



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5206 Name Fred Abbott Meth

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

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

I, Fred Abbott 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.

Fred E. Abbott SIGNATURE OF RECRUIT.

J. W. Pittman Signature of Witness.

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me on this 20 day of May 1918

Signature of Attesting Officer Edwards

### 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 compiled 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

5206

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

Name Fred C Abbott  
 Apparent age 19 years          months. Height ✓ feet 9 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
                                     Range of expansion 4 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Charles F Abbott, Dotting Cove, Fogo Dist | 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>20-5-18</u>          |                |  |           |       |  |      |  |      |   |
| Joined at <u>St John's</u> on <u>May 20-1918</u>                        |                |  |           |       |  |      |  |      |   |
| <u>Discharged August 15/1919</u>  |                |  |           |       |  |      |  |      |   |
| <u>Embarked St John's S.S. Colombia to Halifax N.S. 22-7-18</u>         |                |  |           |       |  |      |  |      |   |
| <u>To be superannuated for demobilization 24-6-1919</u>                 |                |  |           |       |  |      |  |      |   |
| <u>Access to superannuation 1-7-1919</u>                                |                |  |           |       |  |      |  |      |   |
| <u>Demobilization St John's 5-8-1919</u>                                |                |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....                                   |                |  |           |       |  |      |  |      |   |
| Total Service towards Engagement to <u>5-8-1919</u> (date of discharge) |                |  |           |       |  |      |  |      |   |
| Pensions " " " " " "  |                |  |           |       |  |      |  |      |   |

Abbott, Fred

5206

Receipt

August 11th 1919.

Mr. Fred. Abbott,  
Boting Cove, N.D.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 war Ser-  
vice Gratuity.

Yours truly,

Capt. &  
Paymaster.

RS/.

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 20th. 1919.

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

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

- Christian name..... *Fred Abbott*.....  
3. Rank..... *Plt*..... 4. Regtl. No. .... *5206*.....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Doting Cove*.....  
*N. D. B.*  
6. Date of enlistment in the Regiment..... *May 22/18*.....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*.....  
8. Relationship of such dependents..... *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..... *England only*.....  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 year 1 month*.....  
..... *1.1*.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *No*

19. Are you now serving in the Post? *No* If not give: (a) Date of discharge. *July 1919* (b) Reason for discharge. *Demol*

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. *No England only*

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.

*J. Abbott.*

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*Doting Cove - U. P. B.  
St. Johns  
8<sup>th</sup> day of July 19.19....*

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

*John W. Easthe  
J.P.*

POST DISCHARGE PAY.

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

.....

.....

.....

.....

.....

.....

Certified correct.

By water

August 5th 1919.

#5206. Pte. Fred. Abbott  
Doting Cove, Fogo.

Dear Sir:

Enclosed please find Discharge Certificate #3376.

Yours truly,

Capt. &

Officer i/c Records.

RS/.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5206 Rank. PL Name. Arthur Red  
 Intended place of residence. Loring Cove Trigo

2. Occupation Frederman  
 Classification of soldier. F Medical Category A 1

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 thought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 8 1919

*H. M. St.*  
 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, ST. JOHN'S

Date JUL 8 - 1919

*J. P. K.*  
 Signature of soldier

*J. P. K.*  
 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, ST. JOHN'S

Date JUL 8 - 1919

*J. P. K.*  
 Signature of soldier

*James O. Sheehan*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 20-5-18 No. of days on Military  
 Discharged from service. 2-2-7-19 Plus 14 days Service. 443

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 22 1919

*R. L. Coote Capt.*  
 Officer in Charge Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 5/1919

*J. M. Bowley Capt.*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*W. B. 2079/3336*

12  
30  
31  
28

# The Royal Newfoundland Regiment

Class for Demobilization: —

*16.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.7.19

Regimental No. 5206

Name Albert Fred Rank Plt

Address Docking Cove

Present Medical Category A i

Recommended for: — { (a) Immediate discharge \_\_\_\_\_  
(b) Standard Medical Board \_\_\_\_\_

Members of Board {

Ret Lt Major  
O.C. Discharge Depot.

W. P. ...  
Senior Medical Officer

See Borden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3206 Rank Plr. Name Abbott Fred  
 Date of Enlistment 20 5 18 Address Dotting Ave District St. John's  
 Occupation Fisherman Classification for Discharge By Medical Category 1.1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 7-7-19

O. C. Discharge Depot

### PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment:

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

Particulars passed to Vocational Officer for information and action.

