



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6236 Name Stephen Antle Corps Infantry

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

1. What is your name? ..... 1. Stephen Antle
2. What is your full Address? ..... 2. 33 Kater St West  
City
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. Boiler maker
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, Stephen Antle 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.

5/10/18

Stephen Antle SIGNATURE OF RECRUIT.  
Epb Signature of Witness.

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

I, Stephen Antle 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 ..... on this ..... day of ..... 1918

Signature of Attesting Officer Asst. Dickson

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....

If enlisted by special authority, such will be attached to the original attestation.

Date. OCT. 7. 1918 ..... 1918  
Place. ST. JOHN'S .....

Robertson } Approving Officer.  
Commanding Depot  
The Royal Newfoundland Regiment.

† 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

6236

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

Name Stephen Antle

Apparent age 20 years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Chest Measurement { Girth when fully expanded 34 1/2 inches  
Range of expansion 3 1/2 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sarah Antle  
33 Water St City West | 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	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " Pensions " \_\_\_\_\_ [ " " ] " " " " " " "



C.R. 6236

Extract of Daily Orders Part II, Depot St. John's,  
Royal Newfoundland Regiment dated June 5th 1920.

Discharge Confirmed on demobilization.

The discharge on demobilization of the un~~er~~noted  
has been confirmed by the Officer i/c Records from  
noted date.

6236 Pje. S Antle.

18/5/20



C.R.

~~4112~~

6236

Extract of Daily Orders Part II, Royal Newfoundland  
Regiment Depot, St. John's, dated April 22nd 1920.

Discharge approved on Demobilization.

The discharge of the undernoted on demobilization had been  
Approved by O.C. Discharge Depot from noted date.

6236 Pte. S. Antle.

4/4/20



C.R. 6236

Extract from Daily Orders part 11, Depot, St. John's  
dated ~~Sept.~~ October 8th., 1918.

---

6236 PTE. STEPHEN ANTLE.

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL NEWFOUNDLAND  
REGIMENT. 5-10-18.

---



Authe, S

6236

Ray sept.



How 663 - Bureau  
1947y Concern  
Steps 6236 am

Reconsidered, March 16<sup>th</sup> 1920  
Approved, payable from date of son's enlistment  
to date of Stephens 19<sup>th</sup> birthday - 24/2/17

*[Handwritten signatures and notes, including "W. F. Rendall" and "M. Bowley"]*

SEPARATION ALLOWANCE.

Name..... Sarah (mother, widow)  
On account of..... Wm. Cantle No. 1947 Rank Pte

Decision..... Approved  
Payable from date of enlistment  
of third son

Date..... 17/5/19  
*[Signature]*  
W. F. Rendall Lieut. Col.  
M. Bowley Capt.

Instructions.....

Allotment of 50<sup>/-</sup> per day payable to Sarah Cantle -  
his mother from 19/12/15 to 31/12/18.

Discontinued on account of Cancellation by allotter

*[Signature]*  
Lieut. Col.

1822 #671 23/12



NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch )

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. Rank. Reg't. or Unit. Regt. No.

*William Ernest Antle Private R N F I D 1947*

2. Age of soldier. Married or Single.

*19 years 9 months* *Single*

3. Name in full of mother. Age. Occupation. Permanent Address.

*Sarah Antle 43 nil 23 Water St West*

4. Give name of your husband. Age. Occupation Where Employed.

*William James Antle 22 Sailor Foreign Voyages*

5. If your husband is not supporting you state the reason.

*Drowned*

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.)

