



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2607 Name Saml. Cross Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|------------------------------------|
| 1. What is your name? | 1. <u>Samuel Cross</u> |
| 2. What is your full Address? | 2. <u>Parade</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>carpenter</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 to be signed by you if you are accepted? | 11. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, Samuel Cross 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.

L. G. 26/16

Samuel Cross SIGNATURE OF RECRUIT.

R. D. Subbridge Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Cross 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 26 day of Apr 1916

Signature of Attesting Officer R. D. Subbridge 2nd Lieut

†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 1916

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).....



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

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

Examination of Samuel Cross
aged 19 conducted at C. L. B.
Date: Apr. 25/16 Recruiting Officer:

NO OF TEST

FINDING

1 No
2 No
3 no
4 no
5 no
6 no
7 no
8 yes
9 yes
10 no
11 no
12 no
13 no
14 no
15 no
16 no
17 no
18 no
19 6/6 Both
20 no
21 no
22 no
23 no
24 no
25 no
26 no
27 no
28 no
29 no
30 no
31 no
32 no
33 no
34 5'4"
35 140 lbs
36 32 1/2 / 35 1/2
37 \$600
38 Parents maidenry Cross James
39 no

2604

Signature of Medical Examiner:

William Robert

.R. 2604

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

2604, L/C. E. Cross.

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

C.R. 2604

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.

#2604 L/CPL. S. Cross.

C.R. 2604

Extract from Nominal Roll of H214. Regt. Embarked Southampton,
11-10-16 (Draft No.12) From 2nd Bn. Depot, to 1st Bn. B.E.F.

2605 Pte. S. Crpss.

CR 2604

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Bgt. 2604 in the field, dated 1-6-18.

#2604 Pte. S. Cross.

To be Cook from 1-5-18.

C.R. 2604

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft no. 40, 80 Other Ranks from 2nd. Bn.,
Royal Newfoundland Regiment, Winchester, to 1st. Bn., ~~Royal Newfoundland Regiment~~
Royal Newfoundland Regiment, B. E. F.

Embarked Southampton, 27/3/18.

2604 Pte. M. G. Cross.

C.R. 2604

NEWFOUNDLAND CONTINGENT.

Extract of Casualty List received from P. & R.O. December 20th 1917.

2604 Pte S. Cross.

1/Newfoundland R. "W" Shock Dis. to O.C. Reinf Etaples ex 2 Gen.

H. 14th December 1916.

FOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender *John Bennett* Address _____

Line Number	Rcd	By	Sent	by	Check

Dated 12th May, 1917.

To Mr. Henry Cross,
Gambo.

Record Office London today reports No. 2604 Private
Samuel Cross admitted Royal Victoria Hospital Netley.

J. R. BENNETT,
Colonial Secretary.

C.R. 2604

Extract of Cablegram received from Pay & Record
Office, London, dated May 11, 1917.

#2604 Pte. S. Cross,

Gunshot Wound right thigh.

At Royal Victoria Hospital, Netley, France,

Admitted on May 9th, 1917

C.R. 2604

Extract of Cablegram received from Pay & Record
Office, London, dated May 11, 1917.

2604 Cross.

At Royal Victoria Hospital. Netley

C.R. 2604

Extract of Casualties received from Pay & Record Office,
London, dated May 11, 1917.

#2604 Pte. S. Cross,

1st Newfoundland Regiment.

SW.R. Thigh slight.

Admitted 3rd Canadian General Hospital, Boulogne 5 May 1917.

C.R. 2604

Extract of Casualty List received from P2230, London
Dated April 30th. 1917.

The following r/b C.C. Unit 13.5.17 as "Wounded" 14.5.17.
No previous reports.

2604 Pte. S. Cross.

1st. H.C. 13.5.17.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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

(NOT TRANSMITTED)

J. R. Bennett

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated April 21, 1917.
To Mr. Henry Cross,
Gambo.

Regret to inform you that Record Office, London, officially reports No. 2604, Private Samuel Cross, was at Sixth Stationary Hospital, Freetown, April sixteenth, suffering from mild gunshot wound in thigh. Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,
Colonial Secretary.

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Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated December 7, 1916.

To Mr. Henry Cross,
Gambo.

Regret to inform you that the Record Office, London, officially reports No. 2604, Private Samuel Cross was wounded November nineteenth, nature of wound not reported yet.

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

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2604

Copy of Cablegram to Governor St. John's Nfld.
from P.&.R.O. 6/12/16,

2604, Cross. ✓

Wounded 19th. November nature of Wounds not yet reported

C.R. 2604

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.A.R.O.
December 6th. 1916.

2604, Pte S. Cross. ✓

Wounded 19/11/16.

C.R. 2604

Extract from Nominal Roll Subscribed St. John's for Overseas,
per S.S. SICILIAN, July, 1916.

2504 Pte. Cross S.

C.R. 2604

Samuel Cross was attested for General Service with
the NEWFOUNDLAND CONTINGENT on April 26th 1916
Regimental No. 2604 was allotted to Pte Saml. Cross.

AUTHORITY:

Record Ledger

Dept. of Militia,

March 25th 1919

J Cross.

CR. 2604

~~HRD~~

WILL. 759

Name

Samuel Cross

Regtl. No.

2604

Rank

Pte

Regiment

ROYAL NEWFOUNDLAND REGIMENT

Date of:—

27/10/16

Receipt

... ..

20/3/18

Transfer

... ..

