

3959



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3959 Name Andrew Crocker Corps Co of E

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Andrew Crocker</u> .....           |
| 2. What is your full Address? .....  | 2. <u>Front River</u> .....              |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>7</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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> .....                     |

I, Andrew Crocker.....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.

28-9-17 Andrew Crocker.....SIGNATURE OF RECRUIT.  
Broadan S. Smith.....Signature of Witness.

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

I, Andrew Crocker.....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 28 day of Sept.....1917  
 Signature of Attesting Officer W. H. H. H. H.

### †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 Andrew Crocker  
 Apparent age 19 years 7 months. Height 5 feet 10 inches  
 Chest Measurement { Girth when fully expanded 37 inches  
 Range of expansion 4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Cloris Parent Crocker  
Front River | 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.

### 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>28-9-17</u>									
Joined at <u>St John's</u> on <u>September 28-17</u>									
<u>Discharged July 18/1919</u>									
<u>Embarked St. John's S.S. Mananahie 11-12-17</u>									
<u>Embarked for B.C.A. 25-5-18.</u>									
<u>Joined Battle France 31-5-18.</u>									
<u>Transferred to 1st for repatriation 16-4-19</u>									
<u>Arrived Winchester from B.C.A. 19-4-19</u>									
<u>1st Btl for demobilization 27-5-19</u>									
<u>Arrived Harford 1-6-1919</u>									
<u>Demobilization St John's 18-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>18-7-1919</u> (date of discharge) <u>1</u> years <u>294</u> days									
Pensions " " " " " " " " " " " "									



C.R. 3959

Extract from Daily Orders Part II Royal Newfoundland Regiment,  
in France, dated 25-2-19.

**LEAVE.**

Leave to U.K. from 25-2-19 to 12-<sup>3</sup>4-19.

3959, Pte. H. Crocker.

C.R. 3959

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. St. John's, July 23/19.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 18-7-19.

3959 Pte. Andrew Crooker.

C.R.

3959

**Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 5th, 1919.**

**The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot, with effect from 4-7-19.**

3959 Pte. A. Crocker.

C.R. 3959

Extract from Daily Orders Part II Depot, St. John's,

Date            June 18th 1919.

3959, Pte. A. Crocker.

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

C.R. 3959

Extract of Nominal Roll Draft (All Ranks) to 1st  
Bn. B.E.F. Embarked Folkestone 2

3959 Ptw. A. Crocker.

25-5-18.



C.R. 3959

Extract from Nominal Roll of Draft 46 MFLA. Regt.  
from 2nd Bn. Depot, to 1st Bn. B.H.F. Embarked Folke-  
stone, 25-5-18.

3959 Pte. A. Crocker.

C.R. 3959

NEWFOUNDLAND CONTINGENT.

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

3959 Pte. A. Crocker.

A.Fs. B.103 (one for each  
soldier) sent to 3rd. Echelon  
B.E.F.

C.R. 3959

Extract from Nominal Roll, embarked St. John's for Overseas per S.S.FLORIZEL  
December 11th 1917.

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~~4501~~ PTE. A. CROCKER

3959

C.R.

3959

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. St. John's, Dec. 4th, 1917.

3959 Pte. A. Crocker.

Discharged from General Hospital and reported for  
light Duty at Hdq's on Dec. 3rd/17.

3959

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Whbb Nov.22nd, 1917.

3959 Pte. A. Crocker.

Admitted to the General Hospital for treatment on Nov.22/17.

C.R. 3959

Extract from Daily Orders Part 11 Unit The Royal  
Mfld. Regt., St. John's, Nov. 5th, 1917.

3959 Pte. A. Crocker.

Reported back from furlough on Oct. 5th, 1917.

C.R. 3959

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt., St. John's, Sept. 29th, 1917.

3959 Pte. A. Crocker

Attested on Sept. 29th posted to "G" Coy, and assigned  
to number as shown.

C.R. 3962

Extract from Orders by Lt. Col., B.J. BARTON D.S.O., Commanding 2nd.  
Battalion of the Newfoundland Regiment dated 16th November 1918.