7. If you are a widow, state date and place of death of your husband.

*Drowned 1902*

8. Have you married again since death of above mentioned husband?

*no*

9. Names of your other children. Address in full. Age. Occupation Married or Single.

*John Aquella 24 years Jennie Mildred 17*  
*Stephen 21*  
*Clarence Habet 19*



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. *nil*

13. State value of personal property belonging to you and your husband. *nil*

14. If husband is dead state value of real and personal property left by him. *none*

15. Actual amount contributed by soldier during the year prior to enlistment. *\$400*

16. Was this amount contributed weekly or monthly. *monthly*

17. Did this amount include payment of son's board, etc. *yes*

18. State your son's trade or occupation prior to enlistment. *Boiler maker*

19. State amount of his wages per week.                     

20. State name and address of his last employer. *Reid Mfg Co*

21. State amount of monthly support from son since enlistment. *\$15*

22. State amount of allotment received by you from son since enlistment. *\$15*

23. State from what date did you receive allotment? *1916*

24. Actual amount contributed by other children. Weekly Monthly. *\$30*

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. *no to small*

27. With whom are you residing at present? *with my children*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *no*

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. Government. *no*

32. In what capacity and in what place?

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. *Sarah Antle*

Place of Residence. *33 Water St West St Johns*

Declared and subscribed before me at.....

this.....day of.....191

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 Clergyman..... *D.B. Hemmen*

Signature of member of the Patriotic Fund Committee.

See Item 9. John - Stephen and Soldier mentioned Item 1. are all in Newfoundland Regiment and each are at present allotting applicant \$15.00 per month. I cannot say therefore that *he is the sole support* *Successor* *has Treasurer Rfld P.*



May 26, 1919

Mrs. Sarah Antle,  
#32 Water Street West,  
City.

Dear Madam:-

Referring to your application for  
"separation Allowance, I beg to state that same  
has been granted you, payable from the date  
of the enlistment of your son Stephen. I enclose  
cheque for one hundred and thirty-eight dollars  
(\$138.00) in payment of same.

Yours truly

Captain  
Paymaster & U. i/c Records



*Curren*



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTM'T OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

No 663	John a Antte	Enlisted	12/12/14	still Curren
<del>#</del> 6236	Stephen Antte	"	5/10/18	" "
1947	Wm E Antte	discharged		
		all cancelled,	31/12/18	

*Wm S.A. Paid*



Jan. 19/20

Mrs. Sarah Antle,  
#33 Water St. West,  
City.

Dear Madam:-

With further reference to  
your application for Separation Allowance, I have  
been directed to request that you furnish me with  
Birth Certificate of your son Stephen, and oblige.

Yours truly

Major

Per. M. S. T. .



Brigus  
Feb 28<sup>th</sup> 1920

To Whom It may Concern: -

I certify that the following record of the births of the sons of William & Sarah Antle is correct according to the registers of the Methodist Church, Brigus

John, a. antle	<sup>m. June 19</sup> 1914	born October 30 <sup>th</sup> 1894	26
William E.	1914	October 19 <sup>th</sup> 1896	24
Stephen	1918	February 24 <sup>th</sup> 1898	22
Clarence Herbert		April 24 <sup>th</sup> 1900	20

Yours Sincerely  
(Rev) Oliver Jackson.

B.M.  
Main tonight  
R



Mar 23, 1920

Mrs. Sarah Antle,  
#33 Water St West,  
City

Dear Madam:-

With further reference to your application for Retroactive Separation Allowance, I beg to state that same has been approved, and granted payable from the date of enlistment of your son William to the date of Stephen's 19th birthday----24-2-17.

I enclose cheque for six hundred and seventy one dollars and thirty three cents (\$671.33) in payment of same.

Yours truly

Major

Paymaster.





Department of Militia, Newfoundland  
Medical Department

*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.....**ST. JOHN'S**.....

Date.....**April 17TH., 1920.**.....

- |                                   |   |
|-----------------------------------|---|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <b>22 YEARS</b>              |
| 2. Regimental No. <b>6236</b>     | 6. Enlisted on <b>April 5th., 1918.</b>           |
| 3. Rank <b>PRIVATE</b>            | at <b>ST. JOHN'S</b>                              |
| 4. Name <b>ANTLE, STEPHEN</b>     | 7. Former trade or occupation <b>Boiler Maker</b> |
|                                   | 8. Disability                                     |

9. History

**JOINED REGIMENT IN OCTOBER 1918, AND SINCE HAS BEEN EMPLOYED IN MILITIA DEPARTMENT AS MUNNER, UP TO DATE. HAS BEEN SICK ON ONE OCCASION ONLY, AT CHRISTMAS 1919, WITH SORE THROAT**



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).

