



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4009 Name Samuel George Aples Corps Infantry

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel George Aples
2. What is your full Address? } 2. 2nd Line, St. John's
3. Are you a British Subject? 3. No
4. What is your age? 4. 23 Years 0 Months
5. What is your Trade or Calling? 5. None
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. No
9. Are you willing to be enlisted for General Service? } 9. No
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. No

I, Samuel George Aples 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.

47. 33.10.15 Samuel G. Aples SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel George Aples 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..... 1915

Signature of Attesting Officer W. H. [Signature]

†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 47. 33.10.15 1915 } Approving Officer.
Place St. John's

† 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).....

4007



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4007 Name Samuel George Ayers Corps Infantry

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Samuel George Ayers
- 2. What is your full Address? 2. Fortune B. Rossin Blvd.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years 4 Months
- 5. What is your Trade or Calling? 5. Tailor
- 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, Samuel George Ayers 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.

Oct. 27. 10-17 Samuel G. Ayers SIGNATURE OF RECRUIT.
H. Watt Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of Oct. 1917
Signature of Attesting Officer Walter J. ...

†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 rank of Private.
If enlisted by special authority, such will be attached to the original attestation.
Date Oct-27-1917 } Approving Officer.
Place St. John's

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

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

C.R. 4007

Extr act of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 26th 1919.

The discharge of the undernoted on Demobilization has been
CONFIRMED by Officer i/o Records ~~from~~ on
25/4/1919.

4007, Pte. Sam. Ayres.

8

C.R. 4007

Extract from Daily Orders Part 11 Unit The Royal
Mfld. Regt. St. John's, April 11th, 1919.

The ~~unauthorized~~ discharge of the undernoted on demobilization
has been APPROVED by O.C. Discharge Depot from 11-4-19.

4007 Pte. S.G. Ayres

C.R. 4007

Extract from Daily Orders Part 21 Unit The Royal Rifle
Regt. St. John's, 11-2-19.

The undernoted returned from Overseas and reported to
Dapot 7-21-19.

Repatriated on A.P. BL79.

4007 Pte. Samuel Ayres.

C.R. 4007

Extract from Criminal Roll of the Royal N. 24. Regt
Embarked S.S. Carleton. Jan. 30, 1919.

4007 Ayres.

C.R. 4007

The undermentioned having reported back from the lat. No. is taken on
strength from the list of the 1st Bn., B. J. BARTON
Commanding Bn., Battalion of the Royal Newfoundland Regiment.

4007 Pte. G. Ayres.

C.R. 4007

Extract from Casualties

From Pay and Record Office dated Nov. 27th 1918.

4007 Pte. S. G. Ayers

Ex Convalescent Hospital, Eastbourne, 27/11/18, is granted furlough to 6/12/18. Fit for I, Duty.

A.F. B. 295 from Hospital.

C.R. 4007

Extract from NOMINAL ROLL of Sick and Wounded adm. Hospital
Dated 22 Nov. 1918.

ADM. NEW END MIL. HOSPITAL Hampstead, 20/11/18:

4007 Pte. F. Scott

1 Bn. R. Nfld. R.....Bronchitis.

C.R. 4007

Extract from Casualties received from Pay & Record
Office London, 15 Nov. 1918.

The undermentioned was transferred from Military Hospital
Endell Street, W.C.2. to the Convalescent Hospital
Eastbourne, on 12-11-18, in the case of

4007 Pte. Ayers, S.G.

C.R. 4007

Nov. 6th, 18.

Mr. Samuel Ayres,
Fortune,
Burin.

Dear Sir:-

I beg to inform you that Additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 4007 Private Samuel G. ~~Ayres~~ is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

NEWFOUNDLAND POSTAL TELEGRAPHS.
Cable Connection with all the World

C.R. 4007

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)
 Signature of Sender _____ Address _____ **Dept of Militia**

Line Number	Recd	By	Sent	by	Check

 Dated **Oct 28th, 1918**

 To **Samuel Ayres, Fortune**

Regret to inform you that Record Office, London, officially reports **No. 4007, Private Samuel Ayres at Military Hospital Endell Street, London, suffering from G.S.W. elbow, left.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett
Cjge Dept of Militia

Minister of Militia.

FOR TYPEWRITER

C.R. 4007

Extract of DA LY ORDERS PART II ROYAL NEWFOUNBLAND
REGIMENT IN FRANCE DATED 21/11/18.

