



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 795

Name in full Thomas Joseph Atkins Age 19

Address Leslie St.

Married Single Single Height 5-7 1/2 Weight 129

Color Dark Hair Dark Brown Eyes Blue

Other distinguishing marks \_\_\_\_\_

Nearest relative Mary A. Atkins (Mother)

Address Leslie St.

Dependents Mother

Occupation Barber Present Wage 5.00 week.

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment 22<sup>nd</sup> Dec 14

I, Thos Joseph Atkins, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Thomas Atkins

W. Russell Capt  
Witness  
Thomas Joseph Atkins

Declared before me this 22<sup>nd</sup> day  
of Dec. 1914

Ensignment

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)  
Applicable to all ranks.

Reg. No. 795

Name Thomas Joseph Atkins

Apparent age 19 years      months. Height 5 feet 9 1/2 inches.

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

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

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Mary A. Atkins, Leslie St., St. John's  
Relationship Mother

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension	Service in 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 22/12/14

Joined at St. John's on 23rd December '14

*Embarked 1440 Dominion St. John's 5<sup>th</sup> Embarked 1467 20<sup>th</sup>  
 Disembarked 1468 and returned for Cairo 31<sup>st</sup> Embarked 1468 13<sup>th</sup>  
 Landed Suez Bay night of 19-20. Sept 1918. Commenced and arrived Nov. 15<sup>th</sup>  
 Proceeded to Suez 16<sup>th</sup> Embarked Port Said 14<sup>th</sup> Disembarked Hamlet 22<sup>nd</sup>  
 Admitted 57th A. Trans to G.G.S. Continuation of Rank 3-7-18 Involved to England 8-7-18  
 Admitted Home Depot 14-7-18 Embarked 22<sup>nd</sup> 5-18 Embarked B.T.F. 22-7-18  
 Admitted Battalion 26-8-18 Admitted 57<sup>th</sup> A. P.O. 1-10-17 Transferred to England 2-10-17  
 Admitted Headquarters 21-10-17 Embarked 12<sup>th</sup> 4-18 Embarked B.T.F. 1-3-18  
 Disembarked France 3-3-18 HOWNDED 13-4-18 Admitted 57<sup>th</sup> A. N.Y. 1<sup>st</sup> 3-3-18  
 Admitted 14<sup>th</sup> St. Kensington 24-4-18 Embarked to 1<sup>st</sup> Battalion 20-5-18 Admitted Battalion in the  
 field 7-6-18 Admitted to 1<sup>st</sup> Battalion 20-6-18 In England 22-8-18 Port of 14<sup>th</sup> Co.  
 Home Depot 24-8-18 to Newfoundland 12-12-18 Arrived 14<sup>th</sup> Battalion 12/1918*

*Demobilization confirmed 14<sup>th</sup> 29-3-19*

Total Service forfeited as above

Total Service towards Engagement to 29-3-19 (date of discharge) 4 years 99 days

Pension

T. Atkins.

C.R.

195

P.R.O.

Nº 769



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

*Thomas Atkins*  
 I, \_\_\_\_\_, Regl. No. *795*

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. :

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<i>Thomas Atkins</i>	<i>St. John's</i>	<i>5</i>
Total Allotment, \$				

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.) \_\_\_\_\_  
 Officer Commanding Company  
*St John's*  
 \_\_\_\_\_  
 (Sig.) *Thomas Atkins*  
 \_\_\_\_\_  
 (Rank) \_\_\_\_\_  
 191



Admitted 10.7.16

Army Form W. 3016.

No. \_\_\_\_\_

Date

Aug 10<sup>th</sup>



(1) To the Officer i/c Records,

58 Victoria St

S.W.

(Station.)

(2) The Officer Commanding,

Newfoundland Contingent

Quarters

(Station.)

(3) The Paymaster,

58 Victoria St

S.W.

(Station.)

Regimental No.

795

Rank and Name

PLC Atkins G.

Regiment or Corps

1<sup>st</sup> Newfoundland Contingent

has been granted a furlough from

Aug 10

to Aug 19<sup>th</sup>

His address while on leave will be:—

58 Victoria St S.W.

This man was furnished with a warrant to Victoria and given an advance of £1 (one pound).

I consider he is fit for

~~Duty~~   
 ~~light~~ duty.

Horace Tagan Capt R.A.M.C.(T.F)

Registrar, R.A.M.C.T.  
Officer in ~~charge~~ London General Hospital,  
WANDSWORTH, S.W.

(Station.)

\* Strike out that which is inapplicable.

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





No. 798, Pte. T. Atkins,

82/8

2/1st Newfoundland Regt., Ayr.

82/8

Payee

Jan. 25

Telegraph Money Order from  
St. John's. H.F. No. 0881

£ 2 1 1

2 1 1

January 26/17

-----

One-----

One-----

2 1 1.

814/79

O. C.,

2/1st. Newfoundland Regt.

Ayr.

FM/WF

January 26th 7

795, PTE. T. ATKINS.

1/2/17

Telegraph Money Order for  
£2. 1. 1 was received here on the  
25/1/17 for credit of the above  
soldier. Kindly hand the enclosed  
cheque to him, obtain his signature  
on the attached voucher, and return  
letter to this office, please.

795 Pte. T. Atkins has been  
admitted to Hospital.

I will hand cheque to him  
on his reporting back here.

Major,  
Paymaster & O i/c Records.

(Sgd) R.W. Bartlett, Lieut.

O.C. "H" Coy.

1ST NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	60
Paid	FEB - 2 1917
Asgd.	
Adgd.	
File No.	

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

Army Form W. 301G.  
(In Books of 200)

No. \_\_\_\_\_ Date December 27<sup>th</sup> 1917. Admitted 21.10.17

(1) To the Officer i/c Records, 58, Victoria St.  
S. W. (Station).

(2) The Officer Commanding, Infld Contingent  
Barry Town (Station).

(3) The Paymaster, 58, Victoria St.  
S. W. (Station).

Regimental No. 795

Rank and Name Pte Atkins T.

Regiment or Corps 1<sup>st</sup> Infld att M. G. B.

has been granted a furlough from Dec 27<sup>th</sup> to Jan 5<sup>th</sup>

His address while on leave will be: 58, Victoria St. (Harbord Dept)  
S. W.

