A. J. White.

1st Newfoundland R. Piles Dis to Mellieha Hos. Camp. Malta ex St. Patrick
Mil Hos. 11th Feb. 1916.

C.R. 1154

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & E. O. Feb. 27th. 1916.

1154, Pte A. J. White. ✓

1/Newfoundland SICK Adm. Melleha C. Malta ex St. Patrick's 11th Feb. 1916.

C.R. 1154

Extract from Daily Orders part 11, from Unit The Royal
Field Regt. St. John's, dated January 29, 1916.

#1154 Pte. J. White.

Dysentery & Jaundice.

Transferred to H.S. "Somali" ex End Australian S.H. MacGee

West (Destination unknown) 26th December 1916.

C.R. 1134

Extract of Casualty list received from Pay and Record office London dated Jan
11 1916. ▲

1154 Pte. J.White,

1st.Nfld. R. Jaundice and Piles Adm. St. Patrick's Mil. H.Malta ex H.S.Somali
29th.Dec.1915.

CR 1154

Extract from Casualties received from Pay & Record Office, London, dated December 27, 1915.

#1154 Pte. J. White. ✓

Dysentery.

Transferred ex 54 C.O.S. Sulya 1st December 1915.

C.R. 1154

Extract from Casualties received from Pay & Record Of Ice,
London, dated December 23, 1915.

#154 Pte. J. White.

Dysentery severe.


Admitted to G.C.I. Salva, 26th November 1915.

C.R. 1154

A.
Extract from Nominal Roll of Co. 1st Bn. Nfld. Regt.
Embarked at Devenport for Active Service 20-8-15.

1154 Pte. A.J. White.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.


1st/₂ Newfoundland Regiment

I hereby agree to re-engage for
the Duration of the War.

Attest.

14. 8. 15.

Joseph W. White

Attestation Paper of No. 1154, Pk. A. Joseph White

J. E. T. Fro. Lt.

C.R. 1154

Extract from Nominal Roll Draft "E" Company Embarked
per S.S. Stephane April 22/15.

1154 White Jos. Pte.

C.R. 1154

A. J. White

was attested for General Service

with the NEWFOUNDLAND REGIMENT on February 18th 1915

Regimental No. 1154 was allotted to Pte A. J. White

AUTHORITY:

Record Officer

Dept. of Militia

March 25th. 1919.

Faint text at the bottom of the page, possibly a signature or official stamp, including the words "General Service".

Casualty Form—Active Service.

Regiment or Corps 1st Newfoundland andRegimental C.R. 1154 Rank Pte Name J. WhiteEnlisted (a) Feb 25/16 Terms of Service (a) Duration of War Service reckons from (a) Feb 25/15Date of promotion } Date of appointment } Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

		Admitted, <u>Dysentery</u>	26th. <u>C.C.S.</u>	26/11/15	C 4994.
17/12/15.	54 C.C.S.				
7/1/16.	Comdt., Malta.	do	St. Patrick's Hosp., Malta.	29/12/15.	F 735.



Resubscribed Marselles 24 16.

Unit James D Battalion Lance 8.4.16 B 213

" Unit do do 4.7.16 do

Sp. Battalion in Iwto England 5.10.16 W 308

(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) e.g., Signaller, Shooting Smith, etc., etc., also special qualifications in technical Corps duties.

Squadron, Troop, Battery and Company Conduct Sheet.

Form
B. 121.
29.

Regiment of *First Newfoundland*

Number of Sheet *1*

Signature of O. C. Company *H. P. [Signature]*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<i>White A. Jos.</i>	Age on	<i>21</i> years months	<i>Shoemaker</i>			
Joined	Date	Place and Date of Enlistment	<i>St Johns 18-2-15</i>	Religion	<i>A. B.</i>		
Joined	Date	Period of	with Colours <i>2³⁶</i> years.	Place of Birth	<i>S. E. Bight P. B.</i>		
Joined	Date							with Reserve 3^{66} years.



Place	Date of Offence	Rank	Case of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
		<i>Plt.</i>							
				<i>Medically Unfit. St Johns 27</i>			<i>3/7</i>		

To be carried over