



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 570

Name in full Gordon Benjamin Yates Age 43

Address 7 Balsam St.

Married 5. Height 5' 4" Weight 108 lb.

Single Single Color fair Hair dark Eyes blue

Other distinguishing marks None

Nearest relative Mother Annie Yates

Address 7 Balsam St.

Dependents None

Occupation Sailor Present Wage £ 2/6 per mo.

Previous service

Decorations

General Remarks

Date of Enlistment

I, Gordon Benjamin Yates, do solemnly swear that I will be faithful and bear true allegiance to His Majesty King George V.

Gordon Benjamin Yates, 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 (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

G. B. Yates
Feb 17th

Declared before me this 17th day
of February 1914

R. J. Russell

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 570

Name Gordon Bemister Yates

Apparent age 23 years months. Height 5 feet 4 inches.

Chest measurement { Girth when fully expanded inches.
 { Range of expansion inches.

Distinctive marks Color: Fair, Hair: Dark, Eyes: Blue

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Annie Yates, 7 Balsam St., St. John's
 | Relationship Mother

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	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in fit to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>17/9/14</u>									
Joined at <u>St. John's</u> on <u>17th September '14</u>									
<u>W. Bentley</u>					<u>5/05/14</u>				
Total Service forfeited as above									
Total Service towards Engagement to (date of discharge) years days									
" " " Pension " (") "									

Will Read. One Military Hosp. Loughboole

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

ORIGINAL HISTORY

SEP 2 1 1918

Surname Gates OF Christian Name Gordon Bernister

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	191	at	191
Declared Age.....	23	years		
Trade or Occupation.....	Sailor			
Height	5	feet 4		
Weight	108			
Chest Measurement {	Girth when fully expanded...			
	Range of expansion..			
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R. E.—V==		R. E.—V==	
	L. E.—V==		L. E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to Cause Rejection				
Approved by (Signature)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	St John's St.	at	
	on	day of	on	day of
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	Mfld. Reg.	570		
Transferred to..				
Became non-effective by.				
	on	day of	on	day of
(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				
Mill Rd Infirmary	8	4	16	8	16		Bullet wound of lung	40	Bullet has traversed the thorax	AWright

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
14. 8. 15	<p style="text-align: center;">T. V.</p> <p style="text-align: center;">Ad for Foreign Service</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

Casualty Form—Active Service.

1063

Regiment or Corps

1st Newfoundland

Regimental No.

C.R. 570

Rank

Pte

Name

G. B. Yates

Enlisted (a)

Oct 2/14

Terms of Service (a)

Duration of service

Service reckons from (a)

Oct 2/14

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on 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				
		Embarked St. John's, NFLD.		3/10/14.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
1/10/15.	HS. "Dongola" Ill, Dysentery		H.S. "Dongola"	1/10/15.	Auth. A 36, 1/10/15. " A 12311, 6/10/15.
5/10/15.	Kasr-el-Aini, Cairo.	Admitted	Kasr-el-Aini Cairo.	5/10/15.	A 13935.
		Genl des d. duty	Speaks	12/16	R 2395
		unit migration	unit	1/16	Annual report
		Emb'k'd Port Suez		14.3.16	
		Disemb'k'd MARSEILLES.		22.3.16	
		847A Ad G.S.W Chest transf		8.6.16	E D 11968.

(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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

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				
	<i>H. J. Shaefano</i>	<i>"Auto Exp ex 1 Year Special"</i>		<i>4.7.16</i>	<i>W 3083.</i>
	<i>Jm T</i>				<p><i>all Clerk.</i></p> <p>FOR INFANTRY RECORDS C. H. 91 S&D ECHELON. CAPTAIN.</p>



Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

St. John's Nf
Jan. 9, 1917

1. Unit *1st. Newfoundland*

5. Age last birthday.

*24.*2. Regimental No. *570*

6. Enlisted on

28 Aug. 1914

3. Rank.

Plt

at

St. John's Nf

4. Name.

Yates Gordon

7. Former trade or occupation

Sailor

8. Disability

G. W. Left Leg.

9. History

France July 11, 1916.
which is always there.

Feels pain in left side

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Wounds healed. Left arm & hand
works slightly - partial paralysis
Left arm & hand.
Anæmia.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

W. Burden

Rank or Qualification

Lieut

Remarks if any by Officer i/c Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) ~~Climatic.~~
 - (c) ~~Ordinary Military Service~~

Remarks if any: *Small scar (of entry) in front 2 inches from middle line of chest, of lower for the 2nd rib. The scar of exit is behind at level of scapula. The bullet having gone through the chest, left arm cannot be lifted above a level with the neck. Hand also weak. Severe pain tenderness in abdomen left side.*

14. At present his capacity for earning a full livelihood in the general labour market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:—

70% for six months

15. The refusal of operation sanatorium is:—

- (a) Reasonable.
- (b) Unreasonable.

Remarks if any:—

16. We recommend discharge from retention in the Army

Remarks if any:—

H. S. Jones President

Signatures. *L. Paterson* 1

..... *J. B. Stewart* 1

Place *St. John's*

Date *Jan 12th 1917*

APPROVED

Station

Date



Cluny Macpherson
Administrative Medical Officer. *Major*



STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 570

All communications should be addressed to
the Secretary, MAJOR CLUNY MACPHERSON,
St. John's, Newfoundland.

St. John's, Newfoundland
July 23rd., 1917.

Hon. P. T. McGrath,
Chairman, Pensions & Disabilities Board.

Dear Sir:-

The enclosed copy of letter from R. F. Horwood,
Esq., Chairman Jensen Camp Committee is forwarded for your
information.

You will note from it that Pte. Gordon Yates
who is recommended to Jensen Camp for three months, and given
a Total Disability while at the Camp, has refused to enter
there for treatment.

I shall ask the Medical Board at its next meeting
to state what disability, if any, he should now be allowed.

Yours faithfully,

Cluny Macpherson

Major - Secretary.

COPY

St. John's,

July 21st., 1917.

Major Cluny Macpherson,

City.

Dear Sir:-

Re 570 Pte. Gordon Yates, 7 Balsam Street.

Immediately upon receipt of your communication the Superintendent of Jensen Camp visited this man to arrange for his removal to the Jensen Camp for treatment. I am informed that he declines treatment immediately, and his case is so recorded. He intimates that he may be willing to take treatment in August when he will make application accordingly. So far as records are concerned, his case is thus disposed of.

Yours faithfully,

(Sgd) R. F. HORWOOD

Chairman, Jensen Camp Committee.