Date .....

2. Clothing:

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable At 6

(b) Clothing Supplied

Date 7-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192263 to his home at Dating Cove and Release Certificate No. 3314 issued.

Date

8-7-19

*J.A. Snowloff*  
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 5-8-19

Date

8-7-19

*J.A. Snowloff*  
Depot Paymaster.

Discharge approved for

22-7-19

Forwarded with following documents to O.C Discharge Depot.

|          |        |        |           |        |
|----------|--------|--------|-----------|--------|
| N.F. P36 | B 268  | B 121  | N.F. Med. | D.F. 1 |
| B 173    | 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   |           |        |

*2 Form B*

Date

8-7-19

*J.A. Snowloff*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

**JUL 22 1919**

Date

*N.R. Coops*  
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.

Signature of Man.

Reg. No. 5906

Signature of the Vocational Officer or his Representative.

Place

Date

191

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

# MEDICAL HISTORY

Surname Abbott OF Christian Name Med C.

Table I.—GENERAL TABLE

Birthplace:—Parish Matting Cove Poplar County Nfld

|   | SPECIAL RESERVE                               |                  | REGULAR ARMY                       |            |
|---|---|------------------|------------------------------------|------------|
|   | on  | at               | on                                 | at         |
| Examined  | on <u>20</u> day of <u>May</u> , 191 <u>8</u> | at <u>Sophus</u> | on                                 | at         |
| Declared Age  | <u>19</u> years                               |                  | years                              | days       |
| Trade or Occupation   | <u>Fisherman</u>                              |                  |                                    |            |
| Height  | <u>5</u> feet <u>8</u> inches                 |                  | feet                               | inches     |
| Weight  | <u>136</u> lbs.                               |                  |                                    | lbs.       |
| Chest Measurement   | Girth when fully expanded                     | <u>36</u> inches |                                    | inches     |
|   | Range of Expansion                            | <u>4</u> inches  |                                    | inches     |
| Physical Development  |   |                  |                                    |            |
| Vaccination Marks   | Right   | Left             | Right                              | Left       |
|   | Number  |                  |                                    |            |
| When Vaccinated   |   |                  |                                    |            |
| Vision  | R.E.—V= <u>6/6</u><br>L.E.—V= <u>6/6</u>      |                  | R.E.—V= <u></u><br>L.E.—V= <u></u> |            |
| (a) Marks indicating congenital peculiarities or previous disease | (a)   |                  | (a)                                |            |
| (b) Slight defects but not sufficient to cause rejection          | (b)   |                  | (b)                                |            |
| Approved by (Signature)   | <u>Lamm O'Brien</u>                           |                  |                                    |            |
| (Rank)  |   |                  |                                    |            |
| Enlisted  | at <u>Sophus</u>                              | at               |                                    |            |
|   | on <u>20</u> day of <u>May</u> , 191 <u>8</u> | on               | day of                             | 191        |
|   | Corps   | Regtl. No.       | Corps                              | Regtl. No. |
| Joined on Enlistment  | <u>Regular</u>                                | <u>5206</u>      |                                    |            |
|   | <u>Nfld Regt</u>                              |                  |                                    |            |
| Transferred to  |   |                  |                                    |            |
| Became non-effective by   | on  | day of           | 191                                | on         |
| (Signature)   |   |                  | day of                             | 191        |
| (Rank)  |   |                  |                                    |            |





## 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 Office 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 *Abbott, Fred*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5206*

Intended address *Botting Cove Ferry Unit*

Height on discharge *5 Feet 8*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Medium*

Figure on discharge *Charles*

Christian name of Father *Sarah*

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Botting Cove 21-7-1898*

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) *Fred Abbott* *AC*  
(Rank)

Station *HEADQUARTERS  
ORDERLY ROOM  
John's, Newton*

Date *JUL 4 1919*

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.

Medical Officer in Hospital,  
Unit, or Command Depot.

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



**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. Co.*
2. Regtl. No. *5716* 3. Rank. *Pte*
4. Name *Adams* *Paul G.*  
(Surname) (Christian Names)
5. Age last birthday... *28*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Boatman*
- 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? }

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.)

No disability claimed

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?

Reparation

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.

*W. E. Proctor* Capt. R.A.M.C.  
Medical Officer in charge of case.

