

4209



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4209 Name Stephen Constantine Corps R.C.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Stephen Constantine</u> |
| 2. What is your full Address? | 2. <u>63 Haywards Ave St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>21</u> Years .. Months .. |
| 5. What is your Trade or Calling? | 5. <u>Sales</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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. <u>Yes</u> |

THE DURATION OF THE WAR

I, Stephen Constantine 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.

H. H. 13. 17 Stephen Constantine SIGNATURE OF RECRUIT.
Robert Bell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Stephen Constantine 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..... 1917
Signature of Attesting Officer Robert Bell

†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.....
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 Stephen Constantine
 Apparent age 21 years - months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 38 1/2 inches
 Range of expansion 1 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ellen Constantine
63 Hayward Ave St. John Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>4-12-17</u>					Lance Corporal 24-1-18				
Joined at <u>St. John's</u> on <u>December 4-1917</u>									
Discharged Sept 22 1919									
Embarked St. John's St. George to Halifax N.S. 29-1-18. Embarked for St. L. 2-7-18. Admitted 1st Regt. Royal Canadian Trench Bn. 27-3-18. Discharged 22-7-19. Re-embarked for demobilization 10-8-19. Arrived 14th 24-8-19. Demobilization St. John's 22-9-19									
Total Service forfeited as above.....									

Total Service towards Engagement to 22-9-19 (date of discharge) 1 years 293 days
 " " Pensions " " " " " " " " " " " "

C.R. 4209

Extract from casualties from Pay & Record Office, London
dated 8/8/19.

4209 L/Cpl. S. Constantine was discharged from No. 1
Stationary Hospital, Rouen, to No. 2 Despatch Camp,
Rouen, on the 22/7/19.

Nature of Casualty: V.D.S.c.

Authority:-

A.Fs. W.3034 from W.O. C.2. Cas.

ORIGINAL

No. 10624 NEWFOUNDLAND CONTINGENT N.F.P./54.

To: **The Minister of Militia,
St. Johns,
Newfoundland.** No. 509
" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on account of Paymasters Advances

NOTE: - Charge under Column.
Credit Pay and Record Office, London

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT				
			£	s	d		
✓ 4209	L/C. Constantine S.	Payment in France per Acquittance Roll 9914 24/7/19			1	0	6
<i>W.C.</i>					1	0	6

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

August 22nd. 1919.

A.A. Minwell Maj.
Chief Staff Officer (London).

CERTIFIED THAT the above Stoppages/~~Credits~~ have been made
in the Pay Book " " Co'y for Period / / to / /

Dated at _____
_____ 1919.

O.C. " " Company,
Battalion.

Return ORIGINAL, retain DUPLICATE.

DUPLICATE.

No. 10824 NEWFOUNDLAND CONTINGENT N.F.F./54.

To: The Minister of Militia,
St. Johns,
Newfoundland.

No. 509

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on account of
Paymasters Advances

NOTE:- Charge under Column.
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Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d			
4209	L/C. Constantine S.	Payment in France per Acquittance Roll 9914 24/7/19			1	0	6	
					1	0	6	

W.E.

Pay & Record Office,
58 Victoria Street,
London, S.W. 1.

A.C. Minors Maj.
Chief Staff Officer (London).

August 22nd. 1919.

CERTIFIED THAT the above Stoppages/~~Credits~~ have been made
in the Pay Book " " Co'y for Period / / to / /

Dated at _____

_____ 1919.

O.C. " " Company,
_____ Battalion.

Return ORIGINAL, retain DUPLICATE.

C.R. 4209

Extract from telegram received from Synoptical, London,
Aug. 13th, 1919.

Following have embarked Liverpool Aug. 13th to Halifax

L/Cpl. 4209 Constantine.

C.R. 4209

1919
Extract from List of Soldiers embarked August 13th/for
Halifax.

4209, L/C. Stephen Constantine.

C.R.

4209

Extract from War Office List No. H. A. 37336.

Dis. to O. C. 2 Despatch Camp Douen ex I Sty. Hos. 22/7/19.

4209 L/C. S. Constantine.....1. R.Nfld.....V.D.S.C.

.....

