

4009



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4009 Name Albert W. Brawley Corps R. G.

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

1. What is your name? ..... 1. Albert W. Brawley
2. What is your full Address? ..... 2. Hollywood  
R. G.
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 23 Years 10 Months
5. What is your Trade or Calling? ..... 5. shingle worker
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. yes
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, Albert W. Brawley 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.

8/18/17

Albert W. Brawley SIGNATURE OF RECRUIT.  
James S. Walsh Signature of Witness.

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

I, Albert W. Brawley 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 18th day of August 1917.

Signature of Attesting Officer A. H. Hodgson, Sm.

### †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 23-10-17 1917 Place St. John's Nfld. W. H. Jones } 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 Albert W. Crawley  
 Apparent age 23 years 10 months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 38 1/2 inches (wt 137)  
 Range of expansion 2 1/2 inches  
 Distinctive marks Hair dark Eyes dark Complexion fair

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Miss Elizabeth Crawley  
Stolywood | Relationship Mother  
B.B. 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>18-10-17</u>									Lance Epl. 8-12-17. Corporal 18-10-18. Sergeant 3-1-19. Band Sergeant 17-1-19. 1697718 17-4-19.
Joined at <u>St John's</u> on <u>October 18-17</u>									
<u>Discharged July 10/19</u>									
		<u>Embarked St John's St. Missouake</u>		<u>11-12-17</u>					
		<u>Embarked for pt. S.</u>		<u>25-5-18.</u>					
		<u>Disembarked France</u>		<u>27-5-18.</u>					
		<u>transferred from Queen</u>		<u>22-4-19</u>					
		<u>Arrived Winchester</u>		<u>23-4-19</u>					
		<u>to the 1st Coy demobilization</u>		<u>22-5-19.</u>					
		<u>Arrived Campfordon</u>		<u>1-6-19</u>					
		<u>Demobilization</u>		<u>St John's</u>					<u>10-7-19</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-19 (date of discharge) 1 years 266 days  
 " " Pensions " " " " " " " " " " " "





CR. 3009

Extract from Daily Orders Part II Royal Newfoundland Regiment,  
in France, dated 28-2-19.

LEAVE.

Leave to U.K.

28-2-19 to 15-3-19.

3009, Sgt. A. Crawley.

CR. 4009

Extract from Daily Orders Part 11 Unit The Royal Field. Regt.

France 21-4-19.

Promotions.

4009 A/Sgt. A. Crawley

*a/c 2ms*

to be ~~A/C.S.M.~~ 17-4-19.

C.R. 4009

Extract from Daily Orders Part 11 Unit The Royal Wfld.

Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilisation has been  
CONFIRMED by Officer v/c Records from 10-7-19.

4009 CQMS. Albert Crawley.



C.R.

4009

Extract from Daily Orders Part II UNIT The Royal HLI. Regt.  
St. John's, June 26th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 26-6-19.

4009 CQMS Albert Crawley.

G.R. 4009

Extract from Daily Orders Part 11 Depot, St. John's,  
Date June 18th 1919.

4009, CQMS. A Crawley.

Reported at Headquarters 1/6/19. BX "Corsican"  
which sailed Liverpool May 22/1919.



C.R. 4009

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

4009A/CQMS. A. Crawley.

C.R. 4009

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 31/1/19.

---

CONFIRMED TO RANK.

#4009 A/Sgt. A. Crawley.

17/1/19.

C.R. 4009

Extract of DAILY ORDERS, PART 11, ROYAL NEWFOUNDLAND REGIMENT,  
in France, Jan. 16th 1919.

4009 A/Cpl. A. Crawley.

Appointed Acting Sergeant 3/1/19.



C.R. 4009

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT DISTRY IN FRANCE DATED 20/11/18.

---

Appointed A/Cpl.

#4009 L/Cpl. A. Crawley.

18/10/18.

C.R. 4009

Extract from Nominal Roll of Mfld. Regt. Draft. No. 46  
From 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Folke-  
stone 25-5-18.

4009 L/Cpl. A. Crawley.

C.R: 4009

NEWFOUNDLAND GOVERNMENT.

Extract of Nominal Roll of Draft No. 40, -100 Other Rank from 2nd. Bn., Depot, Winchester, to 1st Batta., The Royal Newfoundland Regiment B.M.F. Embarked Folkestone, 26/5/18.

4009 L/C. A. Crawley

A.P. B. 100 (one for each soldier) sent to 2nd Batta., B.M.F.



C.R. 4009

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

---

#4009 L/C A CRAWLEY

4009

Extract from Daily Orders Part II Unit The Royal  
Field Regt., St. John's, Dec. 8th, 1917.

4009 Pts. A. Crawley.

To be L/Corpl. from Dec. 8th, 1917.

C.R. 4009

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Oct. 23rd, 1917.