I consider he is fit for i. Duty. ~~ii. Duty.~~

\* Strike out that which is inapplicable. ~~ii. Duty.~~

Officer in charge. g.c. Kalls  
Capt Rms  
Registrar, P. A. Hospital,  
3rd London General Hos  
WINDSOR (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 301G will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

No. 795 Rank Pte Name Atkins

Pay	F.A.	Wkg	Total
100	10		110
Less: Allotment			20
Net Rate			90

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Rep. Day Pay					Balance							
Balance			4	6	Balance							
Acquittance Rolls	2	18	8		Pay @ net rate	4	17					17
Hospital Advances	1	3	6			4	17	146	50	73	00	15 0 0
A.B. 84					<b>Allow</b>							1 0 0
P. & R.O. Payments					10 days @ £-	25	7	11	50	5	50	1 2 7
4.6-8					(12-11-0)							
Cheque 7305	27	12	0	0	£							1-13-7
5111. Cash	1	10	0	0								
16-6-8												

W. S. 1918

18-0-3

Cheque 7305  
5111. Cash  
16-6-8

*[Handwritten signature]*

LAST PAY CERTIFICATE **OFFICE COPY** N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 795 Rank Pte. Name Atkins, J. Unit ROYAL NEWFOUNDLAND REGT. who was repatrolled  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

	PARTICULARS	£	s	d	PARTICULARS	£	s	d
	Balance Dr. from				Balance Cr. from			
	Allotment 19 days @ 60¢	111	40	12 6 11	Pay 19 days @ \$ 1.00	119	00	
	Cash Payments:				Field Allow 19 days @ \$ 1.00	119	00	
	18 <sup>th</sup> day			12 6.	Other Allowes days @ \$	120	90	14 5 11.
	2 <sup>nd</sup> "			1 4 7.	Other Credits:			
	Other Debits:				6			
	Barrack Dam.			1 5.	Copy sent to of to 21303/210			
	Miss Stopp.				Ptd. 24 12 18.			
	Total Debits			14 5 11	Total Credits			14 5 11
	Balance due by Paymaster				Balance due to Paymaster			
				14 5 11				14 5 11.

PERIOD: From 23/11/18 To 24/12/18.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. Co. Hazeley Down Camp. Dec 11<sup>th</sup> 1918. [Signature]  
(Place) (Date) O.C. N.F.P. Company.

Made up/Checked in accordance with information received in the Pay & Record Office to and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,



ARMY AND NAVY  
YOUNG MEN'S CHRISTIAN ASSOCIATION  
"WITH THE COLORS"



*O. P. Pay and Records.*

*This is to certify that 795,  
Pte. P. Atkins has only received ten Shillings  
on this Company pay since joining  
Unit on 24/8/18.*

*L. Murphy Capt.*  
O.C. "F" Coy.  
2nd BATT. ROYAL NEWFOUNDLAND REGT.



To the Writer: Save by Writing on Both Sides of this Paper.  
To the Folks at Home: Save Food, Buy Liberty Bonds and War Savings Stamps

To Chief Paymaster.

Newfoundland Contingent

55 Victoria St.

London S.W.1.



Attached is returned please,  
as this soldier was transferred to England  
on 22/8/18

partly  
24/9/18.

Light Study  
for Major Commr

No 2 Medical Bn Depot  
Rouen.



To: O/C

MBS 28/12

Royal Newfoundland Regt.

B. D. Rowen. A

Attached passed to you please for  
necessary action. This man was transferred  
to your command on 31/7/18.

*R. H. W. G.*  
for O/C N° 15 Convalescent Depot Capt/Adjt

11/8/18

24/6/18  
15 Com Keep  
Morrison

No. 11793/366

NEWFOUNDLAND CONTINGENT

N.F.P./80.

From:

15 Com Keep  
Morrison

Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
5B, Victoria Street,  
London, S.W. 1.

Officer Commanding,  
Royal Newfoundland Regt.  
B.E.F.

22nd July 1918

Subject: 795, Pte. T. Atkins,

July 26<sup>th</sup> 1918.  
ANSWER

With reference to the following  
telegram (6583) from the Hon. the  
Minister of Militia, received

pay to 795 Atkins £2:0:0

Kindly advise whether this  
amount should be remitted to you  
for payment to this soldier, re-  
tained to credit of his account,  
or otherwise dealt with.

*A. A. Morrison*  
Chief Paymaster & O. i/c Records.

This Soldier was admitted  
to Hospital on 26/6/18, and  
evacuated 9/7/18.

*F. A. Matthews* Major  
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.



15 Com Keep  
Morrison

15 Com Keep Morrison  
3/7/18  
*A. A. Morrison*

No. 796 Rank Pvt Name Atkins J.J.

Pay	F.A.	Wkg	Total	N.F.P./33
100	10		110	
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate: \$	£	s d			
						From	To							
Balance			8	10	Balance									
Acquittance Rolls	7	12	10		Pay @ Net Rate	16-3-18	4-9-18	173	50	86	50	17	15	6
Hospital Advances					<i>Ad.</i>	3-9-18	13-9-18	11	119				19	3
A.F. 84.					<i>v. 258</i>					12	00	2	9	4
P. & R.C. Payments														
<i>Dep Payment</i>		10	0											
<i>Acq. Rolls</i>		7	4											
<i>Cast \$724</i>	<i>4 9/18</i>	12	0	0	<del>10 3</del>									
					<del>9.15.9</del>									
					<del>2 9 4</del>									
					<del>12.5</del>									

$$\begin{array}{r} 18-14-9 \\ 2-9-4 \\ \hline 21-21-1 \end{array}$$

*£. 8-19-0*  
*4/9/18*

NOTICE.

ROYAL WELSH INFANTRY REGIMENT.  
(Separation Allowance Branch)

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail and 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, Hild.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No. 795

Thomas Atkins - Private - Royal Wld. Regt

2. Age of soldier. 22 Married or Single. Single

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

Mary Ann Atkins, 55 years. Widow  
267 Hamilton Ave.

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

Thomas Atkins - Dead.

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

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. Dead June 12 - 1909  
at St John's,

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.  
Edward, J. Atkins married widow 267 Hamilton Ave  
132 St. Paul's

*Handwritten notes:*  
Allotment 1 per day  
for 60 days  
not possible to offer

*Edward S. Atkins*  
*Married & childless*  
*Maud Baylors*  
*Married & childless*

26. If not receiving support from other children, state cause. Explain fully. *Yes*
27. With whom are you residing at present? *Cowling with Edward & Daughter, Mrs Betty Baylors*
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No. - Did not know was entitled to allowance until lately*
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 B.M.L. Government. *No*
32. In what capacity and in what place? *No*
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No*

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

Signature of Applicant..... *Edward S. Atkins*  
Place of Residence..... *307 Hamilton*  
Declared and subscribed before me at..... *St. Johns Newfoundland*  
this..... *14th*..... day of..... *January*..... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *William D. Kelly*  
*Arthur S. Simpson*

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..... *H. T. Remond* *Min. of Patriots*

Signature of member of the Patriotic Fund Committee.....

*Eric Bowring*  
*the Treasurer.*  
*Newfoundland Patriotic Fund*

*Approved 15/1/19*  
*W. J. L.*

March 29, 1919

#795 Pte. Thomas J. Atkins,  
#267 Hamilton Avenue,  
City.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 1630."

Yours truly,

Captain,  
Paymaster & O. I. c Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

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

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

Christian name *Thomas* ..... 2. Surname *Atkins* .....

3. Rank *Private* ..... 4. Regt. No. *795* .....

5. Address in full to which future payments of gratuity are to ~~be~~ forwarded *267 Hamilton Ave.* .....

6. Date of enlistment in the Regiment *February 1915* .....

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

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

9. Address in full of such dependent *267 Hamilton Ave.* .....

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 field. If so, give dates, and particulars of such service. *Overseas.* .....

12. Give total length of time which you served on active service, whether in field, or Overseas. *Four years & forty eight days.* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

*Only one enlistment*

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.

