



FIRST NEWFOUNDLAND REGIMENT

C. J. B.

ATTESTATION OF

No. *3045* Name *William Cairnes* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *William Cairnes*
2. What is your full Address? 2. *Great Falls, J.B.*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *19* Years *4* Months
5. What is your Trade or Calling? 5. *Stitchman*
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*

DURATION OF THE WAR

I, *William Cairnes*, 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.

Wm Cairnes SIGNATURE OF RECRUIT.
Chas. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *William Cairnes*, 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 *28th* day of *August*, 191*5*.
 Signature of Attesting Officer *Chas. Aye Capt*

†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 191*5* }
 Place } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William James

Apparent age 19 years 4 months. Height 5 feet 9 inches

Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 6 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William James, Heat Javis, H.B.
 | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pension " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3045 Name William Cairnes Corps P. of B.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Cairnes
2. What is your full Address? 2. Great Paris, J.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 19 Years 4 Months
5. What is your Trade or Calling? 5. Wine Merchant
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 Yes
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, William Cairnes, 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.

6. August 28th/16. William Cairnes SIGNATURE OF RECRUIT.
Chas. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Cairnes, 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 28th day of August, 1916.
Signature of Attesting Officer Chas. Aye Capt.

† 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.....191..... } Approving Officer.
Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Cairnes
 Apparent age 19 years 4 months. Height 5 feet 9 inches
 Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 6 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Cairnes, Great Jarvis, H.B.
 Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>28-8-16</u>									
Joined at <u>St John's</u> on <u>August 28th 16</u>									
<u>Enlisted in Action Sep 20/16</u>									
<u>Embarked St John's St. Helier to Wintour 31 '17</u>									Embarked for B.C.F. 11/17
<u>Disembarked Dover 15-6-17</u>									
<u>Joined Battalion in the field 2-7-17</u>									
<u>Killed in Action 28-9-17</u>									
<u>Placed in Grave. Int N.H. of Langemann</u>									
<u>Report Langemann to 1741 Regt 20.4.22. A. 3. 2.</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>28-9-17</u> (date of discharge) <u>1</u> years <u>32</u> days									
Pension									



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

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

Examination of *William Barnes*
aged *19 - 4 months* conducted at *Ch B*
Date: *Aug 28/14.* Recruiting Officer:

NO OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no - no</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>Teeth enlarged, to be taken out, - Logo to Hospital.</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>Both.</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>no</i>
34	<i>5-9°</i>
35	<i>134 lbs.</i>
36	<i>33-34</i>
37	<i>\$7 per week</i>
38	<i>parents Mr W. Barnes & Mrs Lewis & Bay</i>
39	<i>none.</i>

3045

Signature of Medical Examiner:

Geo. Gordon

C.R. 3048

April 2nd, 10.

Mr. William Caines,
Great Jarvis, F.E.

Sir:-

The following description of Grave Site,
has been received from the Pay & Record Office,
London, of:-

"3045 Pte. W. Caines, (Report
"Langemarck. 174.1.) Place of
"Grave Just E.W. of Langemarck.
"Reported by Graves Registration
"Units."

I have the honour to be,

Sir,

Your obedient servant,

W. J. Rendell
Major Chief Staff Officer.

HOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****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 _____

Line Number	Recd	By	Sent	by	Check

Dated **October 9, 1917.**To **Mr. William Caines,****Great Jervois, F.B.**

Regret to inform you Record Office, London, today reports No. 3045, Private William Caines, was killed in action September twentyeighth.

R.A. SQUIRES**Colonial Secretary.****NOTE FOR OPERATOR**

This message is not to be sent until receiving office notifies that message to Beacher at Great Jervois has been delivered and acted upon.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****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.

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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 _____

Line Number	Recd.	By	Sent	by	Check

Dated **October 9, 1917.**To **Church of England School Teacher,
Great Jervois.**

Regret to inform you Record Office, London, today reports No. 3045, Private William Gaines, son of William Gaines, Great Jervois, was killed in action September twentyeighth. Please inform relatives.

R.A. SQUIRES

Colonial Secretary.

3045 Pte.W.Caines.

Ext.of Daily Orders part 2 From G.H.Q.

3rd.Echelon,6/10/17.

Killed in Action 28/9/17.

For information see file Daily Orders,Nfld Regt.
letter No.4357.