4009 Pte. A.W. Crawley.

Attested for General Service with the Nfld. Regt., with  
effect from Oct. 18th, 1917.



5)  
Crawley, A.H.

C.R. 4009

P.F.R.O.





1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Crawley, Regl. No. 4009

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

Allotment begins November 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3040	In name of	Bank of Montreal	St John's	50
	Self			
	and or	James (Elizabeth) Crawley	St John's	
	Mother			
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.) [Signature]  
 Officer Commanding  
 Company  
[Signature]  
 2-11-1917

(Sig.) Albert Crawley  
 (Rank) [Rank]



N.B.—This Form must accompany any inquiry respecting this Telegram.



# POST OFFICE TELEGRAPHS.

W. & A. GOSWOLD, Ltd., Lond.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than ½d. being reckoned as ½d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.

*Apr*

Charges } s. d.  
to pay }

Office Stamp.



Handed in at *H. 20<sup>th</sup> M.* Received here at *10<sup>00</sup> AM.*

TO {

*Reply Synoptical  
Pd h. d. Dr*

*Could extension of leave be  
granted until 20<sup>th</sup> sept*

*7*

*4009 Crawley*

RECEIVED AND CONFIRMED,  
PAY & RECEIPT OFFICE.

1086  
14 MAR 1919

*[Handwritten signature]*  
(over)



1009 Surf. Crawley.  
Royal

and Ref.  
Queens Hotel, N.Y.

Regret unauthorised grant extension  
You should apply O.C. with France

C.

**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 } *Submarine Worker*
2. Regtl. No. *4009* 3. Rank... *C. R. M. S.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Crowley* (Surname) *A.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday... *25*
6. Posted for duty on *1/9/17* at *St. John's* 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."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
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. *nil*



14. 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 man's part. } ..... |                     |                   |

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, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

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

*Hepatitis for disability*

16. Was an operation performed? If so, when and what was its nature? *na*

17. If not, was an operation advised and declined? *na*

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? *na*

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? *na*

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.

*Re-patriation*

*W. E. ...*

*Capt. R. A. M. C.*

Medical Officer in charge of case.

Station *Stapley Down*

Date *29/4/19*

\* 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



Crawley, A

4009

Ray Sept.



July 12, 1919

#4009 COMS. Albert Crawley,

Grand Falls.

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

Captain,  
Paymaster & O.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 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... *Albert* ..... 2. Surname. *Brawley* .....
3. Rank... *C. Q. M. S.* ..... 4. Regt. No. *4009* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Grand Falls* .....
6. Date of enlistment in the Regiment. *Oct. 16<sup>th</sup> 1917* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*No one* .....
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 Rfid. If so, give dates and particulars of such service..... *No* .....
12. Give total length of time which you served on active service, whether in Rfid. or Overseas..... *21 Months* .....
- ..... 1. *1* .....

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....

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 Regt.? *No*.... If not give? - (a) date of discharge *25. 6. 19.* (b) Reason for discharge *Demobilized*

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....

..... *Officer 28. Sept. 1918. Gullingham Oct. 14. 1918. Lt. Puckey 20. Oct. 1918.* .....

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

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



Signature of Applicant: *Albert Crowley*  
 Place of Residence: *Grand Falls*  
 Declared before me at: *St Johns*  
 This *26<sup>th</sup>* day of *June* 19*49*....

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

*Wm Guinness Esq*

POST DISCHARGE PAY.				
Date paid	Paid	Paid	War Service	Net amount
	Soldier.	Dependent.	Gratuity.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			.....	Paymaster

July 10, 1919

#4009 COMS. Albert W. Crawley,  
Holyrood, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2903.

Yours truly

Captain  
Paymaster & C. i/ c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4009 Rank C. 2. M. S. Name Crawley A  
 Intended place of residence Holywood  
 2. Occupation Sulphur Miner  
 Classification of soldier E Medical Category A-1

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 JUN 25 1919

*H. M. Lewis*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place, ST. JOHN'S

Date JUN 24 1919

*Albert Crawley*  
 Signature of soldier

*J. A. Newman*  
 Signature of witness

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

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

Place, ST. JOHN'S

Date JUN 24 1919

*Albert Crawley*  
 Signature of soldier

*James Newman*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service... 18-10-17 No. of days on Military  
 Discharged from service... 26-6-19 Plus 14 days Service... 631

### 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 JUN 26 1919

*R. J. Laing Major*  
 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

Date July 10/1919

*A. Crawley, Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*A 2 B 2079/2903*



# The Royal Newfoundland Regiment

Class for Demobilization:—

*H*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 21-10-19

Regimental No 4129

Name Cowley Albert Rank Private C.O.M.S.

Address Halgam, C.B.

