



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4728 Name Sandy White Corps R.C.

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

1. What is your name? ..... 1. Sandy White
2. What is your full Address? ..... 2. St. Kill Cove  
Bona Vista Bay
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years — Months
5. What is your Trade or Calling? ..... 5. Fisherman
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, Sandy White 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.

Sandy White SIGNATURE OF RECRUIT.  
J. W. Pittman Signature of Witness.

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

I, Sandy White 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 and as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 26th day of Apr 1918  
Signature of Attesting Officer J. J. James

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date ..... 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) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Sandy White  
 Apparent age 22 years 0 months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin M. Gray | John White, Pickle Cove  
 Relationship Father  
 Particulars as to Marriage

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

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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 " _____ [ " " ] _____ " _____ "									



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4728 Name Sandy White Corp. R.C.

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

- 1. What is your name? ..... 1. Sandy White
- 2. What is your full Address? ..... 2. 12 Klee Cove  
Bonaville Bay
- 3. Are you a British Subject? ..... 3. yes
- 4. What is your age? ..... 4. 22 years — Months
- 5. What is your Trade or Calling? ..... 5. fisherman
- 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, Sandy White 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.

Sandy White SIGNATURE OF RECRUIT.  
W. Pittman Signature of Witness.

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

I, Sandy White 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 given as replied to, and the said recruit has made and signed the declaration and taken the oath before me at 12 Klee Cove on this 26th day of Apr 1918

Signature of Attesting Officer James

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1918  
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 Jandy White  
 Apparent age 27 years      months. Height 5 feet 3 inches  
 Chest Measurement { Girth when fully expanded 35 inches  
 { Range of expansion 5 inches  
 Distinctive marks     

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John White, Maple Cove  
M. Bay | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>26-4-18</u>									
Joined at <u>M. John's</u> on <u>April 26-1918</u>									
<u>&amp; Discharged July 5, 1919</u>									
<u>Embarked M. John's train to Halifax N.S. 11-6-18</u>									
<u>Admitted Central Military Hosp to Halifax on ship to St. John's 7-7-18</u>									
<u>Discharged from Hospital, reports M. John's sent to Winchester 19-7-18</u>									
<u>Reported to Winchester 20-7-18</u>									
<u>Embarked for B.C. 26-10-1918</u>									
<u>Admitted 55 War Hosp Vancouver Influenza 27-12-1918</u>									
<u>Admitted Vancouver Influenza 16-1-1919</u>									
<u>Reported just through 3<sup>rd</sup> to 12<sup>th</sup> Reg. War Hosp to Winchester 2<sup>nd</sup> 1919</u>									
<u>to RFL for demobilization 25-5-19. Arrived Liverpool 1-6-1919</u>									
Total Service forfeited as above <u>Demobilization M. John's 5-7-1919</u>									
Total Service towards Engagement to <u>5-7-1919</u> (date of discharge) <u>1</u> years <u>71</u> days									
" " Pensions " " " " " " " " " " " "									

C.R. 4728

Extract from Daily Orders part II, Unit the Royal Nfld.  
Regiment dated 9-7-19.

The discharge of thevundernoted on demobilization has been  
CONFIRMED by Officer i/c Records on 9-7-19.

#4728 Pte. Alex. White.

C.R.

C.R. 4728

Extract from Daily Orders Part 11 Unit the Royal Nfld.  
Regt. June 11th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 21-6-19.

4728 Pte. Sandy White.

C.R. 4728

Extract from Daily Orders Part II Depot, St. John's,

Date 10-6-19.

4728 Pte. Sandy White

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

C.R. 4728

Extract from telegram from Syn. to Mil. dated Feb. 21st. 1919.

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L/C. 4728 Shaw.

seriously ill pneumonia.



C.R. 4728

Jan 28th, 1919

Mr. John White

Tickle Cove

B.B.

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Association concerning No. 4728, Private Sandy White, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



**Cable Connection with all the World**

CR 4726

## 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

Line Number	Recd	By	Sent	by	Check

*Dated*

Jan. 20th, 1919

*To*

John White, Tickle Cove, B. Bay

Regret to inform you that Record Office, London, officially reports No. 4728, Private Alexander White at 3rd London General Hospital Wandsworth suffering from influenza

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.