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 *Gordon Yates.*

Regiment from which discharged *1st. Newfoundland*

Regimental number *870.*

Intended address *7 Balsam St.*

Height on discharge *5 Feet 4 1/2*

Color of hair on discharge *Brown*

Complexion *Anæmic*

Color of eyes *blue.*

Figure on discharge *medium.*

Christian name of Father *Dead.*

Christian name of Mother *Annie.*

Wife's maiden name in full *-*

Date and place of marriage *-*

Christian names of children *-*

Place and date of soldier's birth. *St. John's Nf. 21st March. 1891*

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)

Gordon Yates (Rank) *pl-*

Station *St. John's* Date *9-1-17*

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.

J. W. Burden Lewis.
Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

St. John's Nf.

Date

Jan 9, 1917

Company
REGIMENTAL CONDUCT SHEET.

COPY.



Army Form 120.

Number of sheets
(in words) 5

Signature of C.O.
or Adjutant

C. Carby

Regiment of _____

Regiment.

Regimental Number) 570
and Name) Gates

Attested _____

19

Joined _____

19

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	PUNISHMENT awarded	Date of award, or of order dispensing with trial	By whom	Date of Commencement	Date of Expiration	REMARKS
Fort George	Jan 4/15	Pte.		Absent from 7 a.m. to Jan 5 th 9.30 P.M.	Mr Penny	5 Days CB.	7/1/15	Lt Col Burton			Defect 2 days pay under R.O.
Fort George	Jan 17	Pte.		Absent from morning parade	Mr Fox	6 Days CB.	20/1/15	Lt Col Burton			Defect 4 days pay under R.O.
Fort George	Feb 6	Pte.		Absent from Tattoo at Midnight.	Mr Williams Mr James	6 Days CB.	11/2/15	Lt Col Burton			Defect 5 days pay under R.O.
Edinburgh	15/3/15	Pte.		Falling out of ranks while on March	Lt Tait	2 Days CB.	15/3/15	Capt Carby			R.O. L
Stob's Camp	23/5/15	Pte.		Absent from morning parade	Mr Agnes	2 Days CB.	24/5/15	Lieut Haley			Defect 2 days pay
Stob's Camp	30/5/15	Pte.		Absent from Tattoo until 7 a.m. 31/5/15	Mr A. Manning	5 Days CB.	31/5/15	Capt Carby			Defect 1 day pay under R.O.

To be carried over

COPY.



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

MEDICAL HISTORY

Surname Gates

OF
 Christian Name Jordan Bernister

Table I.—GENERAL TABLE.

Birthplace:—Parish _____

County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	191	at	191
Declared age	23	years		
Trade or occupation	Sailor			
Height	5	feet	4	inches
Weight	108			lbs.
Chest Measure- ment {	Girth when fully expan- ded	inches		inches
	Range of expansion ...	inches		inches
Physical development				
Vaccination marks {	Right	Left	Right	Left
	Arm			
Number				
When vaccinated				
Vision	R.E. - V =		R.E. - V =	
	L.E. - V =		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)				
(Rank)				
		Medical Officer.		Medical Officer.
Enlisted	at	St Johns N.F.	at	
	on	day of	on	day of
		191		191
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	1st Lt Regt	570		
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

Port Yates 570

SEP 21 1916

will not be fit for
General Service for several
months (S. S. W. left lung)

8/9/16

H. Y. Wilson 4/16

570

HMM/L



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

October 2, 1920

G. Yates,
Balsam Street,
City

Dear Sir:

I have been directed to advise you that the cost of the Miniature Medals supplied you, are as follows:

	s.	d.
1914-15 Star	3.	0
British War Medal	3.	6
Victory	2.	6
	<u>9.</u>	<u>0</u>

Will you please forward to this Department the equivalent of this amount, viz: \$2.16.

Yours truly,

Capt.
For Paymaster.

570

June 22nd. 1917.

Mr. C. B. Yates,
7 Balsam Street.

Dear Sir:-

I enclose herewith cheque for £4.86 being the amount due you as Ration money whilst on Furlough in England.

Yours truly,

Lieut.
Deputy Paymaster.

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Pte. G. B. Yates, Voucher No. 27010.
First Newfoundland Regiment. Cheque No. 27010.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amount. Entry: Jan. 11, 274, A/c pay, \$10.

CERTIFICATION

Dissect Sheet No.

Recap. Sheet No. 274.

Signature of Paymaster

PAYMASTER

Checked by

RECEIPT

January 11th 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of

Ten Dollars

and Cents in Payment as above stated.

January 12 1917.

\$ 10.00

[Sig.] Yates, G. B.

HM/LL.

October 8, 1920

G. Yates,
Balsam Street,
City

Dear Sir:

I have been directed to advise you that the cost of the Miniature Medals supplied you, are as follows:

	s. d.
1914-15 Star	3. 0
British War Medal	3. 6
Victory	2. 6
	<u>9. 0</u>

Will you please forward to this Department the equivalent of this amount, viz: £9.00.

Yours truly,

Capt.
For Paymaster.

June 28 1920

Major Howley
O. I. C. Reco rds

Please pay to G. Yates 570
the sum of five dollars
in payment of one suit Overalls bought of Ayre & Sons
and charge same to Civil Re-establishment Committee

\$5.00

J. C. A.
J. C. A. Howley

Vocational Officer

ACCOUNT _____	
CHK. NO. <u>40023</u>	INITIALS <i>JCH</i>
INL. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

G B Yates

BB/ME

August 14, 1920

Major Howley
O. I. C. Pay and Records.

G. B. YATES 570

ACCOUNT		INITIALS	RH
CHK. NO.	1713		
ISS. MEMBER		ISS. DATE	
PAY MEMBER		ISS. DATE	
CHK. MEMBER		ISS. DATE	

Please pay to the man named above
the sum of forty dollars
being A/ and P. Bonus
and charge the same to the Civil Re-establishment.

\$40.00

W. S. Skell.

J. C. R.

Vocational Officer.

G. B. Yates

July 17 1920

Major Howley
O. I. C. Records

Please pay to Mrs Annie Yates
the sum of three dollars and eighty eight cents
in payment of arrears of allowance to date
and charge same to Civil Re-establishment Committee

\$3.88

W. B. H.

W. W. McCall

Vocational Officer

ACCOUNT	INITIALS
CHK. NO. 731	<i>W. W. McCall</i>
INTL. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

9 B Yates

Civil Re-Establishment Committee.
(DEPARTMENT OF MILITIA.)

FORM R
26-9-19-2000

April 10th 1920

MAJOR HOWLEY,
Officer in Charge of Pay and Records.

Please pay to **G. Yates,** **570**
the sum of **seven dollars**
in payment of allowance for week ended this date
in connection with re-education.