*Eighty four dollars of clothes board etc. One hundred & thirteen dollars & forty cents.*

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

*No, will get same shortly.*

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.....

*Not applicable.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

*No.*

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

*Not applicable*

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

*Not applicable*

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.....

*July 1st 1916 Beaumont Hamel - March 21st 17 Arrived. Passed twice O.A.N.*

21: (a) Are you receiving treatment from the Civil Re-Establishment Com.

(b). If so, are you in receipt of full pay and allowances from that Committee?.....

*No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.



Signature of Applicant: *J. Williams*

Place of Residence: *267 St. James St. New*

Declared before me at: *St. James*

This

*20*

day of

*March*

191*8*

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

*William W. Kelly  
Barrister*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>6 mos.</i>	<i>600.00</i>

Certified Correct.

Paymaster.

Justice of the Peace, or Commissioner of Affidavits.



SEPARATION ALLOWANCE.

Claimant *Mary Ann Atkins* *Mother*  
On account of *Thos. J. Atkins* No. *795* Rank *Private*

Decision *Approved*

*W. F. Hendrick, Capt. Cal.*  
*M. Bowley, Major*

Date *Nov 5/1920*

Instructions *Paid from 22-12-14 To 31-5-17*

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

*\$46 <sup>67</sup>/<sub>100</sub>*

*1-9-17*

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 Registrar 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               | Reg't No.                     |
| <i>Thomas Jos. Atkins</i>   | <i>Private</i>               | <i>1<sup>st</sup> Nfld.</i> | <i>790</i>                    |
| (2) Age of soldier  | Married or single            |                             |                               |
| <i>22 years</i>   | <i>Single</i>                |                             |                               |
| (3) Name in full of mother  | Age                          | Occupation                  | Permanent Address             |
| <i>Mary Ann Atkins</i>  | <i>50 yrs</i>                | <i>Widow</i>                | <i>267 Hamilton Ave.</i>      |
| (4) Give name of your husband   | Age                          | Occupation                  | Where employed                |
| <i>not applicable</i>   |                              |                             |                               |
| (5) If your husband is not supporting you give the reason.  | <i>not applicable</i>        |                             |                               |
| (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). | <i>not applicable</i>        |                             |                               |
| (7) If you are a widow, state date and place of death of your husband   | <i>1910 at St. John's</i>    |                             |                               |
| (8) Have you married again since death of above mentioned husband?  | <i>no</i>                    |                             |                               |
| (9) Names of your other children.   | Address in full              | Age                         | Occupation, Married or single |
| <i>Edward Atkins</i>  | <i>267 Hamilton Ave.</i>     | <i>35 yrs</i>               | <i>Foreman</i>                |
| <i>Maud Taylor</i>  | <i>"</i>                     | <i>24 yrs</i>               | <i>Widow</i>                  |
|   |                              |                             | <i>Widow</i>                  |
| (10) State amount earned by (a) Yourself (b) Your husband   | <i>not applicable</i>        |                             |                               |
| (11) State amount and source of any other income  | <i>depending on children</i> |                             |                               |

(12) State value of real property belonging to you and your husband *none.*

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

(14) If husband is dead state value of real and personal property left by him *nothing*

(15) Actual amount contributed by soldier during the year prior to his enlistment *about \$8<sup>00</sup> per week*

(16) Was this amount contributed weekly or monthly *weekly*

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

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

(19) State amount of his wages per week *about \$8<sup>00</sup> per week*

(20) State name and address of his last employer *J. J. Kelder*

(21) State amount of monthly support from son since enlistment *\$18<sup>00</sup> per month*

(22) State amount of allotment received by you from son since enlistment *\$18<sup>00</sup> per month*

(23) State from what date did you receive allotment? *Oct. 5<sup>th</sup> 1914*

(24) Actual amount contributed by other children 

<del>nothing</del>	Weekly	Monthly
<i>nothing</i>		

(25) Are any of these children in the employ of you or your husband? *not applicable*

(26) If not receiving support from other children, state cause. Explain fully. *Edward living by himself, mother, widow supporting self & children*

(27) With whom are you residing at present? *children*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *no. did not know wa entitled to any*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *nothing*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *no.*

(31) Was the soldier at the time of his enlistment an employee of the Rfld. Government? *No*

(32) In what capacity and in what place? *not applicable.*

(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 *Mary Ann L. Atkin's*  
Place of Residence *267 Hamilton Avenue, West*  
Declared and subscribed before me at *St. John's* this *10th* day of *Sept* 19 *20*

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

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 *Horace L. Peterson*  
*A. T. Rerwif*

JMH/LM.

November 12, 1920

Mrs. Mary Ann Atkins,  
267 Hamilton Avenue,  
City.

Dear Madam:

With reference to  
your application for Retroactive Separation Allowance,  
I beg to state that same has been approved, and I en-  
close cheque for \$646.67 representing the amount due  
you.

Yours truly,

Major

Paymaster.

Enc.

MEDICAL DEPARTMENT,  
1ST NEWFOUNDLAND REGIMENT

M.O. Depot.

To, Mrs. Atkins

for boards, Per 195.

J Atkins,

From 20/11/19,

\$15.50 - 1.00

to \$12.1/19

Signed

Mrs. Atkins,  
y Atkins

NO. 13 + MO	
CK. No. 21596	EW
THE LABEL	INITIALS
PAY LEAF	INITIALS
GEN. LEAF	INITIALS



Feb 14th 1920

Major Howley  
O. I. C. Records

*C. B. B.*

Please pay to T. Atkins, 795  
the sum of four dollars  
in payment of allowance for three days to Feb 11th 1920  
and charge same to Civil Re-establishment Committee

\$4.00

Pension \$80.00

AMOUNT	
CHK. NO.	28817
ISS. LEGOR	
PAY LEGOR	
ISS. LEGOR	

*T. Atkins*

*6000*  
Vocational Officer

*T. Atkins*

February 6th 1920

Major Howley  
O. I. C. Records

Please pay to T. Atkins, 795  
the sum of five dollars and thirty three cents  
in payment of allowance for four days to date  
and charge same to Civil Re-establishment Committee

\$5.33

Pension \$20.00

2877 <i>Two</i>	
INITIALS	
ISS. LEDGER	INITIALS
PAY LEADER	INITIALS
ISS. LEDGER	INITIALS

*600's*  
Vocational Officer  
*T. Atkins*

Mr. Reeves

Dear Sir  
My loss at the fire  
1900

---

3	Top shirts lost	750
3	waistcoats lost	300
1	pair boots lost	300
1	suit of underwear	200
1	pair socks	255
3	herring jackets	300
1	pair Rubbers	150
6	shirt collars	120

---

Total \$ 4195  
yours truly  
J. J. [Signature]  
267 Hamilton Avenue

Total loss

41.95, cents



Army Form B. 103.