**HEART IS SLIGHTLY DILATED  $\frac{1}{2}$ " BEYOND NIPPLE LINE. TACHYCARDIA SOUNDS PURE. PULSE RATE 114, PARTLY DUE TO NERVOUSNESS. PARTLY DUE TO CIGARETTE SMOKING.**

**LUNGS: FLAT CHESTED - BREATH SOUNDS VESICULAR IN RHYTHM. NO CREPITATIONS. NO COUGH. FEET INCLINED TO BE FLAT. SWEATS A GOOD DEAL. DUE TO LACK OF CARE OF SAME**

11. Was sanatorium advised and refused ?  
operation

12. Do you recommend discharge as permanently unfit ? **DEMobilIZATION BY STANDING MEDICAL BOARD.**

Signature **(SOD) J. ST. P. KNIGHT** .....

Rank or Qualification **MAJOR.** .....

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 be considered as aggravated by:—  
due to
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

**YES**

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **NIL**
- (b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **NIL**
- (State in percentage.)
- Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanitorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital  
Naval and Military Convalescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army  
~~the Army~~

Remarks if any:—

(SGD) N. S. FRASER  
President

Signatures J. B. O'REILLY, CAPT.

L. PATERSON, LIEUT. COL.

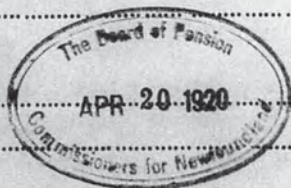
Place ST. JOHN'S

Date APRIL 20th., 1920.

APPROVED

Station .....

Date .....



(SGD) CLUNY MACPHERREN, LIEUT. COL.  
Administrative Medical Officer.





# 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 *Arthur Stephen*

Regiment from which discharged *Royal Newfoundland*

Regimental number *6236*

Intended address *33 Water St West*

Height on discharge *5 Feet 6"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks */*

Figure on discharge *Medium*

Christian name of Father */*

Christian name of Mother *Sarah*

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, Feb 24<sup>th</sup>, 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) *Stephen Arthur* (Rank) *Otc*

Station *ST. JOHN'S* Date *April 17/20*

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.

*[Signature]*  
Medical Officer i/c Hospital.  
Unit, or Command Depot.

Date *Apr 17/20*





# The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*April 14/30*

Regimental No. *6236*

Name *Archie* *5 Captain*

Address *33 Water St West*

Present Medical Category

*B.*

Recommended for:—

- (a) ~~Immediate discharge~~
- (b) Standing Medical Board

Members of Board

O. C. Discharge Depot.

Senior Medical Officer

*[Signature]*  
M. O. Depot



May 22, 1920

#6236 Pte. Stephen Antle,  
#33 Water St.,  
St. John's West.

Dear Sir:-

Please find enclosed Discharge certificate  
No. 3901.

Yours truly

Major

Raymaster



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE.

1. No. 6236 Rank Private Name S Antle  
 Intended place of residence 33 Water Street, St Johns West
2. Occupation Boiler Maker  
 Classification of soldier B Medical Category F
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 ..... R. Edwards  
 Date 21-4-1920 ..... Stm  
 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 ..... S. Antle  
 Date 21-4-1920 ..... R. Edwards  
 Signature of soldier  
 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 ..... S. Antle  
 Date 21-4-1920 ..... R. Edwards  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE.

7. Elisted for service 5-10-1918 ..... No. of days on Military  
 Discharged from service 4-5-1920 ..... Plus 14 days Service 602

### APPROVAL OF DISCHARGE.

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records The Royal Newfoundland Regiment, <sup>14</sup> ~~twenty-eight~~ days from date.  
 Place, ST. JOHN'S ..... R. Edwards  
 Date 4-5-1920 ..... Stm  
 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 ..... M. Rowley Major  
 Date May 18/1920 ..... Stm  
 Officer i/c Records  
 The Royal Newfoundland Regiment



# The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6236 Rank Private Name Stephen Antle  
 Date of Enlistment 5-10-1918 Address 33 Water St. District St. John's N.  
 Occupation Boiler maker Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Peru Unfit Disability Rating Nil  
 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.	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.	2		" 6.	
B 179c.	B 120.	M 93.	1			

Date 21-4-1970 R. Edwards  
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Stephen Antle

Particulars passed to Vocational Officer for information and action.