\$7.00

Pension (Monthly) \$30.00
Wages (Monthly)
Allowance (Weekly)
Dependents (Weekly)

A.C.R.

ACCOUNT	3.4496
DATE	APR 10 1920
PAY ORDER NO.	
INITIALS	

W. J. Mackell

VOCATIONAL OFFICER.

Chas. G. Mackell

Alvord

St. John's.

7 Balsam Street.

J. R. Bennett Esq.,
Minister of Militia.

Sir:

I beg to remind you that having given me an appointment for the morning to discuss the matter of the separation allowance due me under the Regulations published in February last you were too busy to take the matter up and requested me to write you a letter.

I am one of the "Blue Puttees" and obtained my discharge January 27th. 1917 as a result of wounds received July 1. 1916. My application papers for the increased separation allowance due to my mother, Mrs. Annie Yates, 7 Balsam Street, of whom I have been the sole support for years past, were made out and filed in the Pay and Record Office about the middle of February and I have heard nothing definite since, except your statement to me last Monday that you would bring the matter up at once as it was a clear case.

I have to request that something be done without further delay, as my mother needs the money urgently and it is a great hardship having the payment delayed so long.

Your obedient servant,

Gordon Bonerton Yates

772 370

P.M.
Minister authorizes payment

12/4/19

W.F. Rendell
Lieut. Col.
C/O

STATEMENT OF ACCOUNT

No. 570

Name Yates G.B.

Date.	Particulars	Ch. No.	Dr.		Cr.		Bal.	
	Brought forward		528	61	788	51	259	90
May 1	To Pay		70	00			189	90
May 2	To allowance		30	00			159	90
June 1	To Pay		69	90			90	00
	By						60	00
	By	3940	30	00				
	By		60	00				
			788 51		788 51			

Signed Alvany S.M.

STATEMENT OF ACCOUNT

No. 570
 Name Gates G

1921

Date.	Particulars	Ch. No.	Dr.	Cr.	Bal.
Sept 29	Balance due by P.M. \$14-7/2			3 55	3 55
Oct 9	Pay to date			11 00	14 55
31	" "			35 20	49 75
Nov 30	By pay 30 days @ 1% 31 .. @ 1.5%			55 50	105 25
Dec 31	" " 31 .. @ 1.5%			57 35	162 60
Jan 76	" " 76 do			48 10	210 70
	Bonus			12 95	223 65
	clothing			25 00	248 65
	halion allowance 1.000			4 86	253 51
Sept 30	Allotment 1-day		60		252 91
Oct 10	Do pay	22	15 00		237 91
13	" "	26	10 00		227 91
31	" "	38	20 00		207 91
	Do allotment		18 60		189 31
Nov 8	Do pay	42	10 00		179 31
14	" "	46	5 00		174 31
21	" "	48	10 00		164 31
Dec 1	" "	58	5 00		159 31
2	" "	58	10 00		149 31
11	" "	66	57 40		96 91
28	" "	82	10 00		81 91
Jan 11	" "	94	10 00		71 91
24	" "	104	67 05		4 86
	War Service - Gratuity 5 mos @ \$100.00 E. Allowance Bonus			500 00 35 00	504 86 539 86
Dec 18	Do pay		12 95		526 91
Jan 3	" "	7126	92 01		434 90
Mar 1	" "		35 00		399 90
Apr 1	" "	11334	70 00		329 90
	" "	14214	70 00		259 90
			528 61	788 51	259 90

Signed H. J. Ivory *SSM*

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservation of the claims noted on the 3rd page.

Place St. Louis, Mo. Yalin 9A (Signature of Soldier)

Date Jan. 26th 1917 J. M. Dowley (Signature of witness)

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *570*

Rank *Private*

Name *A. Yates.*

Died (a) at *Enniskillen* on the *26th* of *Sept.* 191*6.*

Deserted at *On Enniskillen* on the *26th* of *Sept.* 191*6.*

I Certify to the correctness of above in every particular.

Marked Scandinavian
Liverpool 27-9-16

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month.....			<i>10 0</i>		Balance Cr. last month.....	<i>4 17 2 1/2</i>		
	Cash issues (Date of each issue to be stated)					Pay days at _____ from _____ to _____			
	<i>Sept: 8 1916</i>			<i>10 0</i>		Proficiency, Service or good conduct pay			
	<i>15 "</i>			<i>1</i>		days at _____ from _____ to _____			
	<i>22 "</i>			<i>1</i>		Messing allowance days at _____			
	<i>26 "</i>			<i>1</i>		from _____ to _____			
				<i>3 10 0</i>					
	<i>Barrack Damages.</i>			<i>3</i>		Clothing and kit allowance			
	<i>Boot Repairs</i>			<i>1 8</i>		Amount produced by the sale of Necessaries			
	<i>Laundry.</i>					Personal Clothing and Effects from Form 2...			
	Consolidated stoppage					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
						Deferred Pay or Gratuity.....			
	Balance due by the Paymaster			<i>14 7 1/2</i>		Balance due to the Paymaster.....			
		<i>£</i>		<i>4 17 2 1/2</i>			<i>£</i>		<i>4 17 2 1/2</i>

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £~~ *is correctly chargeable against the Public* (a)

Dated at this day of

191 .

NEWFOUNDLAND CONTINGENT

F. H. Marshall 27/9
Paymaster. *an*

(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 War Office with A.F.B. 2090 or Army Form O. 1815.

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

W 14c66-626-300M. 4/15. Pforms
(C. & Co., Grange Mills, S.W.) O. 1625
27



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 question are not applicable, the words "NOT APPLICABLE" must be written out.

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

Christian name. *John Bennett* 2. Surname... *F. G. G.*.....

3. Rank... *Private*..... 4. Regt. No. *570*.....

5. Address in full to which future payments of gratuity are to ~~far~~ be forwarded... *F. G. G.*.....

..... *7. B. abram St. City*.....

6. Date of enlistment in the Regiment... *Sept. 17. 1914*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

.... *Discharged prior to separation allowance commencing*

8. Relationship of such dependents... *Mother*.....

9. Address in full of such dependent... *Assis. F. G. G. Mrs.*.....

..... *7. B. abram St. City*.....

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.. *Two years one hundred*.....

..... *and thirty two days*.....

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... *Yes \$92.01*.....
Militia... Dept... City...

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. *No*.....

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

(b). If so, was such reversion in consequence of misconduct or inefficiency?... *Not Applicable*.....

19. Are you now serving in the Regt.? *No*.... If not give:- (a) Date of discharge... *Jan 26/17*... (b) Reason for discharge...
Wounds received in action July 4/16.....

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....
Gallipoli and France.....