C.R. 3045-

Extract from Nominal Roll of Draft No. 25 embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Wharfe, to 1/1st Newfoundland
Regiment B. A. F.

3045 Pte. Canes, W.

M.F.

C.R. 3045

Extract of Nominal Roll of Officers and men embarked St. John's

Sl-7-17 Sailed Halifax S. S. AUSTONIA 16-4-17.

#3045 PTE. W. CAINES.

C.R.

3045

Wm. Caines

was attested for General Service

with the NEWFOUNDLAND REGIMENT on .. August 28th 1916

Regimental No. 3045 was allotted to Pte Wm. Caines

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

W. Cairns

3045

Pt. B. P.

PAY LIST

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

Newfoundland.

No. 3045

Rank

Private

Name

Caine, W.

Died (e) Intestate at

France

on the

28 of September 1917.

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	9	16	5
	Cash issues (Date of each issue to be stated)				Pay days at from to			
	191	£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	"				Messing allowance days at from to			
	"				Kit allowance			
	Consolidated stoppage				Amount produced by the sale of Effects from Form 2			
					Amount of Savings Bank balance including			
	Balance due by the Paymaster	9	16	5	Balance due to the Paymaster			
		£	9	16	5			
						£	9	16
								5

This account is in accordance with information received at the Pay & Record Office to 11/1/17 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £

Dated at

this

day of

191

CHIEF PAYMASTER'S OFFICE, ROSSITER.

(e) Here state whether the soldier has left a Will. In the latter case the Will should be annexed hereto, if not already sent to the War Office by Army Form R, 2090 or Army Form O, 1615.

(f) Words in Italic to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3045

Rank

Private

Name

Caines W.

Died (a) Intestate

at France

on the 28 of September 1917

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month				Balance Cr. last month	9	16	5	
	Cash issues (Date of each issue to be stated)				Pay days at from to				
		£	s.	d.	Proficiency, Service or good conduct pay days at from to				
	191				Messing allowance days at from to				
	"				Kit allowance				
	"				Amount produced by the sale of Effects from Form 2				
	"				Amount of Savings Bank balance including				
	Consolidated stoppage								
	Balance due by the Paymaster	9	16	5					
		£	9	16	5				
	Balance due to the Paymaster					£	9	16	5

This account is in accordance with information received at the Pay & Record Office to 11/1/17 and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 9 16 5 is correct and chargeable to the NEWFOUNDLAND CONTINGENT.

Dated at

this

day of

1917

CHIEF PAYMASTER & OFFICER IN CHARGE

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

FIELD SERVICE

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

ORIGINAL

REGIMENT OR CORPS Newfoundland Squadron, Troop, Battery or Company B. Coy.

Regimental No. 3045 Rank Private

Surname GAINES. Christian Names William

Died Date 28/9/17 Place France or Belgium

Cause of Death* Killed in Action.

Nature and Date of Report B 213 1/10/17.

By whom made O.C. Battalion.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not

(a) in Pay Book (Army Book 64) <u>Not received</u> (c) as a separate document <u>Not received</u>	(b) in Small Book (if at Base) <u>Not received</u> 21 DEC 1917
--	---

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date 3/10/17. Signature of Officer in charge of Section Adjutant-General's Office at the Base

DUPLICATE

-3 OCT 1917

NEWFOUNDLAND CONTINGENT
23, VICTORIA ST.
LONDON, S.W.
9 OCT 1917
PAY & RECORD OFFICE

MAJOR
[Signature]
1/c No 1 Reg Infantry Section
G.H.Q. 3rd Echelon

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS Newfoundland Squadron, Troop, Battery or Company B. Coy.

Regimental No. 3045 Rank Private

Surname GAINES. Christian Name William

Date 28/9/17 Place France or Belgium

Causes of Death Killed in Action.

Nature and Date of Report B 213 1/10/17.

By whom made G.O. Battalion.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received (c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date 5/10/17. Signature of Officer in charge of Section Adjutant-General's Office at the Base MAJOR

0/c Not Reg Infantry Section
G.H.Q. 3rd Echelon



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

MEDICAL HISTORY

Surname James OF Christian Name Wm

Table I.—GENERAL TABLE.