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THE UNDERMENTIONED WILL PROCEED TO JOIN THE NEWFOUNDLAND FORESTRY  
CORPS ON MONDAY 18th inst 1918. NOVEMBER.

#3962 Pte. E. Crocker..



A. Crocker

C.R. 3959

F. & A. O.

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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*  
 2. Regtl. No. *3959* }  
 3. Rank. *Pte.* } 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Crocker A.* } (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday *20* }  
 6. Posted for duty on *28. 9. 17.* at *St. Johns* }  
 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  
 (b) Where (if any)  
 (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."  
*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? } *no*

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

15. What is his present condition?

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

*He complains of no disabilities*

16. Was an operation performed? If so, when and what was its nature? *no*

17. If not, was an operation advised and declined? *no*

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *no*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *no*

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*  
*of W.E. Brown*  
*W.E. Capt Rame*  
Medical Officer in charge of case.

Station *Hagley Camp*

Date *29. 11. 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





1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Andrew Crocker, Regl. No. 3959

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 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins November 1st/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3203	Mother	Mrs. Elsie (act) Crocker	Mout River Bonne Bay	60
			Total Allotment, \$	60

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

(Sig.) [Signature] Officer Commanding Company November 5th 1917

(Sig.) Andrew Crocker (Rank) [Signature]

No. *3959* Name *Pte Crocker. A* Sqn., Batty., or Company } *A* Corps *21 Royal Newfld* Date of enlistment } *28. 9. 17* G.C. Badges } Service or Proficiency Pay }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } Character

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>Rouen</i>	<i>15. 4. 19</i>	<i>Pte</i>		<i>Deficient of Ket -/3'</i>	<i>COIMS Wardlaw</i>	<i>Pay for Same</i>	<i>15-4-17</i>	<i>Major Bernard</i>	<i>REG.</i>

Army Form B. 123

Crockett, A

3959

Hay Sept

Trout River

Nov 24/1919

7718

Dear friend

Just a few lines to let you know that I ~~am~~ have received my final pay and I was expecting to get 6 months pay but I only got four I don't know the reason that I didnt get six months all the other around here that went when I did got 6 months but I got four but I kindly ask you four a help because I am in need of it I have a hard family to maintain and I havent don much with the



This man has served  
6 years & over his only  
intended to 4 months

fish sense I got  
discharged from the  
harmacy & kindly bank  
you for a help if I  
dont get it I will  
have a hard look up  
for the winter please  
help me out with  
as much as you can  
weather it is little  
ore much that is  
right of us in family  
and all I got is what  
I had come from  
the army I think I  
have said all yours  
Truly as 8959 pte a broker  
From River Bonne Bay  
to the Department of  
Militia Regimental pay  
branch St Johns Nfld

July 21, 1919

#3959 Pte. Andrew Crocker,  
Trout River,  
Bonne Bay.

Dear Sir:-

Please find enclosed Discharge Certificate #3103.

Yours truly,

Captain & Paymaster r.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3959 Rank Lt. Name Crocker, A.  
 Intended place of residence Point-River, Bonne Bay  
 2. Occupation Fisherman  
 Classification of soldier H Medical Category A.I.

3. The above named man is discharged in consequence of

### DEMOBILIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date JUL 2 1919

*[Signature]*  
 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 JUL 2 1919

Date

*[Signature]*  
 Signature of soldier

*[Signature]*  
 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 JUL 2 1919

Date

*[Signature]*  
 Signature of soldier

*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 28-9-17 No. of days on Military  
 Discharged from service. 4-7-19 Plus 14 days Service. 659

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

Date

*[Signature]*  
 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 18/1919

*[Signature]*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*at B20791 3959*

# The Royal Newfoundland Regiment

Class for Demobilization:—

*1*  
*4*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*2-7-19*

Regimental No *3959*

Name

*Crocker Andrew*

Rank

*Pte*

Address

*Trout River Bonne Bay*

Present Medical Category

*Ai*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

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

*Waterson*  
Senior Medical Officer

*Sw. Berdeen*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5959 Rank Pls Name Cracker A.  
 Date of Enlistment 28 9-17 Address Trout River District St. Barbe  
 Occupation Fisherman Classification for Discharge E Medical Category A1  
 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 2-19-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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  
 (b) Clothing Supplied [Signature]

Date 2-7-19 O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. <sup>R2143</sup> to his home at Front Runer and Release Certificate No. 5125 issued.