Regimental Number *195*

**Casualty Form Active Service.**

Regiment or Corps *Newfoundland*

Rank *Pvt* Surname *Adams* Christian Name *Thomas*  
 Religion *Roman Catholic* Age on Enlistment *20* years  
 Enlisted (a) *12/25/17* Terms of Service *duration fixed* Service reckons from *date of enlistment*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation *Painter* Signature of Officer *C. Kelly Cap*



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Forms B.103, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.103, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked <i>Shampton</i>	<i>22/7/17</i>	
			Disembarked <i>Rouen</i>	<i>24/7/17</i>	
			Joined Battalion	<i>28 AUG 1917</i>	<i>B 213.</i>
	<i>St JH Ad. PWO transferred</i>		<i>14 CR S / 604</i>		<i>Eding</i>
	<i>Street Red "</i>		<i>LeToquet</i>	<i>12/10/17</i>	<i>Ad 15061.</i>
	<i>Hospital Ship " Transferred to England</i>			<i>21/10/17</i>	<i>W 3003</i>



*J. Healey*  
 914 No 1  
 Infantry Section  
 G.H.O. 2d Echelon  
 MAJOR

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, shoeing Smith, &c.

## Casualty Form—Active Service.

Regiment or Corps

*Royal Newfoundland*

Rank

*Pte*

Surname

*Atkins*

Christian Name

*Thomas*

Religion

*Roman Catholic*

Age on Enlistment

*20* years

Enlisted (a)

*St. Johns*

Terms of Service (a)

*Duration*

Service reckons from (a)

*24/11/18*

Date of promotion to present rank

Date of appointment to lance rank

Extended

Re-engaged

Qualification (b)

or Corps Trade and Rate

Occupation

*Barber**Forward Major*

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.103, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.103, Army Form A.38, or other official documents.
Date	From whom received				
			Embarked	<b>1 MAR 1918</b>	
			Disembarked	<b>3 MAR 1918</b>	
	<i>57/A</i>	<i>Ad Newfoundland Trans</i>	<i>11 CCL</i>	<i>13/4/18</i>	<i>E.O. 164 13/4/18</i>
	<i>7 Cav sep</i>	<i>Ad Newfoundland</i>		<i>15/4/18</i>	<i>857/18 27/14/18</i>
<i>24-4-18</i>	<i>12 C.O.</i>	<i>Ad Newfoundland</i>		<i>16/4/18</i>	<i>7614 S.H. (L) 3397</i>
<i>26-4-18</i>	<i>14 S.H.</i>	<i>Ad Newfoundland</i>			<i>W 3391</i>
	<i>13 Cav sep</i>		<i>Ad Newfoundland</i>	<i>6/5/18</i>	<i>HA 23156</i>
	<i>10" C.B.D.</i>	<i>Ad Newfoundland</i>	<i>Rahon</i>	<i>11/5/18</i>	<i>Rahon</i>
		<i>United Kingdom</i>	<i>7-6-18</i>		
	<i>20 Cav sep</i>	<i>Ad Newfoundland</i>	<i>Ad Newfoundland</i>	<i>20-6-18</i>	<i>HA 25268</i>
	<i>72 "</i>		<i>Rahon</i>	<i>27-6-18</i>	<i>HA 25600</i>
	<i>15 Cav sep</i>			<i>20-6-18</i>	<i>HA 25799</i>

(a) In the case of a man who has re-engaged, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoering-Smith, &amp;c.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form R.31, Army Form A. 30, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form R.31, Army Form A.30, or other official documents.
Date	From whom received				
2.8.18	D. J. A. D.	Joined from T. Ville	Rouen	1/8/18	Roll
3.8.18	do	To H. A. D.		1.8.18	Roll
3.8.18		Classified B.III. Murallemiaf may become A"		3.8.18	A.F. 10.3339
22 <sup>5</sup> / <sub>18</sub>	OC. 27/18/18	To England - B. Absent (Auth. A.S. 1858/272 of 24 <sup>7</sup> / <sub>18</sub> )		22.8.18	A.P.W. 5204
	7/9/18		Blanch	Lieut	
			Co. 1/5 No. 1	Infantry	
				G.M.G. Ser	

ST. JOHN'S, FEB 28 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Mr. J. Atkins

Billeting Soldiers as undermentioned

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

<u>795</u>	<u>Mr. J. Atkins</u>	<u>7</u>	<u>20</u>

Certified correct for \$ 7. 20

M.S. Joseph P. Brownlie  
Billeting Officer.



S. }  
A. }SEPARATION ALLOWANCE.  
1st NEWFOUNDLAND REGIMENT.

A.

795

1. Name of Soldier in Full (Surname first) *Atkins Tom*
2. Rank and Regimental Number *Private 795*
3. Date of Enlistment *January 1915*
4. Full Name of Wife \_\_\_\_\_  
Widowed Mother *Mrs. Thomas Mary Ann (nearly) Atkins*  
Children's Guardian \_\_\_\_\_
5. Address *267 Hamilton Avenue*
6. State ages of Children: Girls under 17 \_\_\_\_\_ Boys under 16 \_\_\_\_\_
7. With whom do your Children reside? \_\_\_\_\_
8. Amount of Allotment *60* 9. Name of Allottee *Mrs. Mrs. Mary Ann Atkins*
10. Address *267 Hamilton Avenue*

- From what date is Allotment effective? January 1915
  - Date of Marriage \_\_\_\_\_
  - Date Marriage Certificate examined by Paymaster \_\_\_\_\_
  - Date Birth Certificates (in case of guardian) examined by Paymaster \_\_\_\_\_
  - If soldier is sole support, does Statutory Declaration accompany this application? \_\_\_\_\_
  - Have you made a previous claim for Separation Allowance? Give particulars \_\_\_\_\_
  - Is Separation Allowance being paid on your account to any person? \_\_\_\_\_
  - Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place? \_\_\_\_\_
  - Will you be in receipt of a salary as such, while serving? If so paid, how much per month? \_\_\_\_\_
  - Name of Corps prior to enlistment in the Nfld. Regt. \_\_\_\_\_
- I hereby certify that the above is a true statement.

Signature of Officer forwarding this application.

*Royal Nfld Regt*  
Unit \_\_\_\_\_  
Date 1st Dec 1918

*Y Arthur*

Name of Soldier.

*Walter Capt.*

Asst Adjutant

Dept. The Royal Newfoundland Regiment

St. John's, Nfld.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 795 Rank RtE Name Arthur's Cho.  
 Intended place of residence 267 Hamilton Av.

2. Occupation Hair dresser  
 Classification of soldier B Medical Category C

3. The above named man is discharged in consequence of DEMobilIZATION.  
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place .....  
 Date MAR. 15. 1919. *H. News H.*  
 for Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S

15-3-19

*J. P. Shaw*  
 Signature of soldier

*Joseph P. Shaw*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S

15-3-19

*J. P. Shaw*  
 Signature of soldier

*W. P. Cato*  
 Signature of witness

## STATEMENT OF SERVICE

Enlisted for service 2-15 No of days on Military  
 Discharged from service 15-3-19 Plus 14 days Service 1514

## APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

MAR 15 1919

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

Date .....

## CONFIRMATION OF DISCHARGE

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

Place St. John's, Nfld.

Date March 24/1919

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

*22 B 079/15-30*

Regtl. No. 795..... Rank Private.....