C.F. 4209

Extract from Telegram from Military to Syn., London
dated June 27th 1919.

Inform whereabouts and condition of 4209 Constantine stop Mother
states has not written for two months.

C.R. 4209

Extract from Telegram from Syn., London to Military
dated June 30th 1919.

With reference to your telegram June 27th #4209,
Constantine at No. 1. Stationary Hospital, Rouen.
Suffering from Syphilis (Stop).

C.R. 4209

Extract from War Office List No. H. A. 35669

Admitted 1 Sty. Hospital, Rouen 27th. March 1919.

4209. L/C. S. Constantine.

V.D.S.C.

C.R. 4209

Extract ~~of~~ of Nominal Roll to B.E.F. embarked
Folkestone 2-7-18

#4209 L/Cpl. S. Constantine.

C.R. 4209

Extract of Nominal Roll Draft H. Company embarked S.S.

"Florizel" Jan. 29th. 1918.

4209 L/Cpl. Constantine, S.

C.R. 4209

Extract of Daily Orders part 114 from Unit 4/1st
Bty 1 Newfoundland Regiment, Headquarters, dated
January 24, 1918 .

#4209 Pte. Constantine.

To be Lance Corporal with effect from 24/1/18.

C.R.

4209

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., Dec. 6th, 1917.

4209 Pte. S. Constantine.

Attested for General Service with the 1st Nfld. Regt.
on Dec. 4th, 1917.



C.R. 4209

SICK N.C.O.'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

ROYAL ARMY SERVICE CORPS

No. H.A. 37336

DIS TO O.C. 6 GEN H EX 1 STY H ROUEN 22 JULY'19

SR/02970 Pte Ballard F..... RASC 1 HRS..... V.D.G.

DIS TO O.C. 2 DESPATCH CAMP ROUEN EX 1 STY H 22 JULY'19

267451 Pte Stopper W.....	RASC MT 20 MT Co.....	V.D.G.
104508 " Mile W.J.	" MT 2 EMTD	"
864108 " McKay P.J.	" MT 59 A.P.Co.	"
280192 " Neale S.	" MT	Urethritis
184771 L/C Cox S.W.....	" Claims Comm.....	Urethritis
152456 Pte Ewing F.....	RASC MT 4 A.P.Co.....	Urethritis
DM2/155500 L/C Verity B.	" MT 1 B.M.T.D.	Urethritis
84/243198 Sgt Northey C.	" HT 514 Co.	V.D.G.
M2/201018 " Stanford G.....	" MT 21 V.R.P.....	N.A.D.

ADM 1 STY H ROUEN 22 JULY'19

M2/034609 Sgt Harris P.....	RASC MT 21 VRP.....	V.D.G.
H/339897 Pte Wright G.A.	" MT 4 A.P.Co.	V.D.S.
M2/223043 " Allen T.W.	" MT 4 A.P.Co.	V.D.G.

DIS TO O.C. 2 DESPATCH CAMP ROUEN EX 1 STY H 22 JULY'19

1621 Dvr Coulthard J..... RASC HT 1 Co..... Balanitis, N.V.

N.E.W.F.O.U.N.D.L.A.N.D. - EXPEDITIONARY FORCE

No. H.A. 37336

DIS TO O.C. 2 DESPATCH CAMP ROUEN EX 1 STY H 22 JULY'19

X 4200 L/C Constantine S..... 1 R Newfd..... V.D.S.C.

C.R. 4209

Extract from Nominal Roll of Repatriation Draft #94

Per S.S. "Baltic," Liverpool to Halifax. 12/8/19

Due to sail 13-8-19.

From Depot.

4209 L/Cpl. S. Constantine.

Depot 4209

N.F.P./88.

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~14/11/1919~~ /extract, from MINISTER OF MILITIA,

No. _____ Dated 27/6 19 (253), received 28/6 19

Decoded by J.S. Checked by A.S.H.

Branch Records Acted upon (Initial) _____

Acknowledged per No. _____ Dated / /

Please inform-whereabouts of-condition of-4209-Constantine-
fullstop-mother-states-he has not-written-for two months-
fullstop-

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.F.

