



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1732 Name William Abbott Corps R/R

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. William Abbott
- 2. What is your full Address? 2. Somerville R/B
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 20 Years — Months
- 5. What is your Trade or Calling? 5. Fisherman
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
- 9. Are you willing to be enlisted for General Service?.. 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? } 10. Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... } 11. Yes

I, William 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.

A
26. 4. 18 William Abbott SIGNATURE OF RECRUIT.
Francis Jones Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William 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 at St. John

on this 26 day of April 1918
Signature of Attesting Officer W. Jones

†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 April 26 1918
Place St. John } Approving Officer.

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

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

C.R. 4782

Extract from Daily Orders part II, Salt the Royal
Newfoundland Regiment dated July 6th. 1919.

The discharge of the undernoted on demobilization has
been confirmed by Officer i/c Records on 5-7-19.

#4732 Pte. Wm. Abbott.

C.R. 4732

Extract from Daily Orders Part II Unit The Royal WFLD.
Depot, St. John's, June 11th, 1919.

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

4732 Pte. Wm. Abbott.

C.R!

4732

Extract from Daily Orders Part 11 Depot, St. John's,
Date 10-6-19.

4732 Pte. Wm. Abbott

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

C.R. 4732

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4732 Pte. W. Abbott.

C.R.

4732

Extract from War Office List No. H.A. 36012.

Dis. to Duty ex 6 Gen. H. Rouen 19 April 1919.

4732 Pte. W. Abbott.

Influenza.

C.R. 4732

Extract from War Office List No. H.A. 35878.

Admitted 6th. General Hospital 10th. April 1919.

4732 Pte. W. Abbot.

Influenza Mild.

C.R. 4732

Extract from Daily Orders Part 11 Unit The Royal Bfld.
Regt., By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Battn. 3--11-18.

The following joined the Battn. 3-11-18.

4732 Pte. W. Abbott

C Coy.

C.R. 4732

Extract from Nominal Roll ~~re-enlistment~~ re-inforcement Draft No.55 from
2nd Batta, Royal Newfoundland Regiment, Hqsley Down Camp, Winchester,
to 1st Batta, Royal Newfoundland Regiment, B.H.F. Embarked Folkeston
26/10/18.

4732 Pte.Abbott, W.

MP.

C.R. 4732

Extract from Daily Orders Part 11. from Unit The Royal Hfld.,
Regiment, St. John's, dated June 14th 1918.

4732 Pfc. W. Abbott.

Embarked for Overseas with draft 11-6-18.

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

#4732 Pte. W. Abbott.

Attested for General Service with the Royal ⁿfld. Regt.
from 26/4/18.

W Abbott

4

C.R. 1732

~~1890~~

Medical Report on an Invalid.

Station Hazley A. Camp
 Date 30 4 19

- 1. Unit Royal Newfld.
- 2. Regimental No. 4732
- 3. Rank Pte.
- 4. Name Abbott, W.
- 5. Age last birthday 21.
- 6. Enlisted { on 9. 4. 18
 at St Johns.

- 7. Former Trade or Occupation } Fisherman.
- 7A. If with previous service in Army, state—
 - (a) Former Unit ;
 - (b) Regimental No. ;
 - (c) Date of Discharge ;
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. *nil*
- 10. Place of origin of disability. *nil*
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. *nil*

13. What is his present condition?

He complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

m

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

m

16. Was an operation performed? If so, what?

m

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

m

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

m

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

m

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Repatriation

impr

Major Dredg

Officer in medical charge of case.

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

Station *AD Camp*

Officer in charge of Hospital.

Date *30 4 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.

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

806/1/P&A

Command Paymaster,
Southern Command,
Army Pay Office,
Salisbury.

15th Jan. 9.

4722 PTE. W. ABBOTT

Reference your memorandum 3E/HIC/
17/12/18(11030): Memorandum from Officer
in charge, Barracks, & Hutted Camps, Winchester
5/11/18, and relative A.F.P/1956 are enclosed
for your examination and return to this office.
Typed copy of A.F.P/1956 may be returned if
required please.

Major,
Chief Paymaster & O.i/c. Record

FM/BC

Issue Voucher 15. Account - Hazeley Down. Period- 31/3/1918.
 Report of the Personal Inspection of Stores on inventory in the Military Hospital
 at Hazeley Down Stores, lost, destroyed, or damages, and chargeable to the 2nd.
 Batta. Royal Newfoundland Regiment on the 12th day of November, 1918

V3077.