Name ..... Thomas ..... Atkins .....  
(Christian Names in full) (Surname)

Unit 2nd Battalion ..... Regt. Royal Newfoundland Regiment .....  
Corps

**COVER**  
**FOR**  
**DISCHARGE DOCUMENTS.**

C.R. 795

Extract from Nominal Roll of Co. 1st Bn. Nfld. Regt.  
Embarked at Devonport for Active Service 20-8-15.

795 Pte. T. Atkins.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,  
Cairo, same date. Embarked Alexandria for Gallipoli  
13-9-15.



## 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. & 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 *Thomas Atkins*

Regiment from which discharged *Royal Newfoundland*

Regimental number *795*

Intended address *267 Hamilton Ave.*

Height on discharge *5 Feet 10*

Color of hair on discharge *Dark Brown*

Complexion *Leak*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *—*

Christian name of Father *—*

Christian name of Mother *Mary Ann*

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 15-8-1893*

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)

Station

*St John's 15-8-19*

Date

(Rank)

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 i/c Hospital,  
Unit, or Command Depot.

Station

Date



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                        | <i>Yes</i>          | <i>Yes</i>        |
| (ii.) Previous active service .. .. .                              | <i>No</i>           |                   |
| (iii.) Climate in pre-war service .. .. .                          | <i>No</i>           |                   |
| (iv.) Ordinary military service before the war .. .. .             | <i>No</i>           |                   |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | <i>No</i>           |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *No*

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? *He is well minded.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.) *He is well minded. He has become fatter and of health after the operation. He is able to carry his ordinary military work.*
16. Was an operation performed? If so, when and what was its nature? *No*
17. If not, was an operation advised and declined? *No.*
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? *No.*
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? *None A.F. 178*

20. Do you recommend—
- (a) Discharge as permanently unfit? *Refratation*
- (b) Change to United Kingdom? *MR 21*
- Note—(b) is only applicable to soldiers invalided at Foreign Stations. *C. Africa.*

Station .....

Medical Officer in charge of case.

Date .....

\* 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

**MEDICAL REPORT ON AN INVALID.**

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name. Arthur Elton ..... Regt. No. 795 Rank. Pl. Unit and Corps. Regt. 1756  
(Surname)      (Christian Name)

1. State the nature of the disability or disabilities from which this man is suffering. . . . .

*V. D. H. Gastritis*

2. What is the present condition of such disability or disabilities? . . . . .

3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :—

NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Army or Air Force during the present war. Provided that if the remaining disability has been held to be not so aggravated by service in the present war, treatment may be recommended for an incapacity manifestly certified as an consequence of that disability.

- (a) Sanatorium or other institution for tuberculosis . . . . .  
 (b) Hospital, and if so, what class? . . . . .  
 (c) Convalescent Home . . . . .  
 (d) Asylum, or . . . . .  
 (e) Other institution . . . . .  
 (f) In-out-patient hospital treatment or treatment at home recommended. If so, which?

4. With reference to Army Council Instructions, is any surgical appliance recommended? . . . . .

5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable . . . . .

Signature ..... President.

Station Haydock Green .....

Date 14th Oct 18 .....

Members.

Approved.

Station .....

Date .....

Officer in charge, Central Hospital.

(P.T.O.)



# STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached hereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. *795*Rank *Pvt*Name *Alvin Glos*Unit and Corps } *Royal I. F. H.*

(Surname)

(Christian Names)

Note.—Before answering the questions below, the soldier is to note that

(a) The statements made by him will be checked by official records.

(b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*Gallophi Peninsula  
& some Belgium  
England*

- (b) In what capacity?

*Infantry*

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

*I was gassed while in action in France and Belgium. also took V.D. II in 7 raves which have rendered me unfit and cannot do very hard work*

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

3rd London Gen 60 days  
Struville bon France 55 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

~~no~~

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

no

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Barber

- (b) What was your trade before joining the Army?

do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station Hazebourne

Signed (Soldier) J. Stirling

Date 14-11-18

Signed Redwood

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

Note.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 8061a has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the name and date of birth of the soldier's children, or particulars of dependants, for whom separation or maintenance allowance is being paid, on receipt of which it is to be attached to the soldier's documentary Pension. Army Form W. 8061c is to accompany Form W. 8061a whenever possible; the despatch has not been received by the Officer i/c Records nor is it to be attached for like purpose. If Army Form W. 8061c transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A. F. W. 3261A has been sent to  
O.C. Discharge Centre,

The Officer i/c Records,

The Regimental Paymaster,

*Hagleydown*  
*Wandsworth*

*58 Victoria*  
*London*

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for — *Substitution*

- (a) Discharge as no longer physically fit for war service  
(b) Discharge as surplus to military requirements  
(c) Discharge as *—*  
(d) Transfer to the Reserve  
(e) Claims repatriation to *—*

Substituted address if applicable. If the War Office authorises a soldier to be sent to a Discharge Centre in lieu of the Substitution Centre, the name of the Discharge Centre to which the soldier is being sent to the Discharge Centre under the provisions of the Army Act, 1919, shall be inserted at (e).

- (f) Where enlisted *—* (Country) *—* (Place)  
(g) Date of arrival in United Kingdom *—*  
(h) Port of arrival *—*  
(i) Ship on which arrived *—*  
(j) Name of Shipping Line or Agent *—*  
(k) Names and addresses of two references who can verify the above particulars *—*

No. *795* Rank *—*

Name

*Arthur*

(Surname) (Christian names in full)

Unit and Corps *—*

Authority *—*

Station *Hagleydown*

Date *14/11/18*

191*8* O.C. *—*

\* Insert cause other than under (a) or (b) above.

NOTE.—If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Form.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

Notification to the Officer in Charge and a Soldier is sent to a Discharge Center with view to Discharge or Transfer to the Reserve whether in Substitution or otherwise.

NOTE - If possible, the Officer in Charge should be advised of the discharge of a Soldier in advance of the discharge of the Soldier. The discharge of a Soldier should be made in accordance with the regulations of the War Department, and the discharge of a Soldier should be made in accordance with the regulations of the War Department. The discharge of a Soldier should be made in accordance with the regulations of the War Department, and the discharge of a Soldier should be made in accordance with the regulations of the War Department.

1. Name of the Soldier  
2. Grade  
3. Component  
4. Station  
5. Date of discharge  
6. Date of arrival in the United States  
7. Name of the ship or vessel  
8. Name of the agent

(a) Name and address of the person to whom the discharge is to be sent  
(b) Name and address of the person to whom the discharge is to be sent  
(c) Name and address of the person to whom the discharge is to be sent  
(d) Name and address of the person to whom the discharge is to be sent  
(e) Name and address of the person to whom the discharge is to be sent  
(f) Name and address of the person to whom the discharge is to be sent  
(g) Name and address of the person to whom the discharge is to be sent  
(h) Name and address of the person to whom the discharge is to be sent  
(i) Name and address of the person to whom the discharge is to be sent  
(j) Name and address of the person to whom the discharge is to be sent

Name \_\_\_\_\_  
Grade \_\_\_\_\_  
Component \_\_\_\_\_  
Station \_\_\_\_\_  
Date of discharge \_\_\_\_\_  
Date of arrival in the United States \_\_\_\_\_

NOTE - All the soldier's claims for pay and allowances should be settled and payment made before the discharge of the soldier. The discharge of a Soldier should be made in accordance with the regulations of the War Department, and the discharge of a Soldier should be made in accordance with the regulations of the War Department.