Chgo Dept of MIL FOR TYPEWRITER  
itia

C.R. 4728

Extract from Telegram from Synoptical to Military Jan. 19~~19~~1919.

At Wandsworth suffering from

#4728 White

Influenza.

CR 4728

Extract of Daily Orders Part II Royal Newfoundland Regiment  
in France dated 31/1/19.

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Invalided to England.

SICK.

#4728 Pte. J. White.

16/1/19.

C.R. 4728

Extract from Casualties received from Pay and Record  
London dated Jan. 20th., 1919.

Nominal Roll of Sick and wounded from France admitted  
3rd., London General Hospital 16/1/19.

#4728 Pte. S. White.

INFLUENZA.



WOUNDED & SICK N.C.O.s. & MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 4728

INFANTRY RECORD OFFICE - WARWICK.

LIST NO. H.A. 33579.

30412 Pte. McGregor V.C. 1/Glouce.R.  
235320 Pte. Harding G. 1/Glouce.R.

Ulcer Rt.Heel.....Adm.55 Gen.H.Boulogne 26 Dec.18.  
Nasal Catarrh.....Adm.55 Gen.H.Boulogne 26 Dec.18.

SOUTH AFRICAN - RECORD OFFICE (NATIVES)

LIST NO. H.A. 33579.

1294 Pte. Kaiser E. 1/C.C.L.Regt.  
Cherbourg.

V.D.G.....Dis.to Unit ex Lahore Ind.Gen.H.Rouen 25 Dec.18.

NO. 1 RECORD OFFICE - WARLEY

LIST NO. H.A. 33579.

38830 Pte. Reeve L.C. 9/Horf.R.

ICT-Lt.Heel.....Adm.55 Gen.H.Boulogne 26 Dec.18.

NO. TWO RECORD OFFICE - WARLEY.

LIST NO. H.A. 33579.

53588 Cpl. Plaice R. 11/Essex.R.

Sprisen Lt.Ankle...Adm.55 Gen.H.Boulogne 26 Dec.18.

NEWFOUNDLAND - EXPEDITIONARY FORCE.

LIST NO. H.A. 33579.

4728 Pte. White S. 1/Newfoundland.

Influenza.....Adm.55 Gen.H.Boulogne 27 Dec.18.

WINCHESTER - RECORD OFFICE.

LIST NO. H.A. 33579.

58896 Pte. Rowatt T. 2/K.R.R.C.

Seborrhoea.....Adm.55 Gen.H.Boulogne 26 Dec.18.

C.R. 4728

Extract from Daily Orders Post 11 Unit The Royal 22nd.  
Regt. by T. E. Nathan, R.S.O., Commanding 1st Batta.  
3-21-20.

The following joined the Batta. 3-21-20.

4728 Pte. S. White.

C.R. 4728

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkestone,  
26/10/16, 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment S.E.F.

4728 Pte. White, S.

M.P.



C.R. 4728

Extract of Orders, Part 11 by Lt. Col., R.A. Berners, D.S.O.,  
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 20th July  
1918.

The following Man having reported from Hospital, is taken on the  
strength of the Bn. and posted to "C" Company:

4728 Pte. S. White.

C.R. 4728

Extract of Casualties from Pay and Record Office, London dated  
20th July 1918.

4728 PTE. S. WHITE,

who was admitted Central Mil. Hos. Chatham (ex Draft No. 20 from  
Newfoundland) on 7/7/18, suffering from PARSTISIS was discharged  
on 19/7/18. He reported at the P.&R.O. 19/7/18 and was ordered  
to proceed same date to the Depot.

Authority: A.F. E.178A.

C.R. 4728

Extract frm Daily Orders met 11, from Unit The Royal  
Nfld. Reg. St<sup>1</sup> John's, dated June 14, 1918

#4728 Pte. S. White.

Embarked for Over seas with draft June 11th, 1918.

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

#4728 Pte. S. White.

Attested for General Service with the Royal Nfld. Regt.  
Dated from 20/4/18.

S. White

C.R. 4728

~~S. W. C.~~

**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. *Regt. 1st F. L. B.*
2. Regtl. No. *4728*, 3. Rank. *Plt.*
4. Name *W. H. B.* (Surname) *S. J. D.* (Christian Names)
5. Age last birthday. *23*
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.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty? (b) Date of Discharge;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state —  
(a) When (d) Particulars of Pension or Gratuity (if any)  
(b) Where  
(c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

(i.) Service during the present war

(ii.) Previous active service

(iii.) Climate in pre-war service

(iv.) Ordinary military service before the war

(v.) Serious negligence or misconduct on the man's part.