Final disposal and
to whom sent ..

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*
2. Regtl. No. *2604* 3. Rank. *Lt Cpl*
4. Name *Cross* *Samuel*
 (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *Apr 27/16* at *St Johns*
 in category (or grade).....
7. Former Trade or Occupation *Lumberman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
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) Where
 (c) Opinion of Court
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (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*
nil

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

He 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?

Repatriation

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

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

Station *Hazely D. Camp*
 Date *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

NEWFOUNDLAND CONTINGENT



STATEMENT of ACCOUNT of No. 2604 Pt. Camp J.

(Substituting A.P. O.1625).

N.F.P. 136.

Company. From 23. 7. 17 To 17. 8. 17 (Dates inclusive).

Embarked per S.S. _____

From _____ Date _____

DR. Classification (See Procedure).

Draft No. _____

CR. _____

Date	Pay Book Col.	PARTICULARS	Rate	Dys	\$	¢	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	\$	¢	£	s	d
	8	Forfeited Pay	50/	28	11	50					1	Pay	100/	26	26	00			
	9	Allotments		26	13	00					2	Field Allowance	10/	26	23	76			
	10				13	00	2	13	5		3	Other Allowances			28	60			
	11/12	Total Stoppages			7	76	7	7	8		4/5	Total @ 4.35 2/3			28	30	15	17	6
	13	Fines									6	Balance Credit Last Period						5	2
	14	Clothing & Necessaries									6a	per 7.77/ma Lib 124 P.H.O. 666							
	15	Arms & Accoutrements										<u>OTHER CREDITS:</u>							
	16	Barrack Damages										Ration Allowance,							
	17	Hospital Stoppages										/ /17 to / /17 :							
	17a	Miscellaneous Stoppages										= days @ /							
	19	Casual Payments					12	6											
	20	1st Payment					12	6											
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period					1	0	0										
	28	" Due by Paymaster					1	17	8		27	Balance Due to Paymaster			16	2	8		
							16	29	8						14	9	8		

W.N. Barry Camp, Carnoustie
15th Aug 1917.

CERTIFIED CORRECT.

Thomas Johnson Lt.
 O.C. "F" Company.

NEWFOUNDLAND CONTINGENT



STATEMENT of ACCOUNT of No. 2604. Pte. Seron of

(Substituting A.F. O.1625). N.F.P./36.

F Company. From 23.7.17 To 17.8.17 (Dates inclusive).

Embarked per S.S. _____

From _____ Date _____

DR. Classification (See Procedure).

Draft No. _____ CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay	50	22 11					1	Pay	1.00	26 13			
	9	Allotments		26					2	Field Allowance	10	23 23			
	10								3	Other Allowances					
	11/12	Total Stoppages				2	13	5	4/5	Total @ 4.86 2/3					
	13	Fines							6	Balance Credit Last Period					
	14	Clothing & Necessaries							6a	<i>See A.F. O. 1717/1024 RD</i> OTHER CREDITS:					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages								/ / 17 to / / 17					
	17	Hospital Stoppages								= days @ /					
	17a	Miscellaneous Stoppages													
	19	Casual Payments <i>A.F. O. 1310 sent for 2 weeks to Rifles</i>				12	6								
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	28	" Due by Paymaster				1	0	4		27	Balance Due to Paymaster				
						6	2	8							
						2	9	2							

Barr. Camp. Carnoustie

15th Aug 1917.

CERTIFIED CORRECT.

Thomas Johnson Lt
- O.G. " F " Company.

NEWFOUNDLAND CONTINGENT



STATEMENT of ACCOUNT of No. 2604 The Cross of

(Substituting A.F. O.1625).

H.F.P./36. 1917

F. Company. From 23.7.17 To 17.8.17 (Dates inclusive).

Embarked per S.S. _____

From _____ Date _____

DR. Classification (See Procedure).

Draft No. _____

CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay	50	23					1	Pay	10	23			
	9	Allotments		11 50					2	Field Allowance	10	23			
	10			26	13	00			3	Other Allowances		26	28	60	5 17 6
	11/12	Total Stoppages			13	00	2 13 5		4/5	Total @ 4.86 2/3			28	30	5 4 6
	13	Fines							6	Balance Credit Last Period					0 2
	14	Clothing & Necessaries							6a	OTHER CREDITS:					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages								/ /17 to / /17					
	17	Hospital Stoppages								= days @ /					
	17a	Miscellaneous Stoppages													
	19	Casual Payments					12 6								
	20	1st Payment					12 6								
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period					1 04 9								
	28	" Due by Paymaster					1 16 4		27	Balance Due to Paymaster					
							5 9 2								
							5 9 2								

£6.2.5

£6.2.8

Barr Camp Cornwallis

15th Aug. 1917.

CERTIFIED CORRECT.

Macness Johnson Lt
O.C. "F" Company.

~~Pay~~

Address 2604 Pte. S. Cross.
1st. N. F. S. D. Regt.

Beechfield House
Regents Park Hosp.
Southampton
June 15th/17

Dear Sir

Having lost my badge and not
being able to get one in this town
will you please send me one
and oblige

Yours truly
Samuel Cross.



RECEIVED BY THE REGIMENT PAY & RECORD OFFICE	
Ref. No.	7181
Rec'd.	JUN 18 1917
Acc'd.	
Am't.	18/6/17 5889/1.
File No.	

18th June, 7.

5889/1.

FM/RC.

No. 2604, Pte. S