DISCHARGE CENTER  
The discharge of a Soldier should be made in accordance with the regulations of the War Department, and the discharge of a Soldier should be made in accordance with the regulations of the War Department.

A.P. Field's Department to  
The Office in Charge  
The Personnel Paymaster

Authority has been given for the undersigned soldier to be sent to the Discharge Center for -

- (1) Discharge on the basis of discharge certificate
- (2) Discharge on the basis of discharge certificate
- (3) Discharge on the basis of discharge certificate
- (4) Transfer to the Reserve
- (5) Change of station
- (6) Where entered
- (7) Date of arrival in the United States
- (8) Ship or vessel
- (9) Name of the agent

Name of Shipping Law or Agent \_\_\_\_\_  
Name and address of the person to whom the discharge is to be sent \_\_\_\_\_  
Name and address of the person to whom the discharge is to be sent \_\_\_\_\_  
Name and address of the person to whom the discharge is to be sent \_\_\_\_\_

Name \_\_\_\_\_  
Grade \_\_\_\_\_  
Component \_\_\_\_\_  
Station \_\_\_\_\_  
Date of discharge \_\_\_\_\_  
Date of arrival in the United States \_\_\_\_\_

NOTE - All the soldier's claims for pay and allowances should be settled and payment made before the discharge of the soldier. The discharge of a Soldier should be made in accordance with the regulations of the War Department, and the discharge of a Soldier should be made in accordance with the regulations of the War Department.

PART II

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge or Transfer to the Reserve whether in Substitution or otherwise.

Note—This notification is to be sent to the Discharge Centre only if the Soldier is a member of the Reserve or is a member of the Regular Army and is being sent to the Discharge Centre for the purpose of being discharged or transferred to the Reserve. It is not to be sent to the Discharge Centre if the Soldier is being sent to the Discharge Centre for the purpose of being discharged or transferred to the Reserve in substitution for another Soldier.

Christian Names (full) in block letters \_\_\_\_\_

Date of Birth \_\_\_\_\_

Rank \_\_\_\_\_

The Regimental Paymaster \_\_\_\_\_

The Officer in Charge \_\_\_\_\_

A.F. W. 3001c has been sent to \_\_\_\_\_

O.C. Discharge Centre \_\_\_\_\_

The Officer in Charge \_\_\_\_\_

A.F. W. 3001c has been sent to \_\_\_\_\_

Authority has been given for the mentioned soldier to be sent to the Discharge Centre for:—

(a) Discharge as unfit for war service \_\_\_\_\_

(b) Discharge as unfit for military requirements \_\_\_\_\_

(c) Discharge as \_\_\_\_\_

(d) Transfer to the Reserve \_\_\_\_\_

(e) Claims reputation to \_\_\_\_\_

(f) Where enlisted \_\_\_\_\_

(g) Date of arrival in United Kingdom \_\_\_\_\_

(h) Unmarried or a widower with the following dependants for whom an allowance is being paid — without children \_\_\_\_\_

(i) Ship or shipping line or agent \_\_\_\_\_

(j) Unmarried and without dependants \_\_\_\_\_

(k) The address of his family or dependants is \_\_\_\_\_

Station \_\_\_\_\_

Regimental Paymaster or \_\_\_\_\_

Date \_\_\_\_\_

Secretary I.F. Association.

\* Strike out whichever is applicable.

PART III

Authority \_\_\_\_\_

Army Form O. 1800 for the purpose of recording the discharge of the Soldier is to be completed by you, or if necessary by the Secretary I.F. Association, and forwarded without delay to the Officer in Charge I.F. Association.

Date \_\_\_\_\_

You are requested to complete the part in block letters above and forward to the Discharge Centre as soon as possible.

NOTE—In cases where the Discharge Centre is not in possession of the Army Form O. 1800, the Discharge Centre will be supplied with a copy of the Army Form O. 1800 as far as possible before despatching the Army Form.

It is the duty of the Discharge Centre to verify the claim and the Discharge Centre whether it has been substantiated or not.

*F. Coy*

Medical Board Depot, Rouen

From :- C/Commanding Medical Board Depot, Rouen.  
To :- No 793 Pte Aitkinson T. 1 Nfld.  
.....

to-day 22/8/18

You are ordered today to proceed to England, ~~by sea~~  
parading at                       
~~by sea~~ of A. proceed by train to Havre, ~~by sea~~  
~~by sea~~.....

On arrival at Southampton you will report to the Embarkation  
Officer for the necessary warrant to convey you to...Winchester.....  
where you will report to the C/C Depot of your unit.

The unaccounted portion of the current day's rations, and <sup>three</sup> ~~two~~  
days will be carried on the person.

Authority :- D.A.G. .... 1858/272 ..... 24/7/18

Reason :- .... 'B' Personnel. .... *[Signature]*

21/8/18.

~~Major~~  
Commanding Medical Board Depot, Rouen.

To be used only for Special Reserve Recruits, and for Special Regular Army.

# MEDICAL HISTORY

Surname

*Atkins*

OR

Christian Name

Table 1.—GENERAL TABLE.

Birthplace—Parish

County

**SPECIAL RESERVE.**

on *21<sup>st</sup>* day of *Dec* 191*4*

at *St Johns*

Declared Age... *19* years — days

Trade or Occupation...

Height... *5* feet *9 1/2* inches

Weight... *122* lbs.

Chest Measurement (Girth when fully expanded...)  
 Range of expansion... *34* inches

Physical Development... *8* inches

Right	Left	Right	Left

Vaccination Marks (Arm Number) *1904*

When Vaccinated

Vision R.E.—V=  
L.E.—V=*M.*



(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause Rejection

Approved by (Signature) *Cumy Macpherson*  
 (Rank) *Capt.*

Medical Officer.

Medical Officer.

Enlisted

at *St Johns*  
 on *20<sup>th</sup>* day of *Dec* 191*4*

at

on \_\_\_\_\_ day of \_\_\_\_\_ 191*4*

Rank

Corps. \_\_\_\_\_ Regt. No. \_\_\_\_\_

Corps. \_\_\_\_\_ Regt. No. \_\_\_\_\_

Rank

*Richardson*

at

on \_\_\_\_\_ day of \_\_\_\_\_ 191*4*

(Signature)

(Rank)

Table III.—Boards, Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Foreign Service; Extension, Re-assignment, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details and Signature
26, 4, 15 15, 8, 15	J.V. Vac Fit for Foreign Service.
T.A.B. 2	<del>                     { 30. 4. 17.                      9. 5. 17.                 </del> <i>W. Winston</i> <i>Capt. Rans.</i>

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
St. Johns	Dec. 7/15	Feb. 5/15			
Edinburgh Castle	Feb. 5/15	" 16/15			
Edinburgh Castle	" 16/15				



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home at \_\_\_\_\_ and Release Certificate No. 15-3-19 issued.