Stores Lost or destroyed							Stores Damages, &c.								
Folio of Ledger	No. of Articles.	Articles.	Rate		Amount			No. of Articles	Articles	Rate		Amount			
			s	d	£	s	d			s	d	£	s	d	
70	1	Blankets, S.S.	15	6		7	9	Brought Forward				17	0 $\frac{1}{2}$		
54	1	Counterpanes P.Ms.III.	9	3		4	7 $\frac{1}{2}$								
77	1	Sheets, P.	9	4		4	8								
		Part worn articles. All charged at half rate against 4732 Pte. W. Abbott C. Company. Nfld Regt. Hazeley Down.													
						17	0 $\frac{1}{2}$					17	0 $\frac{1}{2}$		

I certify that the cost of making good the above Deficiencies and Damages is as detailed in the above Statement.

5th. November, 1918.

(Signed) C. J. ? Lieut.
 for Officer in charge of Barracks.
 Winchester.

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

Sir;-

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

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4732	Pte.	Abbott W.	£250	W. Abbott

I have the honour to be, Sir,
~~Yours obedient servant,~~
Your obedient servant.

Date July 1/18

W. Abbott

Abbott, W

4732

Ray Sept.

July 5, 1919

#4732 Pte. William Abbott,
Summerville, B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2379.

Yours truly

Captain,
Quaymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 41732 Rank Private Name Abbott Wm
Intended place of residence Southernville

2. Occupation Fisherman
Classification of soldier E Medical Category PT

3. The above named man is discharged in consequence of DEMobilIZATION

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ST. JOHN'S
Date JUN 7 1919
Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
JUN 7 - 1919
Signature of soldier Wm Abbott
Signature of witness A. M. Johnston

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
JUN 7 - 1919
Signature of soldier Wm Abbott
Signature of witness W. J. Eaton

STATEMENT OF SERVICE

7. Enlisted for service 26-4-18 No of days on Military
Discharged from service JUN 21 1919 Plus 14 days Service 436

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
JUN 21 1919
Date
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld
July 5/1919
Date
The Royal Newfoundland Regiment

a. F. Brown 1/2319

The Royal Newfoundland Regiment

Class for Demobilization: *6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *6.6.19*

Regimental No. *4732*

Name *Abbott* *Dr* *Pls*

Address *Summersville*

Present Medical Category *A-1*

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

R.H. [Signature]
O.C. Discharge Depot.

Members of Board {

Waterson
Senior Medical Officer

DeBurdeau
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 732 Rank Pte Name Abbot William
 Date of Enlistment 26-4-18 Address Tomerville District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

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

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

*Wm Abbott
 Mark
 Wm 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 \$50.00
- (b) Clothing Supplied _____

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P. 1594 to his home at Summerville and Release Certificate No. 2410 issued.

Date 7-6-19 *J.A. Snow Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 5-7-19

Date 7-6-19 *J.A. Snow Capt.*
Depot Paymaster.

Discharge approved for 21-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
F 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		

2 Form B

Date 7-6-19 *J.A. Snow Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUN 21 1919

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

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

Date

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:

Go resume former occupation

Abbott Wm

Signature of Man.

Reg. No. *4732*

J. A. Snow

Signature of the Vocational Officer or his Representative.

Place

St. Johns.

Date

JUN 7 1919

1919.

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

MEDICAL HISTORY

Surname Abbott OR Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Somerville, B.B. County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>April</u> 191 <u>8</u> at <u>St John's, Nfld.</u>		on _____ day of _____ 191____ at _____	
Declared Age	<u>20</u> years — days		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>3 1/2</u> inches		feet	inches
Weight	<u>124</u> lbs.			lbs.
Chest Measurement	Girth when fully expanded... <u>35</u> inches			inches
	Range of Expansion... <u>3</u> inches			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>/</u>		
When Vaccinated				
Vision	R. E.—V= <u>6/6</u> L. E.—V= <u>6/6</u>		R. E.—V= <u> </u> L. E.—V= <u> </u>	
	(a)	(a)	(a)	(a)
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>L. Amund Peterson</u>			
(Rank)	<u>Major</u> Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Nfld.</u> on <u>26</u> day of <u>April</u> 191 <u>8</u>		at _____ day of _____ 191____	
Joined on Enlistment	Corps. <u>The Royal Nfld Regt.</u>	Regtl. No. <u>4732</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on _____ day of _____ 191____		on _____ day of _____ 191____	
[Signature]				
[Rank]				

Table II.—Only for admission to hospital or to the sick list in 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 case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazley Down	2	8	18	20	8	18	Mumps	18	Discharged to duty.	<i>B. S. J. W. W. W.</i> CAPT. R.A.M.C.
Hazley Down	16	9	18	7	10	18	L. Basal Pneumonia	21	Discharged to duty.	<i>B. S. J. W. W. W.</i> CAPT. R.A.M.C.

Medical Report on an Invalid.