Present Medical Category A 1

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

Members of Board {

R. H. East Major  
O.C. Discharge Depot.

J. P. Brown  
Senior Medical Officer

J. W. Berdeau  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4009 Rank COG M.S. Name Crawley A.  
 Date of Enlistment 18-10-17 Address Hollywood District H. Mar  
 Occupation Sulphate Maker Classification for Discharge F Medical Category H1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 24-6-19 [Signature]  
 P.O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

Albert Crawley

Particulars passed to Vocational Officer for information and action.

Date.....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00/100

(b) Clothing Supplied [Signature]

Date 25-6-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. A. 1940 to his home at Hollywood and Release Certificate No. 3004 issued.

Date 25-6-19

*J.A. Snowball*  
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 10-7-19

Date 25-6-19

*H. News*  
Depot Paymaster.

Discharged approved for 26-6-19

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
B179c	B 120	M 93		

*2 Form B*

Date 25-6-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 26 1919

*R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date .....



## Civil Re-establishment Committee



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

To resume former Occupation.

*Albert Brawley*

Signature of Man.

Reg. No. 4009.

*J. A. Snowball*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date 25-6-19.

191

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

# MEDICAL HISTORY

Surname Crawley OF Christian Name Albert W.

Table I.—GENERAL TABLE.

Birthplace:—Parish	<u>Holywood C. Bay.</u>	County	<u>Wex</u>
Examined	SPECIAL RESERVE.		REGULAR ARMY.
	on <u>18</u> day of <u>Oct</u> 19 <u>17</u>	on	day of 19 <u>1</u>
	at <u>Grand Falls</u>	at	
Declared Age	<u>23</u> years <u>10</u> <u>Mon</u>		years days
Trade or Occupation	<u>Sulphate worker</u>		
Height	<u>5</u> feet <u>6</u> <sup>1</sup> / <sub>2</sub> inches		feet inches
Weight	<u>137</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... <u>38</u> <sup>1</sup> / <sub>2</sub> inches		inches
	Range of Expansion... <u>2</u> <sup>1</sup> / <sub>2</sub> inches		inches
Physical Development			
Vaccination Marks	Right	Left	Right Left
	Arm ...		
Number ...			
When Vaccinated			
Vision	R. E.—V=		R. E.—V=
	L. E.—V=		L. E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)
	(b) Slight defects but not sufficient to cause rejection		(b)
Approved by (Signature)	<u>Lambert Paterson</u>		
(Rank)	<u>Major</u>		
	Medical Officer.		Medical Officer.
Enlisted	at <u>Grand Falls</u>	at	
	on <u>18th</u> day of <u>Oct</u> 19 <u>17</u>	on	day of 19 <u>1</u>
Joined on Enlistment	Corps.	Regtl. No.	Corps. Regtl. No.
Transferred to	<u>1st Wex Regt</u>	<u>4009</u>	
Became non-effective by			
	on day of 19 <u>1</u>	on	day of 19 <u>1</u>
(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 *Crawley, Albert*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4009*

Intended address *Wolynood C.B. St John's*

Height on discharge *5* Feet *7*

Color of hair on discharge *Brown Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Medium*

Christian name of Father

Christian name of Mother *Elizabeth*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Montreal. 7-1-1894*

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) *Albert Crawley* *C. G. P.*  
(Rank)

Station \_\_\_\_\_ Date *23 6 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 \_\_\_\_\_

The Royal Mtd. Regiment

DEMOBILIZATION

No. 4009 Rank

Name Cawley A

Warned for demobilization on

JUN 25 1919

**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 } *Sulphate Works*
2. Regtl. No. *4009* 3. Rank *2nd MS.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Crawley, A.* (Surname) *A.* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday *25.*
6. Posted for duty on *1.9.17* at *St. John's* 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."

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.

*nil*  
*nil*  
*nil*  
*nil*



14. 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 man's part. } .. .. . | ✓                   |                   |
- 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; 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?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*No complaints of no 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?

*na.*  
*na.*  
*na.*  
*na.*

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*  
*W. Prosser, Captain*  
 Medical Officer in charge of case.

Station *Hazeley Down Camp*  
 Date *29. 4. 19*

\* 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

**Casualty Form - Active Service.**

Regiment or Corps *2<sup>d</sup> Royal New South Wales*  
 Rank *Lt. Col.* Surname *Crawley* Christian Name *Albert W.*  
 Religion *R.C.* Age on Enlistment *23* years *10* months  
 Enlisted (a) *18.10.17* Terms of Service (a) *Duration* Service reckons from (a) *18.10.17*  
 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 *Sulphate Maker* *J. D. Curran* **RECORD OFFICE**



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>			
<i>2.1.19</i>	<i>of unit app of cpl</i>	<i>Lied</i>		<i>18/10/18</i>	<i>B 213 7/1/18</i>
	<i>do</i>	<i>App: Lt/Serjt</i>	<i>- B.</i>	<i>3.1.19</i>	<i>B 213 10/2.2/18</i>
	<i>Returned to rank 14/1/19</i>			<i>6/20</i>	<i>11/14</i>
	<i>Granted leave to UK</i>	<i>28/2/19 to</i>		<i>15/3/19</i>	<i>B 213</i>
	<i>Reverts to Corp. Retains rank of Sgt</i>				<i>B 213 29.2.19</i>
		<i>To be cpl 2 MS</i>		<i>7/4/19</i>	
		<i>Arrived in UK</i>		<i>23/4/19</i>	

*pm*

(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.