Date 15-3-19

C. B. Dicks 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 \_\_\_\_\_

Date 15-3-19

R. H. J. Capt  
Depot Paymaster.

Discharge approved for 15-3-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 15. 3 19

C. B. Dicks 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

MAR 15 1919

Date \_\_\_\_\_

R. H. J. Capt  
O. C. Discharge Depot.

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

Date March 19/1 1919

Forwards to  
Govt Records

Reg. No. 790 Rank Plt Name Atkins  
Attested ..... Address Leslie St  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 21-12-18  
Embarked for Overseas ..... Cause Ballage

13.3.19 Rec. Dis - from the Army.

**MAR 15 1919 PASSED TO DEMOBILIZATION OFFICER**

13.3.19 **DISCHARGE APPROVED ON DEMOBILISATION.**

**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, NfldDate March 13<sup>th</sup> 1919

- |  |   |
|--|---|
| 1. Unit <u>Royal Newfoundland</u>              | 5. Age last birthday <u>21</u>                    |
| 2. Regimental No. <u>795</u>                   | 6. Enlisted on <u>Feb 1915</u>                    |
| 3. Rank <u>PT</u>                              | at <u>St John's</u>                               |
| 4. Name <u>Atkins, Thomas</u>                  | 7. Former trade or occupation <u>Hand dresser</u> |
| 8. Disability <u>Gassed &amp; Shell-Shock.</u> |   |

9. History July 1<sup>st</sup> 1916 at Beaumont-Hamel. Sent back from line suffering from effects of gas shells & shell-shock. In 3<sup>rd</sup> London Sp. 3 1/2 months. Returned to Battalion April 1917. Gassed again 17<sup>th</sup> Sept at Arras. In 3<sup>rd</sup> London Sp. 2 1/2 months. Returned to home & marked unfit. D.H.

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.)

Still feels weakness & nervousness.  
Sleeps poorly.  
Tremors & twitching of limbs.  
Heart irregular beat.  
Rales Base left lung.  
T. normal.

11. Was sanatorium advised and refused? no  
operation

12. Do you recommend discharge as permanently unfit? yes

Signature

*Archibut*

Rank or Qualification

*M.O. Dept.*

Remarks if any by Officer i/c Hospital.

Place ..... Signature .....

Date ..... Rank .....

## Opinion of the Medical Board

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

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

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

*Yes. Deficient expansion of lungs  
Shortness of breath*

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 40%

- (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? 40% six months

(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 in sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to } General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:—

Signatures

President

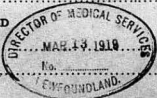
Place

Date

APPROVED

Station

Date



Administrative Medical Officer *Major*

C.R. 795

abstract from Daily Orders part 11, Report  
St. John's dated December 23rd., 1916.

The u/m returned from Overseas and reported  
at Depot. 21-12-16.

~~4765~~<sup>795</sup> Pte. J. T. Atkins.

BC.

C.R. 795

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 Star.

---

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

Name W. Atkins .....

Date 2/13/19 .....

Place Mt. Johns .....

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

*W. F. Rendall*  
Lieut. Colonel;

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND  
of 1914-15 STAR.

Department of Militia,  
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on\* *Gallipoli*

from *Sept 19* 1915 to *Dec 31* 1915.

(Date) *21*....(NO) *7957*..(Rank) *Pte* (Name) *T. Atkins*

(Place) *St. John's*..

\*Fill in theatre of War where you served in Gallipoli, Madros, Lemnos, or Western Egyptian Frontier.



C.R. 796-

Extract fro, Casualties received from Pay And Record Office  
London dated 28<sup>th</sup> .., December 1918

O. C., Srd., London General Hospital S.W. 18, Reports  
DISCHARGED HOSP. 27/12/17. Parole' to 5/1/18.

#795 Pte. T. Atkins.

FIR FOR 1 DUTY.

C. No. 795

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 798 Name J. Atk

Witness. W. Hardy

Date 2/12/19

Place St John's

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 795 Rank Pvt Name Arthur Thomas  
 Date of Enlistment 5-2-15 Address St Johns District St Johns  
 Occupation Handwritten Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. permanently unfit Disability Rating 40% 6 months  
 Passed to Demobilization Officer with following documents:—

N.F. P/36	1	B 268	B 131	N.F. Med.	D.F. 1	1
B 178		W 3494	B 122	Board 1st	" 2	
B 178a		D 400A	B 1915	do 2nd	" 3	3
B 179	2	D 400B	Form L	do 3rd	" 4	
B 179a		D 400C	Form K	do 4th	" 5	
B 179b		B 102	ME 2		" 6	
B 179c		B 120	M 93			

Date 15-3-19

O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am Arthur in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied Joseph A. Snowford

Date 15-3-19

O. 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. \_\_\_\_\_ issued.

Date 15-3-19 ..... *C.B. Dinko 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 17-3-19

Date 15-3-19 ..... *H. H. H. H.*  
Depot Paymaster.

Discharge approved for 15. 3. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/26	B 26S	B 121	N.F. Med.	D.F. 1	1	<i>211 B</i>
F 178	W 2494	B 122	Board 1st	" 2	1	
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		" 6		
B 179c	B 120	M 93				

Date 15. 3. 19 ..... *C.B. Dinko Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to—  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 15 1919 ..... *R.H. Lat Capt*  
O. C. Discharge Depot.

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

Date .....

795

Dec. 17th., 1923.

Hon. W.H. Cave,  
Minister of Finance and Customs.

Dear Sir,

At the request of the Colonial Secretary I am forwarding to you a report of Service of Expte. Thomas Atkins, also monies paid him in allowances, gratuity, and pension.

Thos. J. Atkins offered for Service Overseas with the Royal Field Regt. on Dec. 22nd., 1914. Regimental Number 275 was allotted to Private Atkins. Served in Gallipoli three months, and in France at different periods to August 1918. Was slightly Gassed in France, and had gastritis. Demobilized on 29th. March, 1919.

Received 40% disability pension from 30.9.19 to 5.3.21.  
20% do 9.6.21 to 8.12.21.  
10% do 9.12.21 to 8.3.22.  
Disability disappeared and pension ceased from that date.

Received hospital treatment at Sudbury in 1919- two months, and in 1921- four months.  
Total pension paid him \$924.90.

Separation allowance paid to his mother for the whole period of service and in connection with War Service Gratuity.  
Total paid him \$1306.00.

War Service Gratuity paid him \$420.00.

He had received full pay and all allowances in full, including dependent's allowances. He had no complaint against this Department

(2)

Department. His grievance appears to be his inability to get a permanent job, and it is regretted that nothing can be done in this direction by this Department.

I have the honour to be,

Yours very truly,

Lieut.Col.,  
Chief Staff Officer.

795 Pte. Thomas J. Atkins,

Enlisted 22-12-14 discharged 29-3-19.

Served in Gallipoli three months, and in France at different periods to August 1918.

Was slightly gassed in France, and had gastritis

Received 40% disability pension from 30/9/19 to 5/3/21  
20% 9/6/21 to 8/12/21  
10% 9/12/21 to 8/3/22.

Disability disappeared and pension ceased after that date.

received hospital treatment at Sudbury in 1919 -two months and in 1921 four months.