Sir:-

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

Commencing on 1st July 1916.

Regtl. No.	Rank.	Name	Amount	Signature.
4209	710	Constantine S.	\$2 50	

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

Date

28-6-16

S. Constantine

NEWFOUNDLAND CONTINGENT

TELEGRAM ~~XXXXXXXXXX~~/extract from MINISTER OF MILITIA,

No. _____ Dated 27/6 /19 (253), received 28/ 8 /19

Decoded by J.S. Checked by A.S.H.

Branch Records Acted upon (Initial) _____

Acknowledged per No. _____ Dated /

Please inform-whereabouts of-condition of-4209-Constantine-
fullstop-mother-states-he has not-written-for two months-
fullstop-

N. F. P. /104.

NEWFOUNDLAND CONTINGENT

TRANSLATION ~~full text~~/extract of TELEGRAM to MINISTER OF MILITIA,
No. 279 30/6 /19. M. of M. Reply No. _____ d/d / /
Coded by _____ Branch Records Checked by _____

With reference to your telegram 27th June- 4209- Constantine-
1st Stationary Hospital, Rouen- suffering from Syphilis-
fullstop-

S Constantine

CR. 4209

~~*LRD*~~

The Monastery
Pantaoagh
Near Holywell

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE
Ref. Nos. IN 5216
Rec'd 28 AUG 1919
Sl. Nos. UU1

N. Wales.
Aug. 27, '19

Dear Sir/

I would be more than
thankful if you could tell me the
whereabouts of my brother (L/c.
S. Constantine, No. 4209. He was
in hospital in Rouen in May last,
& my mother nor I have heard
nothing of him since.

When I was in
Winchester, some of his chums
said he was going to get his
Discharge on this side. But he
is wanted at home, being
practically my mother's only support,
and if you were to write her
you would find such to be the
case.

I trust I am not putting
you to any trouble, but would
be much obliged if you would
let me know something of him.
Thanking you in anticipation

I remain

Your obedient servant
G. A. Constantine.

P. B.

Please let me know to whom
I am to apply for my passage
to Nfld. on or before Jan 15th
1920.

Y. A. C.

1309 Spentance

repatriated per St. Johns
from Liverpool 13th / 19.

Application for passport to

Nfld. shows the addresses to

10 St. Johns St. etc.



Constantine Soubki -
for wife. via Halifax
per Baltic from Liverpool
13/8/19

65 Hayward Ave
St. Johns Nfld.
Aug. 5-19.

Major Innewell
c/o Pay & Record Office
London Eng.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

CLASS III 5100

18 AUG 1919

J. M. D.

Dear Sir: -

I am writing you to inform
you that I have a son ⁴²⁰⁹~~4029~~
L.-Cpl. Steven Constantine, in hospital
at Rouen, France and I have
neither heard from nor of him for
three months. I would be much
obliged if you would make
inquiries about him for me.

Naturally, being his mother,
I am very anxious concerning him
and if you would bill him to
write me, and if he cannot get
someone to do so for him.

You will have my sincerest
thanks

I remain

Respectfully Yours,

Ellen Constantine

P.S. If my son is really at Rouen
will you please forward the
enclosed letter.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

19th August, 9.

10522/1/R.&.C.

Mrs. E. Constantine,
65, Hayward Avenue,
St. John's, N.F.

Madam,

I have received your letter of the 5th instant (5100) and beg to inform you that your son, 4209 L/C. S. Constantine of The Royal Newfoundland Regiment, proceeded overseas on 13/8/19, per S.S. Baltic, from Liverpool for Halifax en/route to St. John's.

I therefore return herewith the letter you enclosed.

I am,
Madam,
Your obedient servant,

Major,
Chief Staff Officer (London).

HA/NV

OFFICE COPY.

10824

The Minister of Militia,
St. Johns,
Newfoundland.

509

Paymasters Advances

Pay and Record Office, London

4209 L/C. Constantine S. Payment in France
per Acquittance Roll
9914 24/7/19

1 0 6

1 0 6

W.E.

August 22nd.

Constantine, S

4209

Ray Sept.