Date

2-7-19

*[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

Date

2-7-19

*[Signature]*  
Depot Paymaster.

Discharged approved for

4-7-19

Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

Date

2-7-19

*[Signature]*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents

**Eligible for War Service Gratuity**

Date

JUL 4 1919

*[Signature]* 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.

*a broker*

Signature of Man.

*[Handwritten Signature]*

Reg. No. 3959

Signature of the Vocational Officer or his Representative.

Place ST. JOHN'S.

Date 9-7-17 191

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

# MEDICAL HISTORY

Surname Crocker OF Christian Name Andrew

Table I.—GENERAL TABLE.

Birthplace:—Parish Trout River County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	28 day of Sept 1917	Headquarters	day of	191
Declared Age	19 years 7 months	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 10 inches		feet	inches
Weight	140 lbs.			lbs.
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arms			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Samuel Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	28 day of Sep 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.	416710 3959	Regtl. No.	
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 *Crocker, Andrew.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3959.*

Intended address *Mount Zion Downs Bay. St. Johns*

Height on discharge *5 Feet 10*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *—*

Christian name of Mother *Klaskia*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Mount Zion 13-3-1898*

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) *Andrew Crocker*

*He*  
(Rank)

Station *St. Johns*

Date *1-7-19*

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

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

Station

Date

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *3915* 3. Rank..... *Pte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Crocker* *A.*..... (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *20*.....
6. Posted for duty on... *28/9/17* 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 ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity  
(if any)

**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. ....

} na.

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 complains of no 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.

Repatriation

W. Procimer Capt R.A.M.C.  
Medical Officer in charge of case.

Station .....

Date .....

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

**Casualty Form—Active Service.**

Regiment or Corps *21st Royal Newfoundland*

Rank *Pte* Surname *Crocker* Christian Name *Andrew*

Religion *C. of E.* Age on Enlistment *19* years *7* months

Enlisted (a) *28. 9. 17*. Terms of Service (a) *Duration*. Service reckons from (a) *28. 9. 17*

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

Extended (.....) Re-engaged (.....) Qualification (b) .....

Occupation *Fisherman* *J. M. Crocker* or *Land* **PAK & 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>			
		<i>Granted leave to UK.</i>	<i>25/2/15 to 12/3/15</i>		<i>B213</i>
		<i>Trans. to UK for</i>			
		<i>Demob.</i>			<i>W of tel 810</i>
					<i>mb 2A.</i>



*J.M.T.*

*W. Crocker*  
**Captain for**  
**Officer i/c Infantry Section No. 1**  
**G.H.Q. 8rd 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, Shilling-Smith, & Co. W 2025 M2723 20/01 9/17 (3561) C. P. & S. Ltd., Form B.103 E/1897. **P.T.O.**

July 3, 1929

#3959 Pte. Andrew Crocker,

Trout River,  
Bonnie Bay.

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.

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 28th, 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 ~~Andrew~~ *Andrew* Surname *Laroche*
- 3. Rank *Private* 4. Regt. No. *2959*
- 5. Address in full to which future payments of gratuity are to be forwarded *Troux River, Bonne Bay*
- 6. Date of enlistment in the Regiment *28/8/17*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
- 8. Relationship of such dependents *son*
- 9. Address in full of such dependents *Troux River*
- 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 Hfld, if so, give dates and particulars of such service *France, Belgium, Germany*
- 12. Give total length of time which you served on active service, whether in Hfld. or Overseas *one year eleven months*

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? .....

19. Are you now serving in the Regt.? *no* ... If not give? - (a) Date of discharge. *July 21/1919* (b) Reason for discharge *Demobilised* .....

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. *no*  
..... *France, Belgium, Germany, Ypres* .....

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: *Andrew Brooker*  
 Place of Residence: *Trout River Boone Bay*  
 Declared before me at: *H. Johns*  
 This *2nd* day of *July* 19*.16*...