TO ENGLAND.

#4007 Pte. S. Ayers.

24/10/18.

C.R. 4007

Extract from Casualties List No. H.A. 30762.

4007 Pte. Ayres S.G.

Adm. to 2 Aus. Gen. H. Boulogne 23 Oct'18.

L/Hfld.

GSW L. Elbow.

C.R. 4007

Extract from War Office List No. C. 1737 dated 6/11/18.

WOUNDED 20-10-18.

4007 Pte. S. Ayres.

AUTHORITY O. C. UNIT 23-10-18.

ENLARGED BOARD

C.R.

4207

Extract from War Office List No. 9. 1753 dated 1. 11. 18.

#4207 Pte. R. Tulk.

Wounded 14. 10. 18.

G.

C.R. 4007

Extract from Nominal Roll of Sick and Wounded admitted to Various
Hospitals on various dates.

4007 Pte. S. Ayers

R. Nfld. R.....GSW. L.Elbow bullet.

Admitted to Military Hospital Endell Street, W.C.2., 25/10/18.

C.R. 4007

Extract of Nominal Roll Draft. (All Ranks) to 1st
Bn. B.E.F. Embarked Flokestone.

4007 Pte. J. Ayers

25-5-18.

NEWFOUNDLAND CONTINGENT.

C.R. 4507

Extract of Nominal Roll of Draft No. 46, - 120 Other Ranks
from 2nd Bn., Depot, Winchester, to 1st. Batta., The Royal
Newfoundland Regiment, B.S.F. Embarked Folket no, 25/5/18.

4007 Pte. J. Ayers.

A.Ps. B. (103 (one for
each soldier) sent to 3rd
Echelon, B.S.F.

C.R. 4007

Extract from Nominal roll, embarked St. John's per S.S. Florizel
December 11th 1917.

#4007 L/C F. G. AYRES.

C.R. 4007

Extract from Daily Orders Part LI Unit The Royal WFLA.
Regt., St. John's, Oct. 22nd, 1917.

4007 Pte. S. Ayres.

Attended for General Service with the WFLA. Regt., with
effect from Oct. 22nd, 1917.

No. *4007* Name *Pte Ayres G* Sqn., Batty., or Company } *R A Corps 2/1 Royal Newfld* Date of enlistment } *22. 10. 17* G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature G.C. Company, etc. } *J. M. Currier Cap.* Character }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Ayre, S. J.

C.R. 4007

P. & R. O.

To OFFICER I/C RECORDS at

*58 Victoria Street
London SW*

The undermentioned

was ^{*is*} _{*are*} } being discharged from } _{*was*} ^{*is*} } *the* Hospital to
was _{*were*} } admitted to } *the* Hospital to
was _{*were*} } *the* Hospital to

Eastbourne Convalescent



Army Form W. 3119.

on *27.11.18* leaving

Station a.m. p.m.

No.	Rank	Name	Battalion and Regiment	Remarks
<i>1007</i>	<i>Pte</i>	<i>Ayers J. G.</i>	<i>1st Bⁿ Newfoundland Regt.</i>	<i>O.C. Records 58 Victoria St. SW.</i>
				<i>D. Guin Macpherson Capt. O.C. to him.</i>

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* 7. Former Trade or Occupation }
 2. Regtl. No. *H.P.O.7* 3. Rank... *Plt* 7a. If the soldier claims previous service in Army, he should state—
 4. Name *A. Y. O'RS* *S. C.* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
 5. Age last birthday.....
 6. Posted for duty on..... at..... in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

Bullet wound G. S.W. left Elbow

11. Date of origin of disability.
 12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

J. J. wound internal and posterior elbow complains of hand been slightly cold. apparently no gross lesion ulner nerve. lower scar painful massage and electricity

17-12-18

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., 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? *Complains of pain in lower rear which is painful on pressure movements at elbow joint free no wasting of muscle grips good.*

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

Repatriation
Procter, M.O.

ROYAL NEWFOUNDLAND REG.

Station *Hazley Down Camp.*

Date *8 JAN 1919*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel G. Hayes, Regl. No. 1007

hereby agree, until further notification by me, and in similar official form to make an Allotment of 12 Dollars and 69 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person $\frac{\text{and}}{\text{or}}$ Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person $\frac{\text{and}}{\text{or}}$ Persons concerned, viz.:

Allotment begins November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3029	mother of	Samuel Hayes	Hayes	60
			Fortune Barron St	
Total Allotment, \$				60

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.) Abouley
Officer Commanding
St John Coy Company
6-11-17

(Sig.) Samuel G. Hayes
(Rank) Pvt

Regimental Paymaster

58 Victoria Street.

Kindly forward A.B.64 (Pay Book) for the undermentioned
in accordance with para 8 A.O.I. 221 of 1918.