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.

Signature of Applicant:

Gordon B. Valer

Place of Residence:

112 1/2 Babson, N. City

Declared before me at:

St. John's

This

28th

day of *February* 19*49*

[Signature]

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>5 mos</i>	<i>A 500.00</i>
.....
.....
Certified Correct.			Paymaster.	

[Signature]

day of 19...

325
604
at 3/14 possible
Mother
THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

ROYAL NEWFOUNDLAND REGIMENT

MOTHER.

(Separation Allowance Branch)

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

- Allotment commenced 1/1/10
to 1/1/10
joined
- Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Gordon Remister Yates *Rivalis* *Royal Newfoundland Regt* *570*
 - Age of soldier. Married or Single.
Twenty Eight *Single*
 - Name in full of mother. Age. Occupation. Permanent Address.
Aretta Yates *52* *House keeping in her own home.* *7 Balgoun Street St Johns*
 - Give name of your husband. Age. Occupation Where Employed.
William James Yates *36* *Railroader* *Reid Newfoundland Co*
 - If your husband is not supporting you state the reason.
He is dead.
 - If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue.)
 - If you are a widow, state date and place of death of your husband.
Killed by Train at Gaf, Torrsails. October 17th 1900.
 - Have you married again since death of above mentioned husband?
No
 - Names of your other children. Address in full. Age. Occupation Married or Single.
No other children

10. State amount earned by (a) Yourself *None*
(b) Your husband. *None*
-
11. State amount and source of any other *None (See Para 15)*
income. *Twenty five dollars per month from ~~insurance~~*
-
12. State value of real property belonging
to you and your husband. *None*
-
13. State value of personal property
belonging to you and your husband. *House, Six Hundred dollars*
-
14. If husband is dead state value of
real and personal property left by
him. *Life Insurance of One thousand dollars but \$900
at time of his death.*
-
15. Actual amount contributed by soldier
during the year prior to enlistment.
Twenty five dollars per month
-
16. Was this amount contributed weekly or
monthly. *Monthly*
-
17. Did this amount include payment of son's
board, etc. *Yes, when home*
-
18. State your son's trade or occupation prior
to enlistment. *Sailor*
-
19. State amount of his wages per week.
Average of Eight-seventy five per week
-
20. State name and address of his last *Onite Grader*
employer. *FWB Biscuit Co Ltd. Mission St, Calif. A.S. M.B.*
-
21. State amount of monthly support *Eighteen one month & Eighteen*
from son since enlistment. *dollars & eight every other month
excepting Feb which was \$14.00*
-
22. State amount of allotment received
by you from son since enlistment.
Four hundred & fifty one dollars & twenty cents
-
23. State from what date did you receive
allotment? *December 10th 1914*
-
24. Actual amount contributed by

	Weekly	Monthly.
other children.	<i>None</i>	<i>None</i>
-
25. Are any of these children in the employ
of you or your husband?
No.

- 26. If not receiving support from other children, state cause. Explain fully. *I have no other children*

- 27. With whom are you residing at present? *In my own home.*

- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No. As my son was discharged before the separation allowance was granted.*

- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No*

- 31. Was the soldier at the time of his enlistment an employee of the H.M.S. Government. *No.*

- 32. In what capacity and in what place? *No*

- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No*

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

Signature of Applicant... *Anette Gater*.....

Place of Residence... *7. Balsam Street, City*.....

Declared and subscribed before me at... *St. John*.....
 this... *third*..... day of... *February*..... 1919.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*
Notary P.

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

Signature of Clergyman... *Jacob [Signature]*.....

Signature of member of the Patriotic Fund Committee. *[Signature]*

W.F.R. [Signature]

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 570

Rank

Private

Name

G. Yates

Died (a)

On 26 Sept 1916 at Bury

on the

26 Sept

1916

Deserted at

on the

of

191

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		10		Balance Cr. last month	4	17	2 1/2
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	Sept 1916		10		Proficiency, Service or good conduct pay			
	15 "		1		days at from to			
	22 "		1		Messing allowance days at			
	26 "		1		from to			
	Balance due by the Paymaster	£	14	7 1/2	Clothing and kit allowance			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
					Balance due to the Paymaster	£	14	17 2 1/2

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 14 17 2 1/2 is correctly chargeable against the Public.

NEWFOUNDLAND CONTINGENT

Dated at

this



191

Paymaster.

PAYMASTER & OFFICER I/C RECORDS

(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 War Office with A.F.B. 2090 or Army Form O. 1815.

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



No. _____

Date _____ 191

(1) To the Officer i/o Records,

Newfoundland Contingent adv.
58 Victoria St. L.W. (Station).

(2) The Officer Commanding,

 _____ (Station).

(3) The Paymaster,

do. _____ (Station)

Regimental No. 570

Rank and Name Pte. Yates, G. B.

Regiment or Corps 1st Newfoundland Inf.

has been ~~granted a furlough from~~ discharged on 16th E 16th report to Newfoundland
home is Record Office

His address while on leave will be:—

16 Market Bray,
Inverness, N.B.

I consider he is fit for * Duty.
~~Light duty.~~

Class (a) A. Brown General

Officer in charge Fazakerley Hospital,
Spool (Station).

* Strike out that which is inapplicable.

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

NEWFOUNDLAND CONTINGENT.

CANCELLATION OF ALLOTMENT

I, (No.) 570 (Rank) Pte (Name) Gates, G B.
 hereby apply for cancellation of Allotment made by me on
 N.F.K.No. 325 dated October 3/4 in favour
 of Mrs. A. Gates, 7 Balsam St. St. John's for \$ — cts 60
 per diem. Such cancellation to take place from (inclusive)
 the 1st day of November 1916.

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date: and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.*

Dated at London
Dec. 20 1916

Letter from A.D. Ref No 4895.
 Allotor.

Approved and Witnessed.

 O. C. " " Company.

NO. 1
 W.R. Martin
 P.R.O.
 Date 20/1/16

*Attention is drawn to the fact that Allotments are payable by Headquarters per Calendar, not Regimental month, and therefore reasonable time must be allowed for delivery of this request at St. John's, in order to become operative.

To be made out in triplicate and sent to the Paymaster & Officer in Charge of Records, who will forward original to Headquarters by first mail, duplicate by the following, and retain triplicate.

N.B.—This Form must accompany any inquiry respecting this Telegram.



RYAN & SPOTTISWOODE, Ltd., Lond.

POST OFFICE TELEGRAPHS.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 3/4d. being reckoned as 3/4d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.

Inverness

Charges } s. d.
to pay }

Office Stamp.