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

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.)

*No complaint of no sensibility*

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

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.

*Perforation*

*W.P. Procunier*

Medical Officer in charge of case.

Station *Hampstead*

Date *28.3.19*

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





FORM K



Nº 43240



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alexander White, Regl. No. 4728

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

Allotment begins at June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4091	mother	Mrs John (Hammer) White	Tickle Cove Bonaville Bay	
			Total Allotment, \$	<u>609</u>

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

Sig.) W. W. W.  
 Officer Commanding  
C Company  
St John's  
May 29th 1918

(Sig.) Alexander White  
 (Rank) Pte







20  
Chief Paymaster  
Royal W. S. 2d. Regt.

Sir  
Please pay to Pte  
D. White the sum of  
1 pound and address  
from account. *OK*

Pte D. White

*4928*  
O.K. 10-0 W.R. 31/1/19

Receipt No 1161

one pound  
approved.

William C. R. 2nd Lt

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

Sir:-

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

Commencing on the 1st July 1918.

Regt.  
No.

Rank

Name

Amount

Signature

4729

Plt. E.

White, S.

\$2.50

S. White

July 1<sup>st</sup> / 18

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

S. White

Only for use with Men returned from an Expeditionary Force  
or from Garrisons Abroad.

Army Form W. 3016.  
(In Books of 200.)

No. \_\_\_\_\_ Date 19. 7. 1918

- \* (1) To the Officer i/c Records }  
\* (2) The Officer Commanding }  
\* (3) The Paymaster } \_\_\_\_\_ Station.

\* Strike out that which is inapplicable.

Regimental No. ~~4728~~

Rank and Name Private White S.

Regiment or Corps R. Newfoundland Reg.

has been granted }  
a furlough from } 19. 7. 18. Depot

His address while }  
on leave will be } 58 Victoria St  
London. S.W. 1.

I consider he  
is fit for

\* Strike out that  
which is  
inapplicable.

- \* I. DUTY.  
\* II. COMMAND DEPOT. Depot Sent Copy  
\* III. EMPLOYMENT. of Cas. kept.

Officer in charge Registrar,  
Hospital.  
Central Military Hospital, Catterham.  
Station.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster and O.C. shown in the Schedule.

White, S

4728

Ag Sept.

July 4, 1919

#4728 Pte. Sandy White.

Tickle Cove, B.B.

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2640.

Yours truly

Captain,  
Paymaster & O.i/c Records.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4728 Rank P.C. Name W. B. Sandy  
 Intended place of residence Triple Cove B. B.

2. Occupation Fisherman  
 Classification of soldier E Medical Category A

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 ST. JOHN'S JUN 7 1919 .....  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date .....

ST. JOHN'S  
JUN 7 1919

S white  
 Signature of soldier

J. A. Snow Capt.  
 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

A white  
 Signature of soldier

James E. Quinman  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military

Discharged from service 21-6-19 28 days Service 436

### 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

R. H. Lant Capt.  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

Date JUN 21 1919 .....

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place .....

St. John's, Nfld.

M. Bowley Capt.  
 Officer i/c Records  
 The Royal Newfoundland Regiment

Date July 5/1919 .....

AFB 2079/2640

# The Royal Newfoundland Regiment

Class for Demobilization:

*76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *6.6.19* .....

Regimental No. ... *4728* ...

Name ..... *White Alexander Pte* .....

Address ..... *Likies Cove B-B* .....

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

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

Members of Board {

*R.H. Last Capt*

O.C. Discharge Depot.

*Harrison*

Senior Medical Officer

*G.W. Burden*

M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 4728 Rank Platoon Leader Name White, Stanley  
 Date of Enlistment 26-11-18 Address St. John's District St. John's  
 Occupation Fisherman Classification for Discharge 1 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	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 6-6-19 O. C. Discharge Depot. White

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable... #60.00  
 (b) Clothing Supplied .....

Date 7-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B.15.82.9.63 to his home at Fickles Cove and Release Certificate No. 2437 issued.