Date 21-4-1970 R. Edwards

2. Clothing.

Certified that Clothing Regulations have been complied with:-

(a) Clothing Allowance payable 60.00

(b) Clothing Supplied \_\_\_\_\_

Date 21-4-1970 R. Edwards  
 O. C. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3895 to his home at St Johns and Release Certificate No. 3895 issued.

Date

21-4-1920

A Rodward  
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 18-5-1920

Date

21-4-1920

A Rodward  
Depot Paymaster.

Discharge approved for

4-5-1920.

Forwarded with following documents to O.C Discharge Depot.

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

Date

21-4-1920

A Rodward  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gra**

Date

21-4-1920

A Rodward  
O. C. Discharge Depot.

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

Date



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6236 Rank Private Name Stephen Antle  
 Date of Enlistment 5-10-1918 Address 33 Water St District St. John's, N.F.  
 Occupation Boiler maker Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Termin Unfit Disability Rating Nil  
 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 <u>3</u>
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 21-4-1920

J. Edwards  
O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Stephen Antle  
Particulars passed to Vocational Officer for information and action

Date 21-4-1920

J. Edwards  
O i/c. Re-clothing.

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable..... 60.00

(b) Clothing Supplied.....

Date 21-4-1920



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home at ..... and Release Certificate No. 3895 issued.

Date 21-4-1920 ..... J. H. Edwards 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 18-5-1920

Date 21-4-1920 ..... J. H. Edwards Depot Paymaster.

Discharge approved for 4-5-1920.

Forwarded with following documents to O.C Discharge Depot.

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

Date 21-4-1920 ..... J. H. Edwards Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
 Officer i/c Records.  
 Board of Pension Commissioners.  
 with following additional documents.

Eligible for War Service Grat

Date 21-4-1920 ..... J. H. Edwards 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 seek a course under the G. R. G.

*Stephen. Butler*  
Signature of Man.

Reg. No. 6236

*J. Butler*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*Apr 21<sup>st</sup> 1920*



May 23, 1919

Officer Commanding,

Discharge Depot.

Re No. 6236 Pte. Steven Antle

Dear Sir:-

I beg to state that the above-mentioned man has cancelled his allotment from the 30th April 1919.

Yours truly

Captain,  
Paymaster & Officer i/c Records.





THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Stephen Antle, Regl. No. 6236, hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins Nov 15<sup>th</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>1515</u>	<u>Mother</u>	<u>Mrs Wm Antle (Sarah)</u>	<u>23 Water St West St. John</u>	<u>50</u>
			Total Allotment, \$	<u>50</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.) [Signature]  
 Officer Commanding  
[Signature] Company  
St John  
Oct 14 1918

(Sig.) Stephen Antle  
 (Rank) Pte





THE ROYAL NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, Stephen Antle, Regl. No. 6236  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
                         Dollars and                          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 Nov 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>1515</u>	<u>Mother</u>	<u>Mrs Wm Antle (Sarah)</u>	<u>23 Water St West St John</u>	<u>50</u>
Total Allotment, \$				<u>50</u>

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

(Sig.) J. C. Capt  
 Officer Commanding  
S Company  
St John  
cert 1918

(Sig.) Stephen Antle  
 (Rank) PL



P.M.

6236 Antle

OK to pay balance of W.S.G.

\$35.00

10/2/20

W.S.G.