**ORIGINAL.**

No. 10464

N.F.F./54.

NEWFOUNDLAND CONTINGENT

No. 495

To: The Minister of Militia  
St. Johns  
Newfoundland

" " Company.

MEMORANDUM OF ~~STOPPAGES~~/CREDITS on account of  
Exchange

NOTE:- Charge under Debit Column.  
~~\*\*\*\*\*~~ Pay and Record Office, London

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT				
			£	s	d		
✓ 4009	CQMS. Crawley A.	Pay Col. <sup>4</sup> converted in error as per observation 1st. Bn. period ended 20/5/19					5
							5

*WR*

*WR*

CHECKED  
*[Signature]*  
16/8/19

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

*Aug. 16<sup>th</sup>* 1919.

*[Signature]*  
Chief Staff Officer (London).

CERTIFIED THAT the above ~~stoppages~~/Credits have been made  
in the Pay Book "Hqr's.Co'y for Period / / to / /  
and Debited to P.and R. Office, London  
Dated at \_\_\_\_\_

\_\_\_\_\_ 1919. \_\_\_\_\_ O.C. " " Company,  
Battalion.

Return ORIGINAL, retain DUPLICATE.

No. 10464

**DUPLICATE.**

N.F.P./54.

NEWFOUNDLAND CONTINGENT

No. 495

To: The Minister of Militia  
St. Johns  
Newfoundland

" " Company.

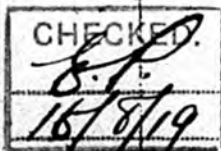
MEMORANDUM OF ~~DEBITS~~/CREDITS on account of  
Exchange

NOTE: - Charge under

Column.

**Debit****Pay and Record Office, London**

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT				
			£	s	d		
4009	COQMS. Crawley A.	Pay Col. converted in error as per observation 1st. Bn. period ended 20/5/19					5
							5

Pay & Record Office,  
58 Victoria Street,  
London, S.W. 1.*Aug. 16<sup>th</sup>*

1919.

*A. O. Guinness Maj.*  
Chief Staff Officer (London).CERTIFIED THAT the above ~~surpluses~~/Credits have been made  
in the Pay Book "Hqrs." Co'y for Period / / to / /  
and debited to P. and R. Office, London

1919.

O.C. " " Company,  
Battalion.

Return ORIGINAL, retain DUPLICATE.

ST. JOHN'S, JUN 25 1919

# Royal Newfoundland Regiment.

Billeting Account,

To C. Q. M. S. A. Crawley

Billeting Soldiers as undermentioned

June 1<sup>st</sup> /19 to June 26<sup>th</sup> /19

4009 . C. Q. M. S. A. Crawley 27 10

ACCOUNT	BVM
WIL NO	24890
IND. LEDGER	INITIALS
PRY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 27.10

*J. J. Howells*  
N.J. Billeting Officer.  
*Albert Crawley*



C.R. 4009.

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name.....*Albert Crawley*.....

Date.....*Dec. 24. 19*.....

Place.....*Grand Falls*.....



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4009 Rank Capt. M. J. Name Crawley, A.  
 Date of Enlistment 18-10-17 Address Hollywood District St. John's  
 Occupation Sulphate Works Classification for Discharge F. Medical Category A1  
 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 2-6-19 *[Signature]* O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Albert Crawley*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied *[Signature]*

Date 25-6-19

O i/c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 211948 to his home at Hollywood and Release Certificate No. 3004 issued.

Date

25-6-19

*J.A. Knowlton*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date

25-6-19

*J.A. Knowlton*  
Depot Paymaster.

Discharge approved for

26-6-19

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 17H	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

*2 Form B*

Date

25-6-19

*J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date

JUN 26 1919

*R.H. Jait*  
O. C. Discharge Depot.

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

Date

July 9/19

*[Signature]*

Reg. No. *4009* Rank *C.O. 7th A.* Name *Hawley A.*

Attested ..... Address *404 1/2 St.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29.5.19.*

Returned on S.S. *Loisicau* Cause *Discharge*

*25.6.19* PASSED TO DEMOBILIZATION OFFICER

*26.6.19* DISCHARGE APPROVED ON DEMOBILISATION.