4007

Pte. Ayers S.G.

1st Batt. Newfoundland Regt.

Signed D. Evan Macpherson
Officer Commanding
Military Convalescent Hpl.

Eastbourne.
12/11/18

19182/13/P.&A.

CHIEF PAYMASTER & OFFICER I/C. RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W.1.
ENGLAND.

Officer Commanding,
Military Convalescent Hospital,
Eastbourne.

Reference reverse: A.B.54 has not
been received by this office please.

Major,
Chief Paymaster & O.I/c. Records.

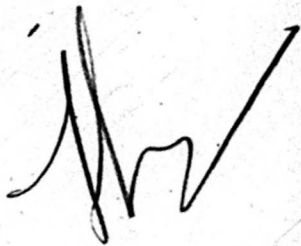
London S.W.1.
22nd November 1918.

W.F./B.C.

Capt Marshall.

This man was
paid by postal draft
on 6-1-19 to \$57.79
has been cancelled.

F. B.



POST OFFICE TELEGRAPHS.



This Form must accompany any inquiry respecting this Telegram.

Office Stamp.



Office of Origin and Service Instructions.

Ayr

NEWFOUNDLAND CONTINENT,
PAY & TELEGRAPH OFFICE

Ref. Nos. *10579.*

Charges to pay s. d.

Handed in at *10349* Received here at *11.00*

TO

*Paymaster Royal
Newfoundland Regt
58 Victoria St
St John's*

When To

*Money comes please send
4 York St Ayr.*

*4007 Samuel Ayers
Stc.*

WESTERN UNION



ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM

WVO

Prefix		Code		At		FOR STAMPS		
WORDS		CHARGE		To		By		
||				VIA WESTERN UNION				For stamps / Stamp THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

27/12/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MRS S AYERS

FORTUNE (Newfoundland)

CABLE TEN POUNDS THROUGH MILITIA

4007 AYERS

Gray

Chambers (with arrow pointing to 4007 AYERS)

111-

P

CHECKED.
W.H.
9/1/19

NOTIFIED PER N.F.P. 54
1st. BN. *16*
2nd. BN.
By *[Signature]* CKC 9-1-19

Authorised.

NOT TO BE TELEGRAPHED.

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

Signature

58 Victoria St., S.W. 1.
Address

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

Pay

Form 2a.

No.
151

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES CABLEGRAM



Prefix _____		Code _____		At _____		FOR STAMPS	
WORDS <i>11</i>	CHARGE	To _____	By _____	THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.			
VIA ANGLO.							

27/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MRS SAMUEL AYERS
FORTUNE (Newfoundland)

CABLE SIX POUNDS THROUGH MINISTER MILITIA

AYERS

*Charge of
4007 ayers*

11/

CHARGED
 PAY BOOK. *18/11/18*
 Date *2/2/18* by *M R*

CHECKED.
[Signature]
 2-2-18

Authorised.

NOT TO BE
TELEGRAPHED.

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

Signature _____ Address 58 Victoria St. S.W. 1.

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

No. 4007 Rank Pte

Name Byres J.D.

Pay	F.A.	Wages	Total
100	10		110
Less Allowance			60
			50

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance		7/4/8					
Acquittance Rolls		8	16	0	Pay @ Net Rate	24/8	27/8	173	50	86	50	17 15 6
Hospital Advances		1	0	0	R.A.	27/8	4/7/8	10	2 1/2			1 0 10
A.B. 64.												
P.&R.O. Payments		2	0	0								
Provision War Fund			5	0	Credit Paid							£21 1 5
		12	1	0	£ 9 0 0							
Cash Receipt 10015		9	0	0								

COY 21-11-18

OK at 1-0-0
Receipt
9540

NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street, London, S.W. 1.

Please remit to Samuel G. Jones

the sum of one pounds _____ shillings (£ 1)
on account of any balance that may be due to me.