Sept 22, 1919

#4209 L/C. Stephen Constantino,
#63 Hayward Avenue,
City

Dear Sir:-

Please find enclosed Discharge Certificate #3826.

Yours truly

Captain & Paymaster.

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date _____

Regimental No. 4209

Name Constantine S. S. Sgt.

Address 63 Hayward Avenue

Present Medical Category A1

Recommended for:—

(a) Immediate discharge _____

(b) ~~Standing~~ Medical Board _____

Members of Board

N. R. Cooper Capt.
O.C. Discharge Depot.

J. Peterson
Senior Medical Officer

J. W. Burden
M.O. Depot

COPY

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 4209

Name Constantine, S. L/C.

Address 63 Hayward Av.

Present Medical Category A1

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

Members of Board { (sgnd) L. R. Cooper, Capt.
O. C. Discharge Depot.
" L. Paterson
Senior Medical Officer
" F. W. Burden
M. O. Depot

Military Service: 658 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Pensions Board
 Please receive documents as indicated below

No. RANK AND NAME

- N. F. P. 36 Non-effective account.
- B. 178 Medical history sheet.
- B. 178a Nfld. medical history sheet
- B. 179 Medical report on an invalid.
- B. 268 Proceedings on discharge
- W. 3404 Civil life qualification.
- D. 400A Descriptive return.
- B. 103 Active service casualty form.
- B. 120 Regimental conduct sheet
- B. 121 Company conduct sheet
- B. 122 Field conduct sheet
- 1st. Board
- 2nd Board
- 3rd Board
- 4th Board
- Board
- B. 1915 Attestation paper
- Form L Identity certificate
- Form K Allotment papers
- A. F. W. 3463
- Headquarters Travelling Board
- D. F. 2 Proceedings on discharge
- D. F. 1

Report of Newfoundland Medical Boards

4709 Lt. Constantine, J.

/

Received above noted documents,
 Dated _____ 19____

Signature of Officer forwarding documents

Date *Aug 28* 191*9*



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.

S Constantine

Signature of Man.

W. B. Constantine

Reg. No. 4209

Signature of the Vocational Officer or his Representative.

Place

St John

Date

26-8-19 191

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 420 Rank LC Name Constitutione S
 Date of Enlistment 9-12-17 Address 63 Haywood Avenue District S. J. H. A. S.
 Occupation Tailor Classification for Discharge E Medical Category A-T
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 26-8-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. 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 \$700

(b) ~~Clothing Supplied~~

Date 26-8-19

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. 3821 issued.

Date 26-8-19

[Signature]
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 22-9-19.

Date 21-8-19

[Signature]
Depot Paymaster.

Discharge approved for. 8-9-19

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.....
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 16-8-19

[Signature]
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

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname C. MacTavish OF Christian Name Stephen

Table I.—GENERAL TABLE.

Birthplace:—Parish	<u>St. John's</u>	County	<u>Nfld</u>
Examined	SPECIAL RESERVE.		REGULAR ARMY.
	on <u>14th</u> day of <u>Dec</u> 1917	on	day of 191
	at <u>St. John's</u>	at	
Declared Age	<u>30</u> years	days	years days
Trade or Occupation	<u>Sailor</u>		
Height	<u>5</u> feet	<u>8</u> inches	feet inches
Weight		<u>127</u> lbs.	lbs.
Chest Measurement	Girth when fully expanded... <u>38 1/2</u> inches		inches
	Range of Expansion... <u>4 1/4</u> inches		inches
Physical Development	Right	Left	Right Left
Vaccination Marks	Arms		
	Number		
When Vaccinated			
Vision	R. E.—V= <u>600/12</u>	R. E.—V=	
	L. E.—V= <u>12</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)	
(b) Slight defects but not sufficient to cause rejection	(b)	(b)	
Approved by (Signature)	<u>Lammie Paterson</u>		
(Rank)	<u>Major</u>		Medical Officer.
Enlisted	at <u>St. John's</u>	at	
	on <u>12th</u> day of <u>Dec</u> 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps. Regtl. No.
	<u>1st Nfld</u>	<u>Regt 4209</u>	
Transferred to			
Became non-effective by	on	day of 191	on day of 191
(Signature)			
(Rank)			



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

Stephen Constantine

Regiment from which discharged

Royal Newfoundland

Regimental number

4209

Intended address

63 Hayward Avenue

Height on discharge

5 Feet 8

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Grey

Descriptive Marks

Medicine

Figure on discharge

Christian name of Father

Christian name of Mother

Ellen

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 20-11-1896

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Stephen Constantine

(Rank)

Sgt

Station

ST. JOHN'S.