Station *Hazley House*

Date *28-3-14*

\* 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



# 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Maed. G. Abbott, Regl. No. 5206

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

Allotment begins July 1/18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full)               | ADDRESS                           | AMOUNT (each person) |
|--------------------------|---|------------------------------|-----------------------------------|----------------------|
| <u>4262</u>              | <u>Mother</u>                                 | <u>Mrs Charles G. Abbott</u> | <u>Doding Cove<br/>Hogo Dist.</u> | <u>60</u>            |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
|                          |   |                              |                                   |                      |
| Total Allotment, \$      |   |                              |                                   | <u>60</u>            |

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

Sig.) H. G. James 2/M

Officer Commanding

B Company

(Sig.) Fred C. Abbott

(Rank) Private

St John's

July 12 1918

*BTM*

|           |             |
|-----------|-------------|
| ACCOUNT   |             |
| AMOUNT    | <i>4.00</i> |
| IND. NO.  |             |
| PAY LEGON | <i>BTM</i>  |
| REG. NO.  |             |

*BTM*

May 31st. 1918.

The Royal Newfoundland Regiment,

*5206*

To Fred. C. Abbott, (Recruit).

*3* *200 sent to*  
*3* *since receipt*

M

May 18th./18 To meals while waiting passage to St. John's. \$2.15.

(As per voucher).

*OK*  
*J. A. P.*



*J. A. P.*

*Correct For \$2.15*  
*C. D. Dicks*  
*lieut*

*1/6/18.7*

This is to certify that  
Fred C Abbott  
Received Breakfast & wash  
May 18<sup>th</sup> 1918 Dinner  
Lsa

75-  
70  
70

Edmund Long  
Centre Hotel  
Clareville

~~75~~  
2.15-

Paid

No 5206

June 15th. 1918.

Pte. Fred G. Abbott,  
Princes Rink.

Dear Sir,-

I enclose herewith cheque for \$2.15,  
being the amount due you for meals while waiting  
passage.

Yours faithfully,

Capt. & Paymaster.

J/H.

F. L. Abbott

CR 5206

*F. L. Abbott*

15206

# The Royal Newfoundland Regiment

## DEMOLITION OF

Reg. No. 5206 Rank Plt Name Abbott, Fred  
 Date of Enlistment 20-5-18 Address St Marys Ave District Fogo  
 Occupation Postman Classification for Discharge H Medical Category 1  
 Recommendation S.M.B. .... Disability Rating .....  
 Passed to Demobilization Officer with following documents:—

|            |        |        |           |        |
|------------|--------|--------|-----------|--------|
| N.F. P[26] | 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 7-7-19 O. C. Discharge Depot Mrs. H

### PARTICULARS FOR DEMOLITION

#### 1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. 7.00  
 (b) Clothing Supplied .....

Date 8-7-19

O i/c. Re-clothing.

26 JUL



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192263 to his home at Dating Cove and Release Certificate No. 3314 issued.

Date 8-7-19

*J.A. Snowell*  
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 5-8-19

Date 7-19

*J.A. Snowell*  
Depot Paymaster.

Discharge approved for 22-7-19

Forwarded with following documents to O.C Discharge Depot.

|          |        |        |           |        |          |
|----------|--------|--------|-----------|--------|----------|
| N.F. P36 | B 268  | B 121  | N.F. Med. | D.F. 1 | 1        |
| F 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 8-7-19

*J.A. Snowell*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 22 1919

*K.R. Cooper*  
O. C. Discharge Depot.

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

Date July 22/19

C.R. 5206

Extract from Daily Orders Part II Unit The Royal Rifle Regt.  
St. John's, July 2nd 1919.

5206  
5206 Pte. F. Abbott.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed  
Glasgow 24th June, 1919.

C.R. 5206

Extract from Daily Orders part 11, from Unit The Royal  
WELB, Regt. St. John's, dated July 25, 1918.

The following 62216 man embarked for overseas on H.M.S.  
"Columbella" July 28, 1918.

#5206 Pte. Fred Abbott.

Reg. No. *12063* Rank *4.* Name *Abbot G.*  
Attested ... Address *Woking Conn.*  
Allotment..... Allottee ..  
Date of Allotment..... Returned from Overseas *JUL 1 1919*  
Returned on S S *Cassandra* Cause *Discharge.*

*8.7.19*  
*22.7.19*

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILISATION**

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. S. H.*
2. Regtl. No. *5706* 3. Rank. *Pvt.*
4. Name *Albott* *Fred*  
(Surname) (Christian Names)
5. Age last birthday. *20*
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade or Occupation } *Fosterman*
- 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  
(b) Where  
(c) Opinion of Court.  
(d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

*No complaint of no reversibility*

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.