13 JUN 1917

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>28</u> day of <u>Aug</u> 191 <u>6</u> at <u>St. James</u>	on _____ day of _____ 191____ at _____	on _____ day of _____ 191____ at _____	on _____ day of _____ 191____ at _____
Declared Age	<u>19</u> years <u>4</u> mo <u>3</u> days	_____ years _____ mo _____ days	_____ years _____ mo _____ days	_____ years _____ mo _____ days
Trade or Occupation	<u>Fisherman</u>		_____	_____
Height	<u>5</u> feet <u>10</u> inches	_____ feet _____ inches	_____ feet _____ inches	_____ feet _____ inches
Weight	<u>124</u> lbs.	_____ lbs.	_____ lbs.	_____ lbs.
Chest Measurement	Grith when fully expanded	<u>39</u> inches	_____ inches	_____ inches
	Range of Expansion	<u>4</u> inches	_____ inches	_____ inches
Physical Development	_____	_____	_____	_____
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____	_____	_____	_____
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>	_____	R.E.—V=_____ L.E.—V=_____	_____
	(a) _____	_____	(a) _____	_____
(a) Marks indicating congenital peculiarities or previous disease	_____	_____	_____	_____
(b) Slight defects but not sufficient to Cause rejection	_____	_____	_____	_____
Approved by (Signature)	<u>Samuel Paterson</u>		_____	_____
(Rank)	_____		_____	_____
Enlisted	at <u>St. James</u>	at _____	at _____	at _____
	on <u>28</u> day of <u>Aug</u> 191 <u>6</u>	on _____ day of _____ 191____	on _____ day of _____ 191____	on _____ day of _____ 191____
Joined on Enlistment	Corps. <u>3/1st Regt</u>	Regtl. No. <u>3048</u>	Corps. _____	Regtl. No. _____
	_____	_____	_____	_____
Transferred to	_____	_____	_____	_____
Became non-effective by	_____	_____	_____	_____
(Signature)	on _____ day of _____ 191____	on _____ day of _____ 191____	on _____ day of _____ 191____	on _____ day of _____ 191____
(Rank)	_____	_____	_____	_____

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

Date	Brief Details, and Signature
23-11-16	vaccination 40
9-11-16 15-11-16 20-11-16	} <u>TAB</u> 20 <u>3.</u> 20

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
S.S. Florida	Jan 31	Feb 3			
Windsor	Feb 3	by 16.4.17			
S.S. Aurora	16.4.17				

N^o 3809
 3. 1ST. NEWFOUNDLAND REGIMENT 14.

ALLOTMENTS

 I, William Cairnes., Regl. No. 3045

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and fifty 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 December 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
127	mother	Mrs William (Sibannah) Cairnes	Beas Jarvis Hermitage Bay	50
			Total Allotment, \$	50.

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.)

Charles Aye CptOfficer Commanding
CompanySt John's.
No 21/6
1916

(Sig.)

William Cairnes

(Rank)

Pte.

U

Caines, William,

3645

Ray Dept

PAY LIST

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Newfoundland**
 No. **3045** Rank **Private** Name **W. Gaines**
 Died ^(a) **Intestate** at **France** on the **29** of **September** 191 **7**
 Deserted at _____ on the _____ of _____ 191 _____

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month ... 28/9/17	9	16	5
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
191					Messing allowance days at _____ from _____ to _____			
"					Kit allowance			
"					Amount produced by the sale of Effects from Form 2			
"								
	Consolidated stoppage							
	Balance due by the Paymaster	9	16	5	Balance due to the Paymaster			
	£	9	16	5	£	9	16	5

This account is ^{checked} in accordance with information received at the Pay & Record Office to **11/11/17** and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the

debit balance of £ _____

Dated at _____

this

day of _____



191

NEWFOUNDLAND CONTINGENT

[Signature]
 CHIEF PAYMASTER & OFFICER IN CHARGE

(a) Here state whether the soldier has left a Will. In the latter case the Will should be annexed hereto, if not already sent to the War Office by Army Form B, 3090 or Army Form O, 1914.

(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Newfoundland**
 No. **3045** Rank **Private** Name **W. Gaines**
 Died^(a) **Intestate** at **France** on the **28** of **September** 191 **7**.
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

 { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month ... 28/9/17	9	16	5
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		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	9	16	5	Balance due to the Paymaster			
		£				£		
		9	16	5		9	16	5

This account is ^{checked} in accordance with information received at the Pay & Record Office to **11/11/17** and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the

debtor balance of £

Dated at

this

day of



191

NEWFOUNDLAND CONTINGENT

- (a) Here state whether the soldier named above is or whether he be left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Office with Form B. 2060 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

Nov 22 1919

The Paymaster & Officer i/c Records
St. John's Nfld.