Date

26 8 19

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



Station

Date

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



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 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..... *Stephen Constantine*

3. Rank..... *R. Sgt.* 4. Regt. No..... *4289 63*

5. Address in full to which future payments of gratuity are to be forwarded..... *Bayview Ave St. John's*

6. Date of enlistment in the Regiment..... *See [redacted]*

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

8. Relationship of such dependents.....

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

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From Dec 1/17 to Aug 26/19*

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.....

..... *No*

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?..... *No*

19. Are you now serving in the Regt.?..... If not give? - (a) date of discharge..... *No*

..... Reason for discharge..... *Temporary* *Reclassification*

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, Germany - From July, 1918 to Feb. 1919

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee..... *No*

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

S. Constantine

Signature of Applicant:

Place of Residence:

*63 Hayward Ave.
St. John's, N.Y.*

Declared before me at:

This

26th

day of

August 1919

John H. Cahill

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 Dependant.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Paymaster	

March, 22nd., 1918.

Mrs. Ellen Squires,
65 Hayward Ave.,
City.

Dear Madam.-

With reference to your application for Separation Allowance I have been directed to inform you, that same cannot be granted to you as your son, serving with the 1st. Mfld. Regiment, cannot be considered to be your sole main support.

Yours faithfully,

Capt. & Paymaster.

65 Hayward Ave.,

Jan. 8th. 1920.

Capt. J. M. Howley,
Militia Dept.

Dear Sir:-

With reference to my application for a separation allowance on account of my sons Stephen and Vincent, and in answer to your request made to me in conversation as to why my third son Henry did not enlist, I beg to state now in writing what I have already told you, namely: That I have four sons. One, the oldest, Leo, has been married and living away from me for the past eight years, two others, as you are aware, have enlisted, and the fourth, Henry, did not enlist for the reason that I knew he was unfit to go as he suffered from a bad fall which he received in Montreal some years ago, and consequently I prevailed upon him to remain home. I think in view of the fact that two of my sons went to the war my case should receive at least fair consideration.

Yours faithfully,

Mrs. Constantine.

Vincent going in
for Holy Orders
Commenced studies
11/7/19 Served

Harry not well.
Left here on Elnora
in 1913 - returning
in 1914 had a fall
which injured hip,
leg & feet - did not
exist because of
disabilities. Notre
Dame Hosp. Month after
Gen Hosp.

~~Reconsider~~

SEPARATION ALLOWANCE.

Creditor *Allen Constantine (Mother)*

On account of *Stephen Constantine 4209* Rank *Lt Col*

Decision.....
.....
.....
.....

Date.....

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

Allotment of 60^4 per day payable to *Allen Constantine*
his *Mother* from *11/1/87* to *22/9/19*

Discontinued on account of *being Disch'd*

L. Pike S. Sgt.

4238

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

LIMOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

"The Esquire"
Separation Allowance Branch,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Regt. No.
Stephen Constantine, Capt. R.N. Reg. 4209.

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

3. Name in full of mother. Age. Occupation. Permanent Address.
Ellen Constantine, 54. 63 Hayward Ave. St. John's

4. Give name of your husband. Age. Occupation Where Employed.
Stephen Constantine 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 had 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.
Sept. 15/01 at Pouch Cove, St. John's Nfld.

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

9. Names of your other children. Address in full. Age. Occupation Married or Single.
*Alice Ann, Poppleton, 34, Married
Mary Isabel, Poppleton, 37, Married
Geo. Constantine, Poppleton, 29, Married
John Constantine, 63 Hayward Ave, St. John's, Married
Mabel Corry, _____, _____*

By name of Constantine, North Wales, Aug. 21. 1913. 63 Hayward Ave, St. John's, Nfld.