*Proprietary*

*W.E. Proenier*  
 Medical Officer in charge of case.

Station *Hayley*  
 Date *11-11-19*

\* 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

No. 6811/1110

N.F.P. 170.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,

*2nd Batt. Regt. York Regt.  
London*

25th May 1919

*May 10 1919*  
14 MAY 1919  
PAY & RECORD OFFICE

5206 Pte Abbott F.C.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 ( 176 ) :

*B. B. Bacon*

LIEUT. COLONEL

COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

"Pay to- 5206 Abbott  
£5:0:0:

Received the sum of *Five Pounds*

Cheque £ 5:0:0: is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of Militia.

*J. C. Abbott*

No. 5206 Rank *Sergeant*

Witness: *M. Lockhart*

*J. H. Keenan*  
Chief Paymaster & U. i/c Records.

No. 21618/2503/P.&.A

N.F.P. /79

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

30th December, 1918

Subject: 5206 Pte. F. C. Abbott,

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

"Pay to 5206 Abbott, £10.0.0.

Draft £ 10.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*J. H. Mansfield*  
Chief Paymaster & O. 1/c Records.

10

3-1-1919

Receipt hereunder.

*J. H. Mansfield*  
**LEUT. COLONEL,**  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment.

Received the sum of £10  
Pounds on account of

cable remittance from Newfoundland.

F. C. Abbott  
No. 5206 Rank Pte

Witness H. Mansfield



FORM K

No 40784



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm. C. Abbott, Regl. No. 5706

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

Allotment begins July 1/18.

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full)        | ADDRESS                        | AMOUNT (each person) |
|--------------------------|---|-----------------------|--------------------------------|----------------------|
| 4262                     | Mother  | Mrs Charles G. Abbott | Dating Cove<br>Hager District. | 60                   |
|                          |   |                       |                                |                      |
|                          |   |                       |                                |                      |
|                          |   |                       |                                |                      |
|                          |   |                       |                                |                      |
|                          |   |                       |                                |                      |
|                          |   |                       |                                |                      |
|                          |   |                       |                                |                      |
|                          |   |                       | Total Allotment, \$            | 60                   |

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

Sig.) [Signature]  
 Officer Commanding  
D Company

(Sig.) [Signature]  
 (Rank) Private

St John's  
July 2 1918

C.R. 5206

Extract from Daily Orders part 11, from Unit The Royal Nfld.  
Regt. St. John's, dated May 21, 1918

#5206 Pte. F. Abbott

Attest~~ed~~ for General Service with the Royal Nfld. Regt.  
from 20.5.18 to report 24.5.18

C.R. 5206

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt  
StJohn's, July 14th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 22-7-19

5206 Pts. Fred. Abbott.

C.R. 5206

Extract from Daily Orders Part II Royal Newfoundland Regt.  
Depot St. John's dated Aug. 14th 1919.

The discharge of the undernoted on demobilisation has  
been CONFIRMED by Officer i/c Records from 5-8-19.

5206, Pte. Fred Abbott.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms  
B. 121.  
39.

Regiment of Royal Newfoundland

Signature of O. C. Company E. Dicks Lieut.

| Regimental Number and Name |                             |
|----------------------------|-----------------------------|
| No.                        | <u>5206 Abbott, Fred C.</u> |
| Joined                     | Date                        |
| Joined                     | Date                        |
| Joined                     | Date                        |
| Joined                     | Date                        |

| Enlistment                   |                                   |
|------------------------------|-----------------------------------|
| Age on                       | <u>19</u> years <u>  </u> months  |
| Place and Date of Enlistment | <u>St. Johns</u>                  |
|                              | <u>20-5-18</u>                    |
| Period of                    | with Colours <u>17 1/2</u> years. |
|                              | with Reserve <u>3 1/2</u> years.  |

| Trade                        |  |
|------------------------------|--|
| <u>Fisherman</u>             |  |
| Religion                     |  |
| <u>Meth.</u>                 |  |
| Place of Birth               |  |
| <u>Doding Cove, A. G. P.</u> |  |

Good Conduct Badges, Service pay or proficiency pay

| 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>Demobilized St Johns 5/19</i> |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |
|       |                 |      |                       |                                  |                    |                    |   |                 |         |

To be carried over

Army Form B. 121.