Sir:-

No. 3045
Rank
Name Wm
Leaves

I have the honour by direction, to advise you that the claim for pension on account of the Marginally noted has been considered by the Board, and it has been ordered that if there is an allotment, Separation allow., or Patriotic Fund allow., being paid on his account, that it should be cancelled from Nov 1 1919

Kindly govern yourself accordingly, and advise me of the amount paid by your Dept., on this account.

AMMERMILL
BOND

I have the honour to be,
Sir,
Your obedient servant,

[Signature]
Asst. Secretary

D.P.C. Form 11.

Discontinued

31/10/19

Elizabeth Cairns
Gt. Jarvis P.B.

No. 559

A REGISTERED POSTAL PACKET

Received from

Addressed

Handwritten signature

Rth Wm Barnes
3.045
Post Damned

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

REGISTERED
* 12 MAY. 1917
ST. JOHN'S NEW BRUNSWICK

Office Stamp }

Received a Registered Postal Packet addressed as above...

M. 12/5/17

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,

DEPARTMENT OF MILITIA,

ST. JOHN'S, Nfld.

539404 3345

(11+0)

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

James O'Rourke

CERTIFIED TRUE COPY

Casualty Form - Active Service.

Regiment or Corps **Newfoundland**
 Rank **St. Corporal** Surname **Cames** Christian Name **William**
 Religion **C of E** Age on Enlistment **28** years **11** months
 Enlisted (a) **28.8.17** Terms of Service (a) **Duration** Service reckons from (a) **28.8.17**
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation **Butcher** **Regt. Cox. Capt.** Corps Trade and rate
 Signature of Officer **[Signature]**



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported in 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 Stamton	11.6.17	
			Disembarked Queen	12.6.17	
			joined Battalion	2.7.17	6212
1.10.17	Belmont	Killed in Action		28.9.17	6213
			See Caldwell		
			W. Hooper		
			W. Echelon		

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pte Surname Cairnes Christian Name William
 Religion C of E Age on Enlistment 19 years 4 months
 Enlisted (a) 28-8-16 Terms of Service (a) Duration Service reckons from (a) 28-8-16
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation Fisherman T. H. Captain Signature of Officer.

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 <u>Shampton</u>	<u>11.6.17</u>	
			Disembarked... <u>Rover</u>	<u>13.6.17</u>	
			Joined Battalion	<u>28 JUL 1917</u>	<u>B 213</u>
<u>1</u> <u>OCT 1917</u>	<u>O.C. Unit.</u>	<u>Killed in Action</u>		<u>28 SEP 1917</u>	<u>B 213</u>
			<i>Signature</i>		
			MAJOR		
			B.I.C. No 1 Reg Infantry Section		
			G.H.Q. 3rd Echelon		

(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.

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

DUPLICATE.

REGIMENT OR CORPS Newfoundland Squadron, Troop, Battery or Company } B. Coy.

Regimental No. 5045 Rank Private

Surname CAINES. Christian Names William

Died { Date 22/8/17 Place France or Belgium

Cause of Death* Killed in Action.

Nature and Date of Report B 213 1/10/17.

By whom made O.C. Battalion.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } 5/10/17. Signature of Officer in charge of Section } [Signature]
Adjutant-General's Office at the Base }



W.R. 3045

WALTON
c/o No 1 Reg Infantry Section
G.H.Q. 3rd Echelon

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet *First*

Signature of O. C. Company *David D. [Signature]*

Regiment of *1st Newfoundland*

Regimental Number and Name			Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.	<i>3045 GAMES W.</i>		Age on	<i>19</i> years <i>4</i> months	<i>Fisherman</i>					
Joined	Date	Place and Date of Enlistment	<i>St. John's, Nfld. 25.8.17</i>		Religion					
Joined	Date	Period of			Place of Birth					
Joined	Date	with Colours <i>3 1/2</i> years.								
Joined	Date	with Reserve years.								

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Killed in Action 28.9.17</i>					

To be carried over

Army Form B. 121.