Total pension paid him \$924.90

Separation allowance paid to his mother for the whole period of service and in connection with War Service Gratuity. Total paid \$1306.00.

War Service Gratuity paid him \$420.00.

*He has received full pay and all allowances in full, including dependents' allowances. He has no complaint against this Department. His grievance appears to be his inability to get a permanent job, and it is regretted that nothing can be done in this direction by this Department.*

## 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  
Barber

*M. Estlin*  
Signature of Man.

Reg. No.

795

*C. D. Dicko Capt*  
Signature of the Vocational Officer or his Representative.

Place

*St John*

Date

15-3-19

191



C.R. 795-

Extract from Casualties received from Paynadn Record Office, London  
December 28th., 1917.

Doctor in Charge Military Hosp. Adelaide St. W. U. Reports

795 Pte. E. Atkins

Fit for 1 Duty      ANTHONY A. Pte W 3016 from Hospitals.

DISCHARGED HOSE. 28/12/17. furlo' to 7/1/18.

C.R.795

Extract from Casualties received from London, dated  
July 9th, 1918.

#795 Pte. T. Atkins.

Influenza.

Admitted 15th Cen. Dep. Trouville Junr 28th, 1918.

C.R. 795

Extr: get from War Office List No.H.A.25600

INFID. CONTINGENT.

#795 Pte.T.Atkins.

Influenza.

Admitted 72 Gen.Hosp. Trouville 27th June 1918.

WOUNDED AND SICK N.C.Os AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 795

NO. 1 RECORD OFFICE - SHREWSBURY.

LIST NO. H.A. 24304.

200526 Ite. Edwards, A.

7/K.S.L.I.

SW. Arm. Upper Sgt. Adm. 12 Con. Dep. Aubengue 30 May 18.

DIS. TO 5 REST CAMP ST. MARTINS EX 12 CON. DEP. 30 MAY 18.

59964 Pte. Bamford, W.	19/Welsh.R.
41698 Pte. Bishop, W.	6/S.W.Bdrs.
341250 Pte. Devine, F.	1/4 S.Lances.
33829 Pte. Harris, F.	1/4 K.S.L.I.
285575 Pte. Lea, G.	16/Welsh.R.
32495 Pte. Stevenson, A.C.	1/5 S.Lances.
31746 Pte. Williams, H.	19/Welsh.R.
31583 Pte. Messer, T.J.	10/S.W.Bdrs.
40364 Pte. Morris, T.	10/S.W.Bdrs.



1274  
4681

NO. TWO RECORD OFFICE - SHREWSBURY.

LIST NO. H.A. 24304.

266698 Pte. Glover, J. ADMITTED 12 CON. DEP. AUBENGUE 30 MAY 18.

9/Chesh.R.

ICT-Heel R.Slt.

DIS. TO 5 REST CAMP ST. MARTINS EX 12 CON. DEP. 30 MAY 18.

40400 Pte. Warwick, B.	15/Chesh.R.
202315 Pte. Jones, J.	15/R.V.Fus.

INFANTRY RECORD OFFICE - WARWICK.

LIST NO. H.A. 24304.

34510 Pte. Elcox, A. ADMITTED 12 CON. DEP. AUBENGUE 30 MAY 18.

4/Worcs.R.

29485 Pte. Morris, W.

2/7 R.War.R.

Gas Shell Fd.Slt.  
Diarrhoea Slt.

33054 Pte. Crane, A.

1/R.War.R.

Trench Fever Slt.

NEWFOUNDLAND - EXPEDITIONARY FORCE.

LIST NO. H.A. 24304.

795 Pte. Atkins, T.

1/Newfoundland.R.

....Dis. to 5 Rest Camp St. Martins ex 12 Con. Dep. 30 May 18.

C.R. 795

Extract from Casualties received from Pay & Record Office,  
London, dated May 16th, 1918.

#795 Pte. T. Atkins

Admitted 12th Convalescent Depot Ambengue May 6th, 1918  
Diarrhoea.

1049

795

EXPEDITIONARY FORCE - FRANCE.

Extract from No.H.A.(Col.) 956

O.C.12 CON.DKP.AUBENGUE reports.

Adm.ex 7 Con.Dep.17 April 1918.

795 Pte. Atkins,T.

1/Newfoundlands.

N.Y.D.Gassed  
Shell.



April 27, 18

Dear Mrs Atkins,

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that #795, Pte. Thomas J. Atkins at 7th Convalescent Depot, Boulogne, April 15th suffering from a disease not yet diagnosed and Gas poisoning slight.

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

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

Yours faithfully,

Mrs Mary Atkins,  
Leslie Street,  
CITY.

Minister of Militia.

C.R. 795-

Extract from Colonial Roll of Draft No. 50. 50 Other Ranks  
from 3 Bn. Royal Newfoundland Regiment to 1st Bn. Royal  
Newfoundland Regiment, B.E.F.

Embarked Southampton, 1/3/18.

795 Pte. T.J. Atkins.



C.R. 795

Extract of Casualties received from Pa & Record Office,  
London, dated December 28, 1917.

G.C. 3rd London General Hospital, S.W. 18, reports:-

#795 Pte. T. Atkins. ✓

Fit for 1 Duty.

Discharged Hospital, 27/12/17 furlough to 5/1/18.

C.R. 4054

795 ~~THOMAS J. ATKINS~~ C

EXT. OF CASUALTY LIST RECEIVED OCT. 24th 1917.

" AT WANDSWORTH" PYREXIA.

October 24, 1917.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 795, Private Thomas J. Atkins, has been admitted to Wandsworth suffering from pyrexia.

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

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

Yours faithfully,

Colonial Secretary.

Mrs. Mary A. Atkins,  
Leslie St.

C.R. 795


1st NEWFOUNDLAND REGIMENT

Extract of Casualty List received from P. & R. O. Aug. 11th. 1916.

795, Pte T. Atkins.

Discharged from Hospital and granted furlough from 10/8/16 to, 19/8/16.

Fit for Duty, Class A.



C.R. 795

Extract of Letter received from Pay & Record Office, London,  
dated August 5, 1916.

From Officer Commanding, 3rd London General Hospital, to  
Officer i/c Records, Mfld. Contingent, 58 Victoria Street, S.W.  
In accordance with your memo of 30th June, I beg to inform  
you that the undermentioned man was transferred to the Con.  
Home named on the date specified. 1/8/16.

#795 Pte. T. Atkins. ✓

To Lammus Auxiliary Hospital, Esher.

C.R. 795

Extract of Casualties received from Pay & Record Office,  
London, dated July 11, 1916.

#795 Pte. T. Atkins.

Shell Shock.

Admitted 3rd London General Hospital, Wandsworth, S.W.

July 9th, 1916.

C.R. 795

Copy of Cablegram to Governor St. John's Nfld.  
from P.&L.R.O. 11/7/16.

795, Atkins. ✓

At Wandsworth Shell Shock.

C.R. 795

Extract from Hospital Roll St. John's, Embarked U.S. "Reunion"  
"C" Company Feb. 2, 1916.

795 Pte. Atkins T.J.