AC

Regtl No. 4807 Rank Pri

Name Samuel G. Jones

Approved DOCTOR IN CHARGE

THE MILITARY HOSPITAL
Officer i/c.,
Endell Street, W.G.
ST. HOSPITAL W.G.

MILITARY HOSPITAL,
Dated at ENDELL STREET, W.G.

Nov: 6th 1918.

Rd. J.

From The Doctor in Charge,
Military Hospital,
Indell Street, F.C.2

To Officer

*Records
58 Victoria St.*

Date ... *12-XI-14*

Regt.No. Rank. Name.

400) Pte Ayres S.

Regt.

R. W. Wainland

In accordance with General Instructions No. 3 issued with
A.C.I. 500 of 1913, para. 52, it is notified for your informa-
tion that the above named man has been transferred from this
Hospital on *12-XI-14* to *Seimmerdown Camp Eastbourne*

[Signature]
Doctor in Charge.



From

W.K. £1-0-0
M.R. 30/10/18

NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street, London, S.W. 1.

Receipt No 9405.

Please remit to

Pri Ayers S.G.

the sum of one pounds ~~X~~ 0 shillings (£1.00)

on account of any balance that may be due to me.

FILE
BRANCH
INITIALS
P.S.T.

Regtl No. 4007 Rank Pri

Name Ayers S.G.

Approved [Signature]

DOCTOR IN CHARGE

THE MILITARY HOSPITAL

ENDELL STREET W.C.

Dated at _____

[Signature]

Ayres, S.Y.

4007

Hay Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 46507 Rank Pte Name Agnes P. G.
 Intended place of residence Fortune

2. Occupation Sailor
 Classification of soldier E Medical Category A.I.

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date APR 4 1919
 Comanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
4-4-19
 Signature of soldier J. G. Agers
 Signature of witness J. A. Shaw

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
4-4-19
 Signature of soldier J. G. Agers
 Signature of witness E. Wilson Pgt.

STATEMENT OF SERVICE

7. Enlisted for service 22-10-17 No of days on Military
 Discharged from service 11-4-19 plus 14 days Service 551

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
 Date APR 11 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld.
 Date April 25/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

9
30
31
21
28
31
25
185

A. G. B. 2029/2037

April 25, 1919

#4007 Pte. Samuel G. Ayers,
Fortune.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2037."

Yours truly

Captain,
Paymaster & U. i/c Records

The Royal Newfoundland Regiment

Class for Demobilization: *76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4.11.19*

Regimental No. *4007*

Name *Ayres S G Mc*

Address *Fortune*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

RH Lait Capt
O.C. Discharge Depot.

S Paterson
Senior Medical Officer

W Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4607 Rank Pte Name Ayres S G
 Date of Enlistment 22-10-17 Address Fortune District Fortune
 Occupation Amber Classification for Discharge E Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 11-11-19

W. M. Capt.
O.C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am..... 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. #60.00
 (b) ~~Clothing~~ Supplied Ambleton S. G.

Date 11-11-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1150* to his home at *Jordan* and Release Certificate No. *1950* issued.

Date *4-4-19* *J.A. Lawrence*
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 *25-4-19*

Date *4-4-19* *H. M. H.*
Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for *11-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P|36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	<i>Jordan</i>
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2</i>
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 *4-4-19* *J.A. Lawrence*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR 11 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

L. venema former occupation
(Fishing)

J. G. Ayers
Signature of Man.

Reg. No. *4007*

J. A. Crawford
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **APR - 4 1919** 191

Temporary -

To be used for recruits enlisting direct into the Regular Army only.
Army Form B. 178 to be used for Special Reserve recruits
and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Ayers Christian Name S G.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on _____ day of _____ 191
at _____

Declared Age ... years ... days.

Trade or Occupation ... _____

Height ... feet; _____ inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. _____ inches.
Range of Expansion _____ inches.

Physical Development ... _____

Vaccination Marks { Arm ... Right _____ Left _____
Number _____

When Vaccinated ... _____

Vision ... { R.E.—V—
L.E.—V—

(a) Marks indicating congenital peculiarities or previous disease ... { (a) _____

(b) Slight defects but not sufficient to cause rejection ... { (b) _____

Approved by (Signature) _____
(Rank) _____ Medical Officer.