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

# MEDICAL HISTORY

OF

Surname Antle

Christian Name Stephen

Table I.—GENERAL TABLE

Birthplace :—Parish	<u>St Johns</u>	County	<u>Newfoundland.</u>			
Examined .....	SPECIAL RESERVE		REGULAR ARMY			
	on	<u>5</u> day of <u>Oct</u>	191 <u>8</u>	on	day of	191
Declared Age .....	at	<u>St Johns</u>	at			
Trade or Occupation .....		<u>20</u> years	days	years	days	
Height .....		<u>5</u> feet <u>4 1/2</u> inches		feet	inches	
Weight .....		<u>120</u> lbs.			ll s.	
Chest Measurement {	Girth when fully expanded .....	<u>34 1/2</u> inches			inches	
	Range of Expansion .....	<u>3 1/2</u> inches			inches	
Physical Development .....						
Vaccination Marks {	Arm .....	Right	Left	Right	Left	
	Number .....					
When Vaccinated .....						
Vision .....	R.E.—V=	<u>6/6 6/6</u>		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)	<u>Lamm Paterson</u>					
(Rank)	<u>Major</u>		Medical Officer		Medical Officer	
Enlisted .....	at	<u>St Johns</u>	at			
	on	day of	191	on	day of	191
Joined on Enlistment .....	Corps		Regtl. No.	Corps	Regtl. No.	
	<u>Royal Nfld. Regt 6236.</u>					
Transferred to .....						
Became non-effective by .....	on	day of	191	on	day of	191
(Signature)						
(Rank)						



**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 Signatures
8-10-18.	Vacc, 10

**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



# ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at 2001/110 on OCT 5 1918

1. Name Stephen Gault Age (a) Declared 20,  
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? None.

6236

sign  
Comp  
marks  
Blue  
Fain

3. Height 5-11 1/2 Weight 120

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) ✓

6. Examination of Lungs ✓  
Measurement (a) Expiration 31 (b) Inspiration 34 1/2

7. Examination of Heart ✓

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)  
Teeth  
Throat  
Nose  
Ears—(Otorrhea)  
(Deafness) ✓

10. Have you been successfully vaccinated, and when? No Mother Sarah 53 Water St Des

11. Name and address of next of kin

12. Category

REMARKS—

A"

Archibald  
W. Sander  
Medical Examiners.



In the space  
Care should be  
of that test.

Examination of Frank Anderson  
aged 18 years conducted at Headquarters  
Date: April 22/18 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	no
8	yes
9	n
10	n
11	n
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	6/10 legs & 6/6 Right
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	yes 10 years ago l. scar left Arm
34	5ft 5 1/2 inches
35	115
36	30-34.
37	n
38	n
39	n

~~15/10~~

21



In the spaces below should be filled in with the results of the tests.  
Care should be exercised that each finding be clearly stated in the column of that test.

Examination of

Frank Anderson

aged 18 years

conducted at Headquarters

Date: April 11/18

Recruiting Officer:

NO OF TEST

FINDING

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39

no

no

no

no

no

no

no

no

n

n

n

n

n

n

n

n

n

n

6/10 left & 6/6 Right

n

n

n

n

n

n

n

n

n

n

n

n

n

no 10 years ago 1 sea left Arm

5ft 5 1/2 inches

115

32-34.

n Father Anderson 83 Gowen Street

no 30

71

W. Burden

25/70



1059

This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Frank Anderson  
aged 18 yrs. - 1 mos. conducted at Hdqrs.  
Date: 16/4/17 Recruiting Officer:

NO OF TEST FINDING

1 no  
2 no  
3 no  
4 no  
5 no  
6 no  
7 yes  
8 yes.  
9 no

*Jack*

6/9 left 6/24 Regs-

Poor Physique  
Anaemia

Rejection 13 days to 1059  
16/4/17

yes.  
5ft 8  
113 lbs.

1 year.

10 yrs ago.

\$ 5.00 per week  
Father James  
Mother

83 Lower St. City



0236 Antle A.

---

M.

Advance of pay \$20. authorized.

21/1/20

*[Signature]*

W.P.A.



6236

This is to certify that John  
Aquila son of Wm James & Sarah  
Antle was born in Briggs on  
30<sup>th</sup> October 1894, and his birth is  
registered by Rev. W. J. D. Dunn in  
the Methodist Register of Births  
number 2963.

Signed

Oliver Jackson  
(Resident Pastor)

~~File~~  
File



This is to certify that William  
Earnest Antle son of Wm James  
and Sarah Antle was born at  
Brigus October 19<sup>th</sup> 1896. His birth  
is registered in the Methodist  
Register, numbered 3029, by Rev  
James Wilson.