Handed in at } *5/7*

Received here at } *1/6*

TO

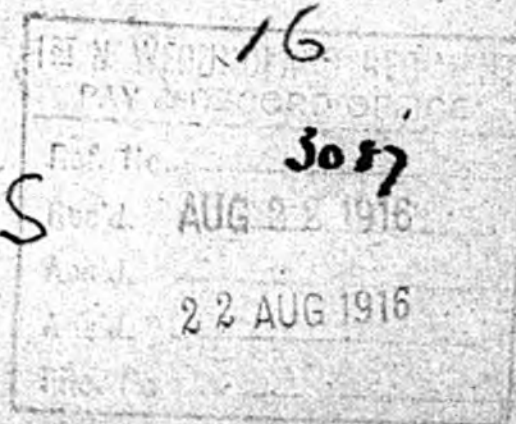
*Newfoundland Bay and Record
Office 85 Victoria St London*

*Please send on my warrant
G. B. Yates 5/0*

Market Bree Inverness

16 Market Bree

570 YATES



3441/1

August 22nd 1916

570, Pte. G. B. Yates, 1st. Newfoundland Regiment,
16, Market Brae,
Inverness.

Enclosed Railway Warrant 50/1029384, Inverness to
Newton-on-Ayr, as requested.

2/Lieut.
Asst. Paymaster,
For Paymaster & O i/c Records.

F.M/W.F.

Chanig X. Hospital

Tuesday

570 Meats.

Dear Captain Finnell.

I am very
anxious to find out where
a boy from S. John's named
James can be found. I have
some friends in London
who know his mother &
are anxious to send him
a parcel. He has not been
wounded, but was in Alexandria

Shelton for dysentery.

His number is 570. Co. Company
his name. G. B. Yates.

1st. 1st. 1st. Regiment

I should be so grateful if
you could help me as my
friends are most anxious
to find him.

Yours Sincerely
Auntie Peet

RECORDED	INDEXED
FEB 16 1916	
Ref. No.	493
Rec'd.	FEB 16 1916
Ask'd.	
Ans'd.	
File No.	



Army Form A. 2019.

Registered No. _____

[In any reply the above number should be quoted.]

Feb 16 1916

~~SIR,~~ Madam.

I have to acknowledge the receipt of your letter of the 15th inst. and to acquaint you in reply that

no report has been received of 590 Pte G. B. Meats beyond the one which stated that he was stated to be at the Kas-el Anin Government Hospital, Cairo on Nov. 5-1915 suffering from dysentery. As there has been no subsequent report the assumption may be that he is better.

I am,

SIR, Madam.

Your obedient Servant,

H. A. Anderson
for Officer in Charge
Newfoundland Contingent

16, February, 6.

504/1.

Dear Miss Pilot,-

With reference to your letter on the subject of No.570 Pte.G.B.Yates, beyond the report stating him to be at the Kasr-el-Aini Government Hospital, Cairo, 5/11/15, suffering from Dysentery, there has been no subsequent one, and therefore the assumption may be that he is better. In the ordinary course I should be advised when he is discharged from hospital, and should any further news be received you will be notified.

With kind regards,

Yours sincerely,

Capt.

Paymaster & O.i/c Records.

H.T./N.M.

10, March, 6.

853/2.

Miss Annie Pilot,

Charing Cross Hospital,

S. W.

No.570 Pte. G. Yates.

Referring to your enquiry and my No.504/1, it is intimated that No.570 Pte. G. Yates was discharged from 17th. General Hospital, Alexandria, on 18/2/16, fit for active service; this being his second time in Hospital, and latter complaint being a contusion of right elbow.

Capt.

Paymaster & O. i/c Records.

RECORD OFFICE,

10th February, 1916.

Officer i/c Records,

Newfoundland Regt.

5B, Victoria Street,

L O N D O N.

M.F.C. 47047
36956

In confirmation of my telegrams of ~~the~~ ^{various}

dates I beg to forward ~~copies~~ ^{copies} thereof as per
margin.

THE NEWFOUNDLAND REGIMENT	
PAY AND RECORDS OFFICE	
Ref No.	620
Date	FEB 9 1916
AMOUNT	
REMARKS	
INITIALS	

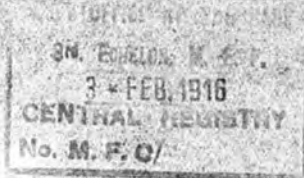
W. H. C. S. G.

Brig-General,
D.A.G. 3rd Echelon, G.H.Q. M.E.F..

i/c _____ Records.

Section 3/1397

Cablegram in Code



SYNOPTICAL

LONDON

MFC *37047* FALLACITER VACARNOSE 570 YATES DETAILS SIDIBISHR
DENTAL TREATMENT

RECORMEF

Cablegram in "Clear"

Synoptical

London

MFC February 3rd Newfoundkand Regiment 570 Yates details
Sidi-Bishr Dental Treatment.

Recormef

Alexandria

3-2-16

G. H. Q. Lieutenant.
3rd Echelon. G.H.Q. M.E.F..
1122

CABLEGRAM

No. 209



No. of Message _____ Date, _____



The following CABLEGRAM received, at 11-30 P.M. "Via Commercial Cables."

GN X5917 GOVT STJOHNS NF 13
 SYNOPTICAL LDN
 ABSOLVETH COMPEDIARE FIVE SEVENTY
 YATES IDEOGRAM COMPEDIARE TEN SIXTEEN
 BASTOW

COPHOUSE

*What is address of - report by telegraph present
 Condition of - Sgt Yates - what is nature
 of illness of - report by telegraph present
 Condition of - 1016 Bastow.*

1ST N.W. MOUNTAIN REGIMENT
 PAY & RECORD OFFICE

Ref. No. 347
 Date JAN 31 1916
 Adm. _____
 Acc'd. _____
 No. _____

*Yates Gov. H. Kasal Aini Cairo DYS
 Bastow Lord Derby was hosp. Warrington sick*

Important Telegrams should be repeated. — Quarter-rates extra charged for Repetition.

3632 LONDON WALL / TELEPHONE NUMBER.

LONDON

STATION.

TELEGRAPHIC ADDRESS: "SIGNALLY, AVE, LONDON."

To prevent mistakes attention is called to the importance of Legible Writing.



No.	74/97.		
Date.	1/3/16.		
Words.			
Code Time.			
Charge.	a.	s.	d.

Sent at _____
 No. and Circuit _____
 By _____

Via Eastern

Official Instructions.

To Receiver's Name W.S.M.,
 Address Third Echelon, Alexandria.

PLEASE INFORM IF FIVE SEVENTY PRIVATE YATES NEWFOUNDLAND
 REGIMENT STILL IN HOSPITAL WHERE AND CONDITION.
 SYNOPTICAL, LONDON.