Enlisted ... { at _____
on _____ day of _____ 191

Corps.	Regtl. No.
<u>1st. Newfoundland</u>	<u>4007</u>

Transferred to ... _____

Became non-effective by _____
on _____ day of _____ 191
(Signature) _____
(Rank) _____

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Hail. Gen. Hq. Castbourne.</i>	<i>12</i>	<i>11</i>	<i>18</i>	<i>27</i>	<i>11</i>	<i>18</i>	<i>B. wd. L. Elbow.</i>	<i>15.</i>	<p>CONVULSIONS TERMINATED PHYSICAL DRILL & HOUSE MANAGERS.</p> <p>DISCHARGED BY TO PURLOUGH.</p>	<p><i>Chambers</i> _____ Dept. R.A.M.C. M.O. No "O" DIVN.</p>



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

Samuel Ayres.

Regiment from which discharged.

Royal Newfoundland

Regimental number

24007

Intended address

Fortune

Height on discharge

5 Feet 8

Color of hair on discharge

Light

Complexion

Fair

Color of eyes

Blue.

Descriptive Marks

1 Mark on Breast (Blue).

Figure on discharge

Medium

Christian name of Father

Samuel.

Christian name of Mother

Lucy.

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Point May, Fortune 13th June, 1899.

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 Ayres S G

(Rank)

Date

4-3-19

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

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps... *Royal Newfoundland* } Former Trade or Occupation }
 2. Regtl. No. *4007* 3. Rank... *Pte* }
 4. Name... *A Y E R S S G* } 7a. If the soldier claims previous service in Army, he should state—
 (Surname) (Christian Names) } (a) Former Regts. or Corps ; with Regtl. Nos.
 5. Age last birthday.....
 6. Posted for duty on..... at.....
 in category (or grade).....
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge ;
 (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

Rt. W. left Elbow.

11. Date of origin of disability.

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

TOT. wound, internal and posterior elbow, complains of hand being slightly cold, apparently, no gross lesion. ulnar nerve, lower scar painful massage & electricity 16-12-18.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. | <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? } *na*

In all cases such as facial injuries, eye, ear, nose and throat, disability, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputations the exact position should be stated.

15. What is his present condition? *He complains of pains in lower leg, which is painful on pressure.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
- movement at joint free, no wasting of muscles, power of grip good.*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

Rehabilitation
Indic. no.

ROYAL NEWFOUNDLAND REG.

Medical Officer in charge of case.

Station *Doyley Down Camp.*

Date *18 JAN 1919*

* 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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

- | | | |
|---|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war .. | ..... | ..... |
| (ii.) Previous active service .. | ..... | ..... |
| (iii.) Climate in pre-war service .. | ..... | ..... |
| (iv.) Ordinary military service before the war .. | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier .. | ..... | ..... |
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Army Form B. 103.

Regimental Number *4.0.2.7*

Casualty Form—Active Service.

Regiment or Corps *2/1st Royal Newfoundland*

Rank *Pte* Surname *Casper* Christian Name *Samuel A.*

Religion *Meth.* Age on Enlistment *18* years *4* months

Enlisted (a) *22.10.17*. Terms of Service (a) *Duration* Service reckons from (a) *22.10.17*

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate *25 MAY 1918*

Occupation *Sailor*



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked	<i>25.5.18</i>		
		Disembarked	<i>27.5.18</i>		
		Joined Battalion	<i>31.5.18</i>		
		Wounded in Action	<i>20-10-18</i>		
<i>11 CES</i>	<i>As B. W. Elbow</i>		<i>Fras</i>	<i>21/10/18</i>	<i>821 8538</i>
<i>2 Aus Gun Corp</i>	<i>As G. W. Elbow</i>		<i>Boulagou</i>	<i>23/10/18</i>	<i>821 30767</i>
<i>As Denis</i>	<i>Transferred to England</i>		<i>"</i>	<i>21/10/18</i>	<i>821 20853</i>

John Cant
for Officer i/c No 1 Infantry Section
3rd Echelon General Headquarters

(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.

W. 1985 - M2733 - 20-000 - 9/17 (35611) C. P. & S. Ltd. - Form B./103 B/1907. P.T.O.

April 26, 1919

#4007 Pte. Samuel Ayres,

Fortune, F.W.

Dear Sir:-

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

Yours truly

Capt.
Paymaster & U.I/c Records

17881

DEPARTMENT OF MILITIA.
WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 20th. 1919.