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

*Wm Guinness RP*

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

Signature of Applicant:

Place of Residence:

Declared before me at:

This ..... day of ..... 19....

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

POST DISCHARGE PAY. Net amount due.

Signature of Applicant:

Place of Residence:

Declared before me at:

This ..... day of ..... 19....



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Andrew Crocker, Regl. No. 3959

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Dollars and 00 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 1<sup>st</sup> 1917.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3203	Mother	Mrs. Elsie (Jacob) Crocker	Mount River Boone Bay	60
Total Allotment, \$				60

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

(Sig.)

W. J. King

Officer Commanding

Company

W. J. King  
November 5<sup>th</sup> 1917

(Sig.)

Andrew Crocker

(Rank)

Private

Trout River

Aug 21/19/19.

6231

Dear Sir

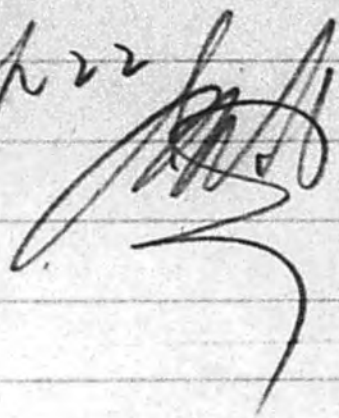
I am just  
dropping you a few  
lines to ~~see~~  
see if you will kindly  
oblige me by sending  
me my gratiute  
money because I am  
in need of it very  
bad I have a head  
family I would  
lik for you to send  
me sil monts pay  
I need it very bad  
yours truly

No 3959 pte andrew  
brocker Trout River  
Bonne Bay

July 19 sent July 23

Aug 19 sent Aug 21

Sep 19 sent Sep 22



how ever under the circumstances  
I think my case is a special one  
and should receive the greatest  
of consideration as I have said  
my son is the only support and the  
only one to earn for the support  
of 7 in family. Hoping Sir you  
will give this matter favourable  
consideration for which I  
shall feel gratefull I have  
honour to be Sir your abident  
Servant.

Mrs Elisha P Crocker  
to  
Capt. O. Brady  
Sr Johns

Grant River  
October 26th 17  
Captain O Brady  
11th Regimnt.  
Sr Johns

Dear  
Sir about 4 weeks  
ago my son Andrew Crocker  
left here to join <sup>the</sup> Regiment  
of Troops. He having passed  
and joined the army against my  
consent. I must tell you  
Sir that I am a widow and I  
have 7 in family to support  
and my son Andrew who has  
joined the army was the only  
means of support that I had.

Recd 3-11-17

3959 -            -            -             
           -            -           

now he is gone and I have no  
 body to do anything for me. here is  
 The winter upon us and not the  
 Price of a Barrel of flour in the  
 house or any means of getting one  
 and under those circumstances  
 I would ask you to Be so kind and  
 good enough to send our only  
 support to us by discharging my  
 son, and sending him home to us.  
 and if you cant discharge him  
 please give me some allowance  
 in addition to the amount of  
 my sons <sup>allotment</sup> money. I hear that a  
 married woman would Recive  
 \$ 20.00 Per month as separation  
 allowance from the Regiment  
 and where my son is the only  
 support that I have. I think the  
 same amount of \$ 20.00 allowance  
 should be allowed me

November, 5th., 1917.

Mrs. Elsie P. Crocker,  
Trout River,  
Bonne Bay.

Dear Madam,-

Referring to your letter of Oct. 26th.,  
to Capt. O'Grady, I enclose form of Application for  
Separation Allowance, which, kindly have completed,  
and signed before your Magistrate, and return to me  
at your earliest convenience.

Yours faithfully,

Capt. & Paymaster.

do not  
being paid



Front River

March 29th. 1919.

Mr. J. M. Howley.

Dear Sir:-

3959

I cant very well do, with the money I am now getting. Would you please help me.

Every thing costs so much I cant very well do with the pay I am getting. If my son was home with me, he would make ~~a~~ enough to keep us.

I gave my son for the war and am



now in want.

When the recruiting officer was here, he told me that I would not be in want, but what I gets dont hear me. I've had a lot of sickness in my house this year. I has six in my family and myself makes seven and I always had plenty when my husband was living. I had a sick husband for three years.