Moyaleb.

CASUALTY CABLEGRAM.

- 1.—Either the Postmaster-General or this or any other Telegraph Company or Foreign Government, by whom this Telegram is or would in the ordinary course of the Telegraphic Service be forwarded, may decline to forward the Telegram although it has been received for that purpose; but in such case the amount paid for transmission shall be refunded to the Sender at his request.
- 2.—Neither the Postmaster-General nor this nor any other Telegraph Company or Foreign Government, by whom this Telegram is or would in the ordinary course of the Telegraphic Service be forwarded, shall be liable to make compensation for any loss, injury, or damage arising or resulting from non-transmission or non-delivery of the Telegram, or delay, or error, or omission in the transmission or delivery thereof, through whatever cause such non-transmission, non-delivery, delay, error, or omission shall have occurred.
- 3.—This Telegram shall be forwarded in all respects in accordance with the provisions of the Regulations made pursuant to the Telegraph Acts, 1863 to 1904, and the provisions of such Regulations shall be deemed to be binding not only between the Sender and the Postmaster-General, but between the Sender and this and any other Telegraph Company or Foreign Government by whom this Telegram is or would in the ordinary course of the Telegraphic Service be forwarded.

I request that the above Telegram may be forwarded subject to the above conditions, by which I agree to be bound.

Signature and Address of Sender _____
(Not to be telegraphed.)

THE EASTERN TELEGRAPH COMPANY, LIMITED.

Clerk's Name.

LONDON STATIONS:—

ELECTRA HOUSE,
 FINSBURY PAVEMENT, E.C. (3632 Wall) 4 Lines
 11, OLD BROAD STREET, E.C. ... (3632 Wall)
 8, LEADENHALL STREET, E.C. ... (851 Avenue)
 29, MINING LANE, E.C. MARKET } (852 Avenue)
 26, MARK LANE, E.C. BLDGS. }

37, HOLBORN VILLAGE, E.C. (2514 Holborn)
 449, STRAND, W.C. (2514 Strand)
 41 & 42, PARLIAMENT STREET S.W. (2516 Strand)
 FOREIGN AUCTION HALL: COVENT GARDEN, W.C.
 THE BALTIC, ST. MARY AXE, E.C. (4408 Avenue)
 6, DENMAN STREET, PORTLAND, E.C. (2542 Top)

MINISTER OFFICE
 41 & 42, PARLIAMENT ST. S.W.
 1916

ISSUED FROM
 41 & 42, PARLIAMENT
 STREET, S.W.

No. 103

REMARKS.

Bg

No. _____

The following TELEGRAM Received at

From ~~_____~~ * Alexandria via "Eastern."

Foreign No. } No. of Words } 13 Dated 3 Time 5:57 m.

To *Synoptical Ldn*

*mfc 37047 fallaciter Vacarpage
 570 gates details Sidibishr
 dental treatment*

Recomef

ISI W. WINDLAND TELEGRAPH
 PAY RECORD OFFICE
 Ref. No. 393
 Rec'd. FEB 4 1916
 Ack'd.
 And'd.
 File No.

REPLIES SHOULD BE ORDERED *Via Eastern*

Doubtful words should be officially repeated. See Rule Book.

No inquiry respecting this Telegram can be attended to without the production of this Copy.

No.

87/21

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM

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

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **W.S.M. COLONIAL SECRETARY,**
ST. JOHN'S, (NEWFOUNDLAND)

FIVE SEVENTY YATES DETAILS SIDI BISHR DENTAL TREATMENT TEN
SIXTEEN BASTOW PROSBITE VENT PRACTICALLY CURED JAUNDICE
DISAPPEARING DENTAL TREATMENT.

TIMESWELL.

570
Yates

NOT TO BE
TELEGRAPHED.

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

Signature _____

Address _____

56, Victoria Street, S.

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

ORIGINAL

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of _____

Number of Sheet _____

Signature of O. C. Company _____

G. J. Carby

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>570 Yates G.</i>	Age on	<i>23</i> years <i>17</i> months		
Joined	Date	Date of Enlistment	<i>17-9-14</i>	Religion	
Joined	Date	Period of	with Colours <i>2 1/2</i> years. with Reserve <i>3 1/2</i> years.		
Joined	Date				
Joined	Date				



Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Jork George</i>	<i>1915 Jan 4th</i>	<i>Plt</i>		<i>(1) Absent from 7am to Jan 4th 9.30pm</i> <i>(2) Absent from morning parade</i>	<i>Cpl Penny</i>	<i>5 days CB</i>	<i>7/1/15</i>	<i>Lt Col Burton</i>	<i>Inflicts 2 days pay under R.W. Code</i>
<i>Jork George</i>	<i>Jan 17th</i>	<i>Plt</i>		<i>Absent from tattoo to 6pm 20/1/15</i>	<i>Cpl Fox</i>	<i>6 days CB</i>	<i>21/1/15</i>	<i>Lt Col Burton</i>	<i>Inflicts 4 days pay under R.W. Code</i>
<i>Jork George</i>	<i>Feb 6th</i>	<i>Plt</i>		<i>Absent from tattoo to midnight 10/2/15</i>	<i>Cpl Williams</i>	<i>6 days CB</i>	<i>11/2/15</i>	<i>Lt Col Burton</i>	<i>Inflicts 5 days pay under R.W. Code</i>
<i>Edinburgh</i>	<i>15/3/15</i>	<i>Plt</i>		<i>Falling out of ranks while on march</i>	<i>Cpl James</i>	<i>2 days C.B.</i>	<i>15/3/15</i>	<i>Capt. Cartz</i>	<i>R.H.D. Lt.</i>
<i>Hobs Camp</i>	<i>23rd/15</i>	<i>Plt</i>		<i>Absent from 7am Parade</i>	<i>Cpl. Ryall</i>	<i>2 days CB.</i>	<i>24th/15</i>	<i>Lieut. Raley</i>	<i>Inflicts 2 days pay</i>
<i>Hobs Camp</i>	<i>30th/15</i>	<i>Plt</i>		<i>Absent from tattoo until 7am. 31st/15</i>	<i>Cpl. A. Manning.</i>	<i>5 days C.C.</i>	<i>31st/15</i>	<i>Capt. Cartz.</i>	<i>Inflicts 10 days pay under R.W. Code</i>
				<i>To be carried over</i> <i>Medically Unfit 26th 1/17</i>					

Army Form B. 121

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 28 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Gordon B. Yates

in respect of his service as No. 570 Rank Pte

Name G. B. Yates Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory + British War Medals

Signature Gordon B Yates

Date 3-10-21

Address 7 Balsam St

Receipt for Army Book 64

No. 570 Name G B Yates

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

Name G B Yates

Date 14. 8. 20

Place Dpt of m

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

Receipt for Army Book 64

No. 570 Name G B Yate

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

Name G B Yate

Date 14. 8. 20

Place Dpt of m

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

C.R. 570

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 570 Name

G. B. Fisher

Witness.