Date 7-6-19 *J.A. Shaw*  
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 5-7-19

Date 7-6-19 *H. M. ...*  
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
E 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		

*2 Form B*

Date 7-6-19 *J.A. Shaw*  
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**

**JUN 21 1919**

Date ..... *R.H. ...*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

*To resume former Occupation*

*A. M. White*

Signature of Man.

Reg. No.

*4728*

*J. A. Knowlton*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

*JUN 7 1919*

191

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

# MEDICAL HISTORY

OF

Surname White Christian Name Sandy

Table I.—GENERAL TABLE.

Birthplace:—Parish Tickle Cove, B.B. County Nflds.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	26	St John's Nflds.		
Declared Age	22			
Trade or Occupation	Fisherman			
Height	5 feet 3	inches		
Weight	118 lbs.			
Chest Measurement	35			
	5			
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arms			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Pearson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	St John's, Nflds.	at	
	on	26 <sup>th</sup> day of April 1918	on	day of 191
Joined on Enlistment	Corps.	The Royal Nflds Regt.	Corps.	Regtl. No. 4728
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treat
	Day	Month	Year	Day	Month	Year			
CENT. MIL. HOSP. FORT PITT, CHATHAM FORT BRANT, ILL.	7	7	1819	7	18	19	Parotitis		
3rd Ind. Cav. Hq. handswork	16	1	19.	3	2	19.	Influenza.	15	

list in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Swelling in neck on both sides & general  
symptoms of meningitis.

*J. P. Roberts*

Convalescing

*J. T. Jones*







# Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i/c Records together with the remainder of the man's documents.

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

Name in full *Alexander White*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4728*

Intended address *Tickle Cove, N. B.*

Height on discharge *5* Feet *3*

Color of hair on discharge *light*

Complexion *fair*

Color of eyes *grey*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Hannah*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Tickle Cove, Jan. 16<sup>th</sup> 1896*

Nature and locality of civil employment required

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

(Soldier's signature in full) *Alexandra White* *pts.*  
(Rank)

Station **ST. JOHN'S.** Date *6-4-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station \_\_\_\_\_ Date \_\_\_\_\_



The Royal Mld. Regiment

DEMOBILIZATION

No. 4728 Rank

Name

White S

Warned for demobilization on

**JUN 7 1919**

**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 N. F. F. B.* 7. Former Trade or Occupation }  
 2. Regtl. No. *4728* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *White* *Sandy* (a) Former Regts. or Corps; with Regtl. Nos.  
 (Surname) (Christian Names)  
 5. Age last birthday. *23*  
 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? (b) Date of Discharge;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state:—  
 (a) When (d) Particulars of Pension or Gratuity (if any)  
 (b) Where  
 (c) Opinion of Court

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

### Statement of Case.

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war .....
- (ii.) Previous active service .....
- (iii.) Climate in pre-war service .....
- (iv.) Ordinary military service before the war .....
- (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

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

*Complains of no disability -*

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Repatriation*

*W. E. Proctor. Capt. RAMC*

Medical Officer in charge of case.

Station *Hayley, Sussex*

Date *28-3-19*

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

**Casualty Form—Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte. Surname White Christian Name Landy

Religion R. C. Age on Enlistment 22 years 4-2-19 months

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

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

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

Occupation Fisherman Signature of Officer J. W. n. [Signature]



*RFC 1918*

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 ...	<u>26 OCT 1918</u>	
			Disembarked...	<u>3 NOV 1918</u>	
			Joined Casualty		
<u>13/12/18</u>	<u>44 C.C.S.</u>	<u>Ad. Influenza</u>		<u>13/12/18</u>	<u>E.S. 509</u>
<u>27/12/18</u>	<u>W.O.</u>	<u>Adm. 53 9360</u>	<u>Boulogne</u>	<u>27/12/18</u>	<u>W 3083</u>
<u>16/1/19</u>	<u>Sp. Cannon</u>	<u>to Eng. [Signature]</u>	<u>W. [Signature]</u>	<u>16/1/19</u>	<u>W 3083</u>
			<u>Capt. [Signature]</u>		
			<u>[Signature]</u>		

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Sheeving-Smith, & Co (17591) Wt. V. 287-11134, 1,000,000, 918, D & S, Form B.103 (E. 1256)

*Next of kin Father, John White Lickle Cove P.M. [Signature]*

July 5, 1919

#4778 Pte. Alexander White

Tickle Cove, B.B.