10. State amount earned by (a) Yourself *Nothing*
 (b) Your husband.
-
11. State amount and source of any other income. *None.*
-
12. State value of real property belonging to you and your husband. *No value.*
-
13. State value of personal property belonging to you and your husband. *No value.*
-
14. If husband is dead state value of real and personal property left by him. *No value.*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *Average of \$10⁰⁰/x + weekly*
-
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. *Sailor.*
-
19. State amount of his wages per week. *\$10⁰⁰/x weekly*
-
20. State name and address of his last employer. *S. Archib.*
-
21. State amount of monthly support from son since enlistment. *\$18.00 monthly.*
-
22. State amount of allotment received by you from son since enlistment. *18.00. monthly*
-
23. State from what date did you receive allotment? *December 1917.*
-
24. Actual amount contributed by other children. Weekly Monthly. *Nothing.*
-
25. Are any of these children in the employ of you or your husband? *No.*

26. ~~If not receiving support from other children, state cause. Explain fully.~~
The only support is from cash and the balance into Hon. Orders.
27. With whom are you residing at present?
Live with my family at 63 Haymarket.
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars.
No.
29. Are you already in receipt of Separation Allowance from any source? If so, how much?
No.
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much.
No.
31. Was the soldier at the time of his enlistment an employee of the H.M.S. Government.
No.
32. In what capacity and in what place?

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.
No

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

Signature of Applicant..... *Ellen Loustarian*
 Place of Residence..... *63 Haymarket, Dublin*
 Declared and subscribed before me at..... *St. John's, Nfld.*
 this..... *28th* day of..... *August* 191*9*

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

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..... *Wm. B. O'Connell*
 Signature of member of the Patriotic Fund Committee..... *Wm. O'Connell*

FIRST NEWFOUNDLAND REGIMENT,
(Separation Allowance Branch.)

MOTHER.

MOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply, must be given to each question.

Each statement is considered as being made on oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to the

THE PAYMASTER,
Separation Allowance Branch,
St. John's Bldg.

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No.

Stephen Constanline Private 1st Bn. 4209

2. Age of Soldier Married or Single.

21 Single

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

Ellen Squire 55 65 Hayward Ave.

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

John Squire 60 None

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

My husband is an invalid at present at Bowcock Sanatorium and has been living apart for twelve years during which period I have not received any support from him

5. 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)

Boneumptions

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

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

7. Names of your other Children Address in Full. Age. Occupation Married or Single.

Mary Farrell	St. Phillips	32		Married
Leo Constanline	Cumywell Rd	27	Labourer	Do
Mary Constanline	65 Hayward Ave	24	Do	Single
Allice Shea	Bouch Cove	26		Married
Margaret Kearney	Wettable Bay	23		Do
Louise Constanline	65 Hayward Ave	18	Yearly	Single
John Squire	Do	12	Schoolboy	Do

10. State amount earned by (a) yourself (b) Your husband (a) Nothing (b)

11. State amount and source of any other income.

12. State value of Real Property belonging to you and your husband. *Property belonging to my father-in-law Stephen Constantine at Couch Cove worth about \$100K*

13. State value of personal property belonging to you and your husband. *No value*

14. If husband is dead state value of Real and personal Property left by him.

15. Actual amount contributed by soldier during the year prior to enlistment. *About \$10.00 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. *Sailor*

19. State amount of his wages per week. *\$10.00 per week*

20. State name and address of his last employer. *Samuel Frick*

21. State amount of support monthly from son since enlistment. *\$24.00 per month - board money and an average of \$5.00 per week for a fortnight out of the pay*

22. State amount of Allotment received by you from son monthly. *Will not receive any allotment until February next.*

23. From what date did you receive Allotment?

24. Actual amount contributed by other children *Weekly Monthly*
Harry Constantine \$6.00
William Constantine 5.00

25. Are any of these children in the employ of you or husband? *No*

26. If not receiving support from other children state cause, Explain fully. *Three are married living apart, and one a school boy.*

27. With whom are you residing at present. *Live in a rented house 65 Hayward Ave.*

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

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

Amount per day \$4.00 for 60 days

30. Are you in receipt of any payment from any Patriotic Fund? If so, How much. *No.*

31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government. *No.*

32. In what capacity and in what place. _____

33. Is he in receipt of a salary as such while serving in the 1st. Mfld. Regt. 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 writing of the Evidence Act.