Ward

Date

3/12/19

Place

at John's

St Johns
7 Balcon W.
April 12/19

John R. Bennett Esq
Minister of Militia
C.R. 570
Sir.

I beg to acknowledge
receipt of cheque for reparation
allowance which reached me on the
11. inst.

This I presume is a reply to my
letter of Tuesday last: and please
accept my thanks for same

Your obedient servant
Gordon B. Yates
No 570

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 Star.

C.R. 570

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

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

Name *J. B. Yates*

Date.....

Place.....

Please sign this and return to Dept. of Militia.

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.

H. J. Readell
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 *sep 20/15* 1915 to *Oct 4/15* 1915.

(Date) *March 29/17* (No) *570* (Rank) *Private* (Name) *Jordan B. Yalis*

(Place) *7. B. Adams St. St. John's*

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

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(Date) *March 24/19* (No) *570* (Rank) *Private* (Name) *Jordan B. Talis*
(Place) *7. Balaam St. St. John's*

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

C.R. 570

Extract from Roll, of Officers
N. C. O's and men DISCHARGED
from the Royal Newfoundland
Regiment.

Regtl.#	rank	name	date	reason.
570	Pte.	yates Gordon B.	26/1/ 17	Med. Unfit.

C.R. -570

Copy of Cablegram to Governor St. John's Nfld from P. & R. O. 30 Sep. 16.

570 Pte Yates.

Left Liverpool on Scandinavian September 27th. Passage has been provided
to Quebec. On Furlough.

C.R. 570

Extract from Telegram received from London, dated
September 30, 1916.

Leaving Liverpool, Scandinavian, September 27th,
passage has been provided, Quebec, following six
furlough:

#570 Pte. Yates.

C.R.

570

Extract of Communication received from Pay & Record
Office, London, dated August 17, 1916.

#570 Pte. G.B. Yates.

Discharged from Hospital, granted furlough from 16/8/16.
to 25/8/16. Duty Class A.

C.R. 570

Extract of Casualties received from Pay & Record Office,

London, dated July 31, 1916.

(Extract from Army Form B 212, from P.O. 1st. Field. Regt.
dated 11/7/16.)

#570 Pte. G.B. Yates. ✓

Wounded in Action 1/7/16.

C.R. 540

Extract of Casualties received from Pay & Record
Of ice, London, dated July 12, 1916.

#570 Pte. G.B. Yates. ✓

Gunshot wound Chest.

Admitted and Transferred to England ex 1st Genera.

Hospital, 3rd July 1916.

C.R. 570

Extract of Casualty List received from P.&.R.O.
July 10th. 1916.

570, Pte G.B. Yates. ✓

1st Newfoundland G.S.W. Chest , 1st Western General
Hospital Fazakerley Liverpool July 8th. 1916.
from Hospital Ship Lanfranc.

Mill Road Auxillary Military Hospital Liverpool.

C.R. 570

Extract of Casualties from Nominal Roll of sick and wounded from the French Expeditionary Force, admitted on July 8th, 1916, from Hospital Ship "Lanfranc" to 1st Western General Hospital at Fazakerly, Liverpool.

Mill Road Auxiliary Hosp. Liverpool.

570 Pte. Yates, G.B.

G.S.W. Chest (Sit) $\frac{3}{2}$

April 11, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 570, Private Gordon B. Yates, who was last reported on April 6th as undergoing treatment in a hospital at Alexandria on February 12th for contusion of the head, was fit for duty on February 18th and is now on active service.

This information is in reply to a cablegram sent by me to the Record Office on the 8th instant.

Yours faithfully,

Colonial Secretary.

Mrs. Annie Yates
7 Balsam St.

1.

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL

April 8th, 1916.

Report by telegraph nature of wounds of, report
by telegraph present condition of 570 Yates. Has
anything been heard of, relatives anxious for news of
1542 Pennell, 687 Manning, 138 Thompson, 1319 Brown,
26 Stone.

COL. SECY.

APR 6 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 570, Private G. B. Yates, who was previously reported at Sidi Bishr, February 5th, undergoing dental treatment, was admitted to the 17th General Hospital, Alexandria, February 12th, suffering from contusion of the head.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mrs. Annie Yates,
7 Balsam St.

C.R. 570

Extract from War Office List No.H.6396.

570 Pte. Yates, G.B.

1/Nfld.R. Contusion. R.Elbow..Dis. to duty ex 17 Gen. Hos.
Alexandria.17th, Feb.16.

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - MEDITERRANEAN.

HAMILTON RECORD OFFICE.

11014	Pte.	Kelly, J.	1st K.O.S.B.	V.D.G.	Dis.to duty ex 17 GH.Alexandria, 11 Feb.16.	<u>LIST No.H.6135.</u>
12072	Sgt.	Douglas, T.	1st do.	?Debility.	Adm.17 G.H.Alexandria, 12th Feb.16.	
28372	"	Lennon, J.	1st Garr.R.Scots.	Nephritis.	do.	
28603	Cpl.	Brown, W.	1st do.	Synovitis.	do.	
10350	Pte.	McLoughlin, J.	1st K.O.S.B. C.		Trans.to 6 C.H.Ramleh, ex 19 GH.8 Feb.16.	

TERRITORIAL FORCE - HAMILTON RECORD OFFICE.

7011	Pte.	Wright, C.J.	1/4 K.O.S.B.	Y.	Keratitis slight.	Adm.19 G.H.Alexandria, 8th Feb.1916.	<u>LIST No.H.6135.</u>
1901	"	Morgan, J.	1/5 do.	B.	Cerebral Haemorrhage.sl.	do.	
1808	"	Taylor, J.K.	6th H.L.I.	A.	Blepharitis. slt.	do.	
3103	"	Dewar, A.	1/7 do.	D.	Septic sores R.Leg.slt.	do.	
2434	"	Clark, M.A.	1/8 do.	D.	Nephritis. sev.	Adm.17 G.H. Alexandria, 8th Feb.16.	
2131	"	Black, S.H.	1/5 K.O.S.B.	D.	V.D.H. sev.	do.	
1952	"	Bartlett, A.	1/5 R.Scots.		Enterio sev.	Adm.19 GH.Alexandria, ex anr.H.8th Feb, 1916.	
1878	"	Stevenson, D.	4th R.Scots.M.G.S.			Trans.to 6 C.H.Ramleh, ex 19 GH.8 Feb.1916.	
1528	"	Young, H.	Ayrshire Yeo.Hqrs.		Nephritis.sev.	Adm.19 G.H.Alexandria, 8th Feb.1916.	
1813	"	Paxton, G.	do.	C.	do. do.	do.	