Dear Sir:-

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

Yours truly

Captain,  
\*Aymer & O. I/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

1. Christian name... *Alec* ..... 2. Surname... *White* .....
3. Rank... *Rte* ..... 4. Regtl. No... *4778* .....
5. Address in full to which future payments of gratuity are to be forwarded... *Tickle Cove B.B.* .....
- .....
6. Date of enlistment in the Regiment... *Apr. 26/18* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *not applicable* .....
8. Relationship of such dependents... *no* .....
9. Address in full of such dependents... *no* .....
- .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *no* .....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Overseas* .....
- .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Fourteen months* .....
- ..... 1.  $\frac{3}{4}$  .....



Signature of Applicant: *Alexandra White*  
 Place of Residence: *Levee Con. B.B.*  
 Declared before me at: *St. Johns road*  
 This *7<sup>th</sup>* day of *June* 19*.23*....

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

POST DISCHARGE PAY.					
Date paid	Paid	Paid	War Service		Net amount
	Soldier.	Dependent.	Gratuity.		due
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified correct.					Paymaster



ST. JOHN'S,

June 7<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To M<sup>rs</sup> . Whelan  
46. Longs. Hill

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 8<sup>th</sup> /19

4728 - Mr. S. White      8 30

ACCOUNT	<u>B.V.M.</u>
CH. NO	<u>23204</u>
INITIALS	<u>CEJ</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LED	INITIALS

Certified correct for \$ 8.30

M. Whelan  
R.J.      W. Blouster  
Billeting Officer.

C.F. 4728

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO 4728...NAME: S. White.....

DATE: Mar 4  
PLACE: Little Cove...

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name:  *exandra white*  1928

Date: *Nov 16/19*

Place: *St. Albans*



# The Royal Newfoundland Regiment

94978

## DEMobilIZATION OF

Reg. No. 4728 Rank Plt. Name Walter Standy  
 Date of Enlistment 26-4-18 Address Wicklow St. St. John's District St. John's  
 Occupation Businessman Classification for Discharge 1/1 Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 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 6-6-19 for Walter St.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Walter St.*

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 \_\_\_\_\_

*Walter St.*

Date 7-6-19

O i/c. Re-clothing.

# The Royal Newfoundland Regiment

D 4778

## DEMobilIZATION OF

Reg. No. 4728 Rank Plt. Name White, Sandy  
 Date of Enlistment 26.4.18 Address Pickle Cove District Bona Vista  
 Occupation Fisherman Classification for Discharge F Medical Category 4.i  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 6-6-19 for Miss H O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

## 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 7-6-19

## 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable #60.50  
 (b) Clothing Supplied Am. Colours

Date 7-6-19 O. i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P.1583.2.1.2* to his home at *Tickle's Cove* and Release Certificate No. *2437* issued.

Date *7-6-19* *J.P. Shaw 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 *5-7-19*

Date *7-1-19* *H. M. Stewart*  
Depot Paymaster.

Discharge approved for *11-6-19*  
Forwarded with following documents to O.C Discharge Depot.

N.F. F36.	B 26a.	B 121.	N.F. Med.	D.F. 1.	<i>1</i>
B 178.	W 3494.	B 122.	Board 1st.	" 2.	<i>1</i>
B 178a.	D 400A.	B 1915.	do 2nd.	" 3.	<i>2 Form B</i>
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 *7-6-19* *J.P. Shaw 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

JUN 21 1919

Date *R.H. Sait Capt*  
O. C. Discharge Depot.

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

Date *June 16/19* *Jamieson Sgt*  
*for records*

## 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P1583-3-63* to his home  
at *Fickles Cove* and Release Certificate No. *2437* issued.

Date *7-6-19* *J.A. Shaw 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 *5-7-19*

Date *7-1-19* *H. Mustard*  
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 26a	B 121	N.F. Med	D.F. 1	1
E 178	W 3494	B 122	Board 1st	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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 *7-6-19* *J.A. Shaw 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

JUN 21 1919

Date *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date *June 16/19* *Jamieson Sgt*  
*For of Records*

Reg. No. *4728* Rank *Pte* Name *White S.*

Attested ..... Address *Tickle Cove*

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

Date of Allotment ..... Returned from Overseas *29-6-19*

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



RECEIVED TO BE MOBILIZATION OFFICER  
APPROVED BY MOBILIZATION