Signature of Applicant. *Ellen X. Squires*

Place of Residence *65 Hayward Avenue St. Johns N.F.*

Declared and subscribed before me at *St. Johns Newfoundland*

this *22nd* day of *January* 1918

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 above Soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman *(Rev.) J. J. Greene*

Signature of Member of Patriotic Fund Committee. *J. J. [unclear]*

Refused 20/3/18

6703
[Handwritten initials]

Mar. 30, 1920

Mrs. Ellen Constantine,
#63 Hayward Avenue,
City.

Dear Madam:-

With further reference to your application for Separation Allowance, I beg to inform you that it again came before the Board of Review at their last meeting, and I was instructed by them that nothing can be done until we obtain the information that is required, regarding your son Henry.

That information was requested verbally from you sometime ago, and is as follows, "Certificate signed by your Doctor showing,

1. The nature of Henry's incapacity
2. The extent of same
3. The date from which it can be considered to have been existent."

I shall be obliged, therefore, if you will have this furnished, or else, put me in touch with the Doctor who can supply the information.

Yours truly

Major

Raymas ter.

St. John's,

JAN 25 1918

(Date)

1st Newfoundland Regiment
BILLETING ACCOUNT

To *M^{rs} Constantine*
63 Haywards Ave.

Billeting soldiers as undermentioned

from *Jan 18th /18.* to *Jan 25th /18.*

4209 Pte Constantine *6 00*

paid by C. X. Constantine
man.

Certified correct for \$ *6.00*

[Signature]
R.S.

Billeting Officer

ST. JOHN'S, Aug 26th /19

Royal Newfoundland Regiment.

Billeting Account,

To Lt. S. Constantine

Billeting Soldiers as undermentioned

from Aug 25th /19 to Sep 7th /19

1209 Lt. S. Constantine 14 40

ACCOUNT	<u>B4m</u>	INITIALS	<u>EW</u>
CH. NO.	<u>8454</u>	INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
LEDGER	<u>40</u>	INITIALS	

Certified correct for \$ 14.40

W. M. Blouster

R. J.

Billeting Officer.

S. Constantine

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland.

Number of Sheet One

Signature of O. C. Company W. H. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Constantin S.</u>	Age on	<u>21</u> years - months	<u>Sailor</u>	
Joined		Date	Place and Date of Enlistment	Religion	<u>appointed Lance Corporal 24.1.18</u>
Joined	Date	Date	<u>St John's</u> <u>4-12-17</u>	<u>R. C.</u>	
Joined	Date	Period of		Place of Birth	
Joined	Date	} with Colours <u>293</u> years.			
		} with Reserve <u>365</u> 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
				<u>Demobilized Pt. John's 22⁹/19</u>					

To be carried over

Reg. No. *4209* Rank *Lo* Name *Constantine, I*
Attested Address *63 Hayward Avenue*
Allotment Allottee
Date of Allotment Returned from Overseas *24-8-19*
Returned on S.S. *Vain* Cause *Discharge*

8-9-19 PASSED TO DEMOBILIZATION OFFICER

8-9-19 DISCHARGE APPROVED ON DEMOBILIZATION

24209
Demobilization Form 3

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4209 Rank Lt Name Constatine S
 Date of Enlistment 04-12-17 Address 63 Hayward Avenue District S. Johns
 Occupation Sailor Classification for Discharge E Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 26-8-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. [Signature]

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable \$700.00 9/14

(b) ~~Clothing~~ Supplied

Date 26-8-19 O/c. Re-clothing. [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home at and Release Certificate No. 3821 issued.

Date 26-8-19

[Signature]
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 22-9-19

Date 11-8-19

[Signature]
Depot Paymaster.

Discharge approved for 8-9-19

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.
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 16-8-19

[Signature]
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

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 30 19

[Signature]