(3)

He was in Hospital  
three years and I was  
not in want. When I  
thinks about it, it  
almost breaks my heart.  
My son gone from home  
when he might be  
home with me. But  
I gave him for a good  
cause when he volunteered  
and said nothing towards  
stopping him.

Hoping you will  
send a favourable answer  
to my request. I am  
Yours truly,  
Elohia T. Crocker

FIRST NEWFOUNDLAND REGIMENT.

NOTICE.

(Separation Allowance Branch.)

Notice.

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 PAYMASTER

Separation Allowance Branch,  
St. John's, Nfld.

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No. 2959  
Andrew Crocker Pte Nfld
2. Age of Soldier 19 years Married or Single. Single
3. Name in full of Mother of Soldier. Age Occupation Permanent Address.  
Eloisia P. Crocker 36 none Stout River  
Bornel Bay Nfld
4. Give name of your husband. Age Occupation Where employed.  
Jacob Andrew Crocker 41 Fisherman Seas
5. If your husband is not supporting you state the reason.  
Dead
6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)
7. If you are a widow, state date and place of death or your husband. Dead 3<sup>rd</sup> November 1916  
at Stout River
8. Have you married again since death of above mentioned husband? No
9. Names of your other Children Address in Full. Age Occupation Married or Single.  
Eva Edwina Stout River 17 None Single  
Jacob Andrew " 14 " "  
Edward Octavius " 12 " "  
Harmony Susannah " 10 " "  
William Harold " 7 " "  
Mildred Sophia " 7 " "

(2).

10. State amount earned by (a) yourself (b) your husband (a) *What I get from my gardens* (b) \_\_\_\_\_
11. State amount and Source of any other income. *None*
12. State value of Real Property belonging to you and your husband? \_\_\_\_\_
13. State value of personal property belonging to you and your husband. *House, Stage & Boat Value about \$700.00*
14. If husband is dead state value of Real and Personal Property left by him. *Above mentioned Property*
15. Actual amount contributed by soldier during the year prior to enlistment. *about 250<sup>00</sup>/<sub>100</sub>*
16. Was this amount contributed weekly or monthly? *paid at the factory and about the Spring & Fall*
17. Did this amount include payment of son's Board etc. *No*
18. State your son's trade or occupation prior to enlistment. *Fisherman*
19. State amount of his wages per week. \_\_\_\_\_
20. State name and address of his last employer. *James McLean <sup>Griffin</sup>*
21. State amount of support monthly from son since enlistment. *\$18.00 only amount rec'd*
22. State amount of Allotment received by you from son monthly. *all the <sup>same</sup> amount*
23. From what date did you receive Allotment? *November 15<sup>th</sup> 1917*
24. Actual amount contributed by other children *nothing to any value* Weekly \_\_\_\_\_ Monthly \_\_\_\_\_
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. *So young and no employment for them other than the fishing*
27. With whom are you residing present. *My self & children*
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 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?

None

33. Is he in receipt of a salary as such while serving in the 1st. Nfld. 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 virtue of the the Evidence Act.

Signature of Applicant *Stephen P. Cratchell*

Place of Residence *Great River, Bonne Bay, Nfld*

Declared and subscribed before me at *Bonne Bay*

this *19<sup>th</sup>* day of *November*.....191*7*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *Geo. W. Worsfold, Esq. J.P. & C.*

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 *Monas Pearce, Bonne Bay*

Signature of Member of Patriotic Fund Committee *Geo. Worsfold, Bonne Bay*

Trout River

Feb 13<sup>th</sup> 1916

Capt. H. H. Howley  
St. John's

Dear Sir

3959

Following your instruction of  
letter dated Nov 5<sup>th</sup> I filled in the  
enclosed form of Application for  
Separation Allowance. This was  
posted about the 21<sup>st</sup> November.

Since then I have heard nothing  
from you about the matter.

I should be grateful  
if you would look into the  
matter & let me have a reply  
at your earliest convenience.