PERTH RECORD OFFICE.

5866	Ptes	McKillop, A.	10th B.Wtch.	D.		Trans.to 6 C.H.Ramleh, ex 19 GH.8th Feb.16.	<u>LIST No.H.6135.</u>
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TERRITORIAL FORCE - PERTH RECORD OFFICE.

1144	Pte.	Marr, J.	1/5 A.&S.Hrs.		N.Y.D.Fever.	Adm. 17 G.H. Alexandria, 12th Feb.1916.	<u>LIST No.H.6135.</u>
2782	"	Macintosh, J.	1st Lovats Scouts.		Myalgia.	do.	
6161	S.Sm.	Thomson, C.	1/3 Sco.Horse.		Jaundice.	Dis.to duty ex 17 GH.Alexandria, 12th Feb.1916.	
661	Pte.	Crighton, W.	1/3 do.		R.Ing.Hernia.	Trans.to Luxor Conv.H.ex 17 G.H.Alexandria, 13th Feb.1916.	

NEWFOUNDLAND CONTINGENT.

570	Pte.	Yates G.B.	1-Newfoundland.		Contusn:Head & Alcholism.	Adm.17 G.H.Alexandria 12th February 1916.	<u>LIST NO. H. 6135.</u>
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THE HIGH COMMISSIONER THE UNION OF SOUTH AFRICA.

202	Pte.	Gibson E.W.	4-S.African Inf.	V. D. C.		Adm.17 G.H.Alexandria ex Mustapha Con. Depot	<u>LIST NO. H. 6135.</u>
4676	"	Sandon H.	2- do.	V.D.C.		12th February 1916.	
453	"	Harbroth C.	2- do.	V. D. C.		do.	
1736	"	Pinch J.F.	1-S.Afr:Inf:Bde.			do.	
			D.			Trans.to Conv.Camp Glymenopoulo ex.19 G.H. Alexandria 7th February 1916.	

1165

February 5, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 570, Private Gordon B. Yates, is at present receiving dental treatment at Sidi Bishr.

This is in response to a request for information respecting this case cabled by me on the 29th January.

Yours faithfully,

J. R. Bennett
Colonial Secretary.

Mrs. Annie Yates,
7 Balsam Street.

1.

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL ON
JANUARY 29th.

What is address of, report by telegraph present
condition of 570 Yates; what is nature of illness of,
report by telegraph present condition of 1016 Bastow.

Colonial Secretary.

C.R.

570

Extract of Casualty List received from P.&.R.O.

Nov. 18th. 1915.

570, Pte G. B. Yates. ✓

Dysentery Kasr-el-Aini. Cairo.

Y O ✓
①

November 17, 1915

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that ~~No. 570, Private Gordon Bomister Yates, was admitted to the Government Hospital at Kasrel-Aini, Cairo, on the 5th October suffering from dysentery.~~ This information has been received by mail.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mrs. Annie Yates,
7 Balsam Street.

Colonial Secretary.

(68)

C.R. 570
1915

SICK AND WOUNDED N.C.O.'s AND MEN OF THE MEDITERRANEAN EXPEDITIONARY FORCE.

LIST NO. H.2405.

NAVAL FORCE RECORD OFFICE ADMIRALTY.

KP720	A.B.Collings, F.	R.N.D.Anson.	Ulcer Leg.	Adm.5 Can S.H. Abbassia 4th October '15.
329	" Roberts, L.	Do. Do.	Dysentery.	Do.
3365	" Syttle, J.	Do. Do.	Do.	Do.
817	" Dring, D.	Do. Do.	Dental Trouble.	Do.
2706	" Rigg, J.S.	Do. Do.	Constipation.	Do.
KP708	" Warrell, A.	Do. Do.	Impetigo.	Do.
173843	P.O.Frisken, A.	H.M.S. 'Swiftsure'	Dysentery.	Adm.Nasrieh Schools Mily.H.Cairo 4th October '15.
Z/786/T	A.B.Elliot, R.	R.N.D. 'Anson'	Septic Rt.Hand.	Adm.Nasrieh Schools Mily.H.Cairo 5th October '15.
Z/332	" Willmott, H.	Do. Do.	Dysentery.	Do.
1207	1st P.O.Morris, B.H.	R.N.A.S.Arm Car. Div.	Def.Vis & Asthma.	Do.
Z/3100/T	A.B.Nichol, W.A.	R.N.D. 'Anson.	Dysentery.	Do.
2852	1st.P.O.Bennett, T.W.	R.N.A.S.Arm. Car Div.	Do.	Do.
1153	" " Coulter, J.	R.N.A.S.Arm Car Div.	Do.	Do.
590	A.B.Wood, J.	R.N.D. 'Anson'	Rheumatism.	Do.
KP408	" Briscoe, C.	Do. Do.	R.Ing.Hernia.	Adm.5 Can.S.H. Abbassia 5th October '15.
1958C.	" Martin, W.	Do. Do.	Diarrhoea.	Do.
KP972	L.S.Rutherford, J.	Do. Do.	Do.	Do.
Z626C.	" Fraser, J.	Do. Do.	Asthma.	Do.
3846	P.O.Strachan, J.H.	R.N.A.C.Div.	Debility.	Adm.Govt.H.Kasr- el-Aini Cairo 5th October '15.
1829	Pte.Berryman, T.	4th S.G.H. Plymouth.	Diarrhoea.	Do.
1786	" Rundle, A.H.	Do.	Do.	Do.
1854	" Sleep, J.H.	Do.	Do.	Do.
Z3098C.	A.B.Slater, G.	Anson R.N.D.	Sh.W.L.Buttock. Slt.	Do.

LIST NO. H.2405.

NEWFOUNDLAND CONTINGENT.

570	Pte.Yates, B.	1st Newfoundlands.	Dysentery.	Adm.Govt.H.Kasr- el-Aini Cairo 5th October '15.
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M. J. ...
+

C.R. 570

Extract from Nominal Roll Embarked St. John's per S.S.

"Florizel" Oct. 4. 1914.

570 Yates Gordon B.

C.R. 570

Gordon B. Yates was attested for General Service
with the NEWFOUNDLAND REGIMENT on Sept. 17th/14.
Regimental No. 570 was allotted to Pte Gordon B. Yates.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.