Oliver Jackson  
(Resident Pastor)



This is to certify that Stephen  
Antle son of Wm James and Sarah  
Antle of Briggs was born on 24<sup>th</sup> of  
February 1898, and recorded number  
3069 in register of births in Methodist  
Records at Briggs by Rev.  
George Baine.

Oliver Jackson  
(Resident Pastor)



ST. JOHN'S, FEB 28 1919

# Royal Newfoundland Regiment.

Billeting Account,

To M<sup>rs</sup> S. Antle

Water - Fuel

Billeting Soldiers as undermentioned

from Feb 21<sup>st</sup> /19 to Feb 28<sup>th</sup> /19

<u>6236. Pte. S. Antle</u>	<u>7</u>	<u>20</u>

Certified correct for \$ 7. 20

R.J. Joseph H. Crawford  
Billeting Officer.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 20<sup>00</sup>

Jan 21, 1919

Received from the First Newfoundland Regiment  
the sum of Twenty ~~20~~ Dollars.  
on account of Pay.  
balance

S. Antle

Ch. No. 26556	Initials... <i>FEU</i>
Pay Ledger... 118	Initials... <i>WR</i>
Gen. Ledger.....	Initials.....

Regtl. No..... Rank.....



No. 6236

Rank Pte

Name

J. Gentle



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15<sup>50</sup>/<sub>100</sub>

May 30 1919

Received from the First Newfoundland Regiment  
the sum of Fifteen <sup>50</sup>/<sub>100</sub> Dollars.  
on account of Pay.  
~~balance~~

Pte J Antle.

Ch. No. 22492	Initials <i>EW</i>
Pay Ledger 242	Initials <i>EW</i>
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

*EW*



No. 6236

Rank P6

Name S Antle



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 16  $\frac{50}{100}$

July 6 1919

Received from the First Newfoundland Regiment  
the sum of Sixteen  $\frac{50}{100}$  Dollars.  
on account of Pay.  
~~balance~~

Ch. No. 2438 Initials FEW

Pay Ledger..... Initials.....

Gen. Ledger..... Initials.....

Regtl. No. 7. C. 8.

Rank

Pte. J. C. Fittle.



No. 6236

Rank Pt

Name

S. Carter



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35<sup>00</sup>

Feb 10 19 20

Received from the First Newfoundland Regiment  
the sum of Thirty five Dollars.

~~on account~~  
balance of Pay. W. S. G.

*[Handwritten initials]*

Ch. No. <u>28264</u>	Initials... <u>W.S.G.</u>
Pay Ledger... <u>389</u>	Initials... <u>W.S.G.</u>
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

*S. Antle*



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35<sup>00</sup>

Feb 4 19 20

Received from the First Newfoundland Regiment  
the sum of Thirty five <sup>00</sup> Dollars.  
on account of Pay. *W.L.G.*  
*balance*

*W.L.G.*

Ch. No. 28119	Initials <i>W.L.G.</i>
Pay Ledger 387	Initials <i>W.L.G.</i>
Gen. Ledger	Initials

Regtl. No. Rank

*S. Antle*



No. 6236

Rank Jt

Name Santle



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 16  $\frac{50}{x7}$

Mar 10, 1920

Received from the First Newfoundland Regiment  
the sum of Sixteen <sup>50</sup> Dollars.  
on account of Pay.  
balance

Ch. No. <u>31831</u>	Initials <u>Lee</u>
Pay Ledger <u>118</u>	Initials <u>EW</u>
Gen. Ledger.....	Initials <u>[Signature]</u>

[Signature]

Regtl. No. .... Rank .....

[Signature]



No. 6236

Rank Pte

Name S.

Antle



# DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

## PAY VOUCHER.

\$ 131 <sup>50</sup>/<sub>100</sub>

april 21 1920

Received from the First Newfoundland Regiment  
the sum of one hundred and thirty one <sup>50</sup>/<sub>100</sub> Dollars.  
on account of Pay.  
balance

Ch. No. 35341	Initials. <i>AW</i>
Pay Ledger No. 10118	Initials. <i>[Signature]</i>
Gen. Ledger.....	Initials. <i>[Signature]</i>

*A. Antle*  
A. C. P. Rank.....