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

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

Christian name *Samuel* 2. Surname *Ayles*

3. Rank *Pte.* 4. Regt. No. *4007*

5. Address in full to which future payments of gratuity are to be forwarded. *Fortune, A. B.*

6. Date of enlistment in the Regiment. *Oct. 23/17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

8. Relationship of such dependents. *—*

9. Address in full of such dependents. *—*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier. *No*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service. *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *From Oct 23/17 to*

Apl. 4/19 date of temporary discharge

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

Clothing allowance 66 -
Road allowance 41.40
50.40

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

No

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

No

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

No

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

No

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

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

No
Apr. 4/19
Temporary Demobilization

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places and dates of such service.

France & Belgium - From May 24/18 to Oct 4/18 - Ypres, Cassinudale

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.

Samuel Ayers

Signature of Applicant:

Place of Residence:

Samuel Ayers, Fortune, P.B.

Declared before me at:

H. Johns, Nfld

This

4th

day of

April 1919

John McCarthy J.P.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4 mes.</i>	<i>780⁰⁰</i>
.....
.....

Certified Correct.

Paymaster. *[Signature]*



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel G Ayers, Regl. No. 4007

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins November 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3029	mother	Samuel Ayers	Fortune Burrin Sid	60
Total Allotment, \$				60

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

(Sig.)
 Officer Commanding
 Company

 6-11-1917

(Sig.) Samuel G Ayers
 (Rank)

ST. JOHN'S, APR 4 - 191

Royal Newfoundland Regiment.

Billeting Account,

To Mr. S. Ayers

Billeting Soldiers as undermentioned

from Feb 15th / 19 to April 4th / 19

~~A. C. R.~~

4007 Mr. S. Ayers

50 40

B. M.

15131

E. W.

Certified correct for \$ 50 . 40

S. Ayers

R. J.

W. Clouston ^{Lieut}

for Billeting Officer.

ST. JOHN'S, APR 11 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt. S. Ayers

Billeting Soldiers as undermentioned

from Apr 4th /19 to Apr 11th /19

J.C.S.
4007 - Plt. S. Ayers

7 Lo

B.M.

15553

EW

Certified correct for \$ 7.20

McLouston

R.J. Ayers & G.J. for Billeting Officer.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records;

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 11 1921

1921.

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

is/are forwarded herewith to

Samuel Ayres

in respect of his service as No. **4007** Rank **Pte.**

Name **Samuel G. Ayres** ~~Royal Nfld. Regt.~~
~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received *With thanks*

Signature *Samuel G. Ayres*

Date *Sept 15/21*

Address *Station 117-10*

[P.T.O.]

The Royal Newfoundland Regiment

54007

DEMOBILIZATION OF

Reg. No. 4007 Rank Pte. Name Agnes S G
 Date of Enlistment 22-10-17 Address Fortune District Fortune
 Occupation Sailor Classification for Discharge H Medical Category H1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 4-11-19

W. H. M. Capt.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Agnes S G

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. #60.00

(b) ~~Clothing~~ Supplied Amblouston Saint

Date 4-11-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R 1150* to his home at *Fort* and Release Certificate No. *1750* issued.

Date *4-4-19*

J.A. Crawford
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 *25-11-19*

Date *4-11-19*

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACC.

H. M. ...
Depot Paymaster.

Discharge approved for *11-4-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *4-4-19*

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR. 11 1919*

R.H. ...
O. C. Discharge Depot.

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

J.P. ...
for officer i/c records

Date

KIT INVENTORY
EXTRACT FROM STATEMENT OF NO TO 31-1-19 FROM PAY OFFICER
 THE REGIMENTAL MEDICAL STORES
LONDON

4007 Pte. Ayres, J. G.

Dr. Bal. 31-11-3

THIS TRANSFERRED TO PAY OFFICER 7-4-19

INSTRUCTIONS

Inventory of Kit of No

Company THE ROYAL NEWFOUNDLAND REGIMENT

day of

Received from

Received into

Quantity

PERSONAL EFFECTS

Quantity

REGIMENTAL MEDICAL STORES

James S. D.

Cardigan

James S. D.

Boots

Great Coat

Kit Bags

Brushes Hair

Boor

Tooth

Reg. No. *4007* Rank *PLC* Name *Ayers Samuel*

Attested *v* Address *Fortune*

Allotment Allottee

Date of Allotment Returned from Overseas *2-19*

Returned on S.S. Cause *Discharge*

1.4.19

PASSED TO DEMOBILIZATION OFFICE

11.4.19

DISCHARGE APPROVED ON DEMOBILIZATION