Station Wagley DownDate 30/4/19

1. Unit Royal Newfoundland 7. Former Trade } Fisherman
 or Occupation }
 2. Regimental No. 4732
 3. Rank Cpl
 4. Name Abbott W.
 5. Age last birthday 21
 6. Enlisted { on 9/4/18
 at St John's

7A. If with previous service in Army, state—

- (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. nil
 10. Place of origin of disability. nil
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

na

13. What is his present condition?

No complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

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

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

na

15. Was a Court of Inquiry held on the injury?

If so—(a) When?

(b) Where?

(c) Opinion?

na

16. Was an operation performed? If so, what?

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

no

Officer in medical charge of *Sanctus*

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

Station *Wagley Down*

Date *30/4/19*

Officer in charge of Hospital.

*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.

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



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 *Abho St. Wm*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4734*

Intended address *Summerville*

Height on discharge *5'* Feet *6"*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Joseph*

Christian name of Mother *Kathleen*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Summerville 1898. Sec.*

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) *Abho St. Wm*

(Rank) *Sgt*

Station **ST. JOHN'S.**

Date *6.6.19*

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

Station *Spils*

Date *6.6.19*



July 16, 1919

#4732 Pte. William Abbott,
Summerville, B.B.

Dear sir:-

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

*ours truly

Captain & Paymaster

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

- Christian name *William* 2. Surname *Abbott*
3. Rank *Pvt* 4. Regtl. No. *4732*
5. Address in full to which future payments of gratuity are to be forwarded. *Somerville, B.B.*
6. Date of enlistment in the Regiment. *April 6/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
8. Relationship of such dependents.
9. Address in full of such dependents.
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From April 6/18 to June 7/19* 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.

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

No

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

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?

19. Are you now serving in the Regt.? If not give - (a) date of discharge

June 2/19
Temporary

No

(b) Reason for discharge

Demobilization

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.

France, Belgium & Germany - From
Aug. 1918 to Apl. 1919

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.

his

Signature of Applicant: *William Abbott*
 Place of Residence: *Somerville, Mass B.R.*
 Declared before me at: *S. John's, Nfld*
 This *7th* day of *June* 191*9*

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

POST DISCHARGE PAY.				
Date Paid	Paid	Reid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....	<i>It was</i>	<i>78.00</i>
.....
.....
Certified correct.			Paymaster	<i>W</i>

March 28

10333

Mr Caple pay master
dear sir i over that
deare is more money
due for us but i
wold like to now
and i wold like to
git it for i need it
at present for i
ham sick now not
abel to work yours
truly for William
abbett Summer seile

4732

SEPARATION ALLOWANCE

Claimant..... *Mrs Kate Abbott*

On account of..... *Wm Abbott* No. *4722*

Decision..... *Refused*

Two other single sons of military age did not enlist

.....
W. F. Randall Capt. Co. E
W. Bowley Major
.....

Date..... *Oct. 12/1921*

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

Allotment of per payable to
His from to
Discontinued on account of

.....

12579 Summerville
Sept 2nd 1921

Dear Sir

I am sending my papers to you I got them all ~~filled out~~ ~~signed up~~ but the ^{persons} ~~people~~ was out of place and I could not get them to sign them and the minister he has not been here since so I kept them as long as I could so now I am sending them if it was ever so little money I will be thankful if this is not alright you can send me more papers & when the people gets in place I will get them to sign them

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

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:

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

- (1) Name in full of soldier William Ascott Rank Pte. Royal Newfoundland Reg't or Unit 4732 Reg't No.
- (2) Age of soldier 22 Married or single Single
- (3) Name in full of mother Kate Ascott Age. 60 years Occupation general work Permanent Address Summersville B.R.
- (4) Give name of your husband James Ascott Age. 62 years Occupation fisherman Where employed at home
- (5) If your husband is not supporting you give the reason. not supporting me supported in Bantles
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). husband not home at present certificate forwarded later
- (7) If you are a widow, state date and place of death of your husband nil
- (8) Have you married again since death of above mentioned husband? nil
- (9) Names of your other children. Address in full Age. Occupation, Married or single
- | | | | | |
|--------------|--|-----------|------------------|---------------|
| <u>Isaac</u> | | <u>27</u> | <u>fisherman</u> | <u>single</u> |
| <u>James</u> | | <u>25</u> | | |
| <u>Abel</u> | | <u>16</u> | | |
| | | <u>12</u> | | |
- (10) State amount earned by (a) Yourself (b) Your husband nil
- (11) State amount and source of any other income nil

(12) State value of real property belonging to you and your husband

\$ 2.00

(13) State value of personal property belonging to you and your husband

my self nil
husband \$ 2.00

(14) If husband is dead state value of real and personal property left by him

nil

(15) Actual amount contributed by soldier during the year prior to his enlistment

\$ 1.50

(16) Was this amount contributed weekly or monthly

yearly

(17) Did this amount include payment of son's board, etc?

yes

(18) State your son's trade or occupation prior to enlistment

fisherman

(19) State amount of his wages per week

nil

(20) State name and address of his last employer

Edward Humby
Sumnermill B.B.