No. 6236

Rank It

Name S. Antle.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*Royal New Zealand Regt*

Signature of O. C. Company

Number of Sheet

*100*  
*C. B. Dickson Lieut.*

Regimental Number and Name	
No.	<i>6236 Stephen Cantle</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	<i>20</i> years <i>0</i> months	<i>Butcher</i>
Place and Date of Enlistment	<i>St John's</i>	Religion
	<i>16.10.16</i>	<i>Method.</i>
Period of	with Colours <i>226</i> years.	Place of Birth
	with Reserve <i>365</i> years.	<i>St John's.</i>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Demobilized</i>	<i>St John's</i>	<i>18-5/20</i>			

To be carried over.



# The Royal Newfoundland Regiment

26736

## DEMOBILIZATION OF

Reg. No. 6236 Rank Private Name Stephen Antle  
 Date of Enlistment 5-10-1918 Address 33 Water St District S. Johns N.  
 Occupation Boiler maker Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Termin. Unfit Disability Rating Nil  
 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.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....	1	do 2nd.....	" 3.....	3
B 179.....	1 D 400B.....	Form L.....		do 3rd.....	" 4.....	
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....	
B 179b.....	B 103.....	ME 2.....	2	" 6.....	" 6.....	
B 179c.....	B 120.....	M 93.....	1			

Date 21-4-1920

J. Edwards  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Stephen Antle

Particulars passed to Vocational Officer for information and action.

Date 21-4-1920

J. Edwards

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable..... 60.00

(b) Clothing Supplied.....

Date 21-4-1920

J. Edwards  
O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. .... to his home  
at ..... and Release Certificate No. 3895 issued.

Date 21-4-1920 .....  
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 18-5-1920

Date 21-4-1920 .....  
Depot Paymaster.

Discharge approved for 4-5-1920.

Forwarded with following documents to O.C Discharge Depot.

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

Date 21-4-1920 .....  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-  
Officer i/c Records.  
Board of Pension Commissioners.  
with following additional documents.

Eligible for War Service Grat

Date 21-4-1920 .....  
O. C. Discharge Depot.

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

Date April 22nd/20 .....  
.....



# The Royal Newfoundland Regiment.

## DEMOBILIZATION.

### CIVILIAN CLOTHING GUARANTEE

I, No. 6236, Rank. Private, Name. S. Antle

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60.00/100

Date .....

S. Antle

S. Antle  
Signature of Soldier.

J. Rodwan  
Signature of Witness.



DEPARTMENT

ST. JOHN'S

Officer Commanding,

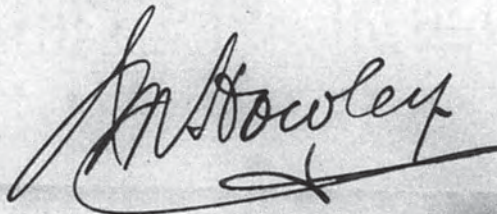
Discharge Depot.

Re No. 6236 Pte. Steven Antle

Dear Sir:-

I beg to state that the above-mentioned man has cancelled his Allotment from the 30th April 1919.

Yours truly

A handwritten signature in cursive script, appearing to read 'J. Bowley', with a long horizontal flourish extending to the right.

Captain,  
Paymaster & Officer i/c Records.





DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 23, 1919

Officer Commanding,

Discharge Depot.

Re No. 6236 Pte. Steven Antle

Dear Sir:-

I beg to state that the above-mentioned man has cancelled his Alletment from the 30th April 1919.

Yours truly

Captain,  
Paymaster & Officer i/c Records.



Reg. No. 6236 Rank Pte Name Antle Stephen  
Attested 5-10-18 Address 33 Maher St West  
Allotment 50% Allottee Mrs Tom Antle (Mother)  
Date of Allotment 1-11-18 Returned from Overseas  
Embarked for Overseas Cause

Vacc 8-10-18.

Subj malaria department