Faithfully yours

(Mrs) Eoshia P Crocker

Ch. mailed  
Feb. 7



May 16, 1919

Mr. Andrew P. Crocker,  
32, Porter Ave.,  
Mount Dennis,  
TORONTO,

Dear Sir:

With reference to your letter of recent date, regarding a Discharge Badge, I beg to advise you that regulations governing the issue of same, are that in order for a man to be entitled to a badge, it is necessary for him to be discharged through disability, therefore as you were discharged on account of demobilization only, you are not entitled to a Badge.

Yours truly,

Lieut.  
For Paymaster

3959

January 5th 1920.

Mr. A. Crocker,  
Trout River, Bonne Bay.

Dear Sir:

With reference to your letter of recent date  
(7718), I beg to inform you that you are en-  
titled to four months Gratuity money.

Yours truly,

Lieut.  
Per Paymaster

RS/.



ST. JOHN'S, July 2/19

# Royal Newfoundland Regiment.

Billeting Account,

To Pvt A Crocker

Billeting Soldiers as undermentioned

from June 3/19 to June 30/19

3938 Pvt A Crocker 28. 80

*J.C.R.*  
*B.V.M.*

ACCOUNT	<u>2088</u>	INITIALS	<u>EW</u>
CH. NO		INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

Certified correct for \$ 28.80

*[Signature]*

Billeting Officer.

3959  
*a Crocker*

*Attys.*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheets First  
Signature of O. C. Company Wiley Jc

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3959 Crocker Andrew</u>	Age on	<u>19</u> years <u>7</u> months	<u>Fisherman</u>	
Joined _____ Date _____		Place and Date of Enlistment	<u>St. John's</u> <u>28-8-17.</u>	Religion <u>R.C.</u>	
Joined _____ Date _____		Period of	with Colours	<u>294</u> years.	
Joined _____ Date _____			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 St. John's, 18<sup>7</sup>/<sub>19</sub></u>					

To be carried over

23959

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5909 Rank Cpl Name Brooker, A.  
 Date of Enlistment 28.9.17 Address Trout Cove District St. John's  
 Occupation Fisherman Classification for Discharge F1 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	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 2-19-19 O. C. Discharge Depot. H. M. W. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

a broker

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Amblon shirt

Date 2-7-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 2143 to his home at Front-River and Release Certificate No. 3125 issued.

Date 2-7-19

*W. H. ...*  
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 7-7-19.

Date 2-7-19

*W. H. ...*  
Depot Paymaster.

Discharge approved for 4-7-19

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
B179c	B 120	M 93.		

Date 2-7-19

*J. H. 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**

**JUL 4 1919**

Date .....

*W. H. ...*  
O. C. Discharge Depot.

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

Date July 18 1919

*W. H. ...*

Reg. No. *3938* Rank *Pvt* Name *Crockett A.*

Attested ..... Address *Laut River*

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

Date of Allotment ..... Returned from Overseas *29.5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*2719*  
*4719*

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILISATION.**

*7.19*

C.R.

3959

April 27th. 1920

No. 3959 Pte. Andrew Boucher,  
Trout River.

Dear Sir:-

Reference your letter of April 14th requesting a loan of \$100.00, I regret that there is no regulation existing in this Department whereby we may use the funds at its disposal in the way you request; and you will therefore appreciate that it is impossible to accede to your request.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.

Trout River

July 8/1920

Dear <sup>nothing doing</sup> friends

C.R. 3959

In answering  
to the letter that  
you send me about  
the loan of 100.00  
I would kindly  
ask you to be  
in favour of  
lending it to me  
I am in need of  
it very bad and  
tell me how long  
it will be to pay  
it by check  
No 3959 Trout  
River Bonne Bay

Trout River  
Nov 14/9/20

Dear friend

I received  
your word that  
you send me I quite  
understand it  
I know that I was  
only intitled to  
four months gratuity  
but I will kindly  
ask you to favour  
me with as hundred  
dollars are two ~~hundred~~  
because I am in  
need of it I have  
a hard family  
to keep up and

C.R. 3959

I am in need of  
it will you say  
and so your best  
towards me your  
trully pte andrew  
brocher 3959 Trout  
River

---

to the  
department of  
military st John

---