(21) State amount of monthly support from son since enlistment

\$ 18.00

(22) State amount of allotment received by you from son since enlistment

\$ 18.00

(23) State from what date did you receive Allotment?

6th July 1918

(24) Actual amount contributed by other children

Weekly nil Monthly \$ 14

from an son who served 3 months in regiment

(25) Are any of these children in the employ of you or your husband?

yes two youngest

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

Not at home and keeping for themselves

(27) With whom are you residing at present?

Husband

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

Nil

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

Nil

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

Nil

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

Nil

(32) In what capacity and in what place?

Nil

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

Nil

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

Kate Jewett

Place of Residence

Summersville, Bonaville Bay

Declared and subscribed before me at _____ this day of _____ 19__

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

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 member of the Patriotic Fund Committee

October 15th. 1921

Mrs Kate Abbott,
Summerville, B.B.,

Dear Madam:-

Referring to your application for separation allowance, I have been directed to advise you that same cannot be granted you, for the reason that you have two other single sons who were of military age during the war, and it is not apparent that they offered for enlistment.

Furthermore, at least one of these sons was contributing to your support, and you were not therefore, totally dependent on your son, William.

Yours truly,

Major
Paymaster

C.R. 2379

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO 2379

NAME

William A. Holt

DATE

March 11 1920

PLACE

Sussex, N. H. Merritt Key

C.R. 4632

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name..... Mr William Abbott.

Date..... Jan 21 1920

Place..... Millerston

Receipt for Army Book 64

No. 4732 NAME Abbott W.

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

NAME William Abbott

Date July 12 1920

Place Sumnerville, Monmouth, N.J.

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

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

Signature

Date

Address

SEP 11 1921

1921.

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

is/are forwarded herewith to

William Abbott

in respect of his service as No. 4732 Rank Pte.

Name Wm. Abbott Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received September 16th 1921

Signature Capt Wm. Abbott

Date Sept 16th 1921

Address Summersville B Bay.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 518

Regiment of Royal New Brunswick

Signature of O. C. Company Wm. Churchill King

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4732 Abbott Wm</u>	Age on	<u>20</u> years	<u>Fisherman</u>	
			months	Religion	
Joined	Date	Place and Date of Enlistment		<u>Pop.</u>	
Joined	Date	<u>16.11.18</u>		Place of Birth	
Joined	Date	Period of } with Colours <u>7</u> years.	with Reserve <u>3</u> years.	<u>Conville Bay</u>	
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
				<u>Demobilized</u>	<u>Johns</u>	<u>5</u>	<u>7</u>		<u>19</u>

To be carried over

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 752 Rank Pvt. Name Abbott, William
 Date of Enlistment 26-4-18 Address Pomeroyville District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category A.T.
 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 193	ME 2	"	" 6.
B 179c	B 120	M 93		

Date 6-6-19 O. C. Discharge Depot. J. Musth.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment

I am _____ in a position to resume civilian occupation.

*Was this Abbott
 musth
 lost us of family*

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied new cap

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *B. 1594* and his home at *Summerville* and Release Certificate No. *2141* issued.

Date *7-6-19* *J.A. Brown Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *5-7-19*

Date *7-6-19* *J.A. Brown Capt.*
Depot Paymaster.

Discharge approved for *21-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

2 Form B

Date *7-6-19* *J.A. Brown Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. Sat...

Date *JUN 21 1919* *R.H. Sat...*
O. C. Discharge Depot.

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

Date *June 14/19* *J.A. Brown Capt.*
Food Record

Reg. No. *4722* • Rank *Pfc* Name *Abbott, Wm*
Attested Address *Hammerville*
Allotment Allottee
Date of Allotment Returned from Overseas *29.1.19*
Returned on S.S. *Rossican* Cause *Wartburg*

6-6-19
21-6-19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

Summersville
South
Banarusta Bay

C.R. 473³² July 12. 1921

W. L. Randall

Chief Staff Officer

Dear Sir will you kindly
send me ^{forms} to fill out for
my gratuity money

while my son has recyved
all of his. I have not aplyed
for any forms. for my
\$30.00 a month

for for my \$20.00 per month
from the date of my sons
inlestment.

My sons name is William
Abbatt. No. 47³²/₄₃

truly yours

Mrs Kate Abbatt

C.R. 4732

July 21st, 1921

Mrs. Kate Abbott,
Summerville South,
B.B.

Dear Madam:-

I am in receipt of your letter of July 12th,
and am forwarding you herewith a claim form for Separation
Allowance, which I shall be glad if you will complete in
every detail and return as soon as possible, when your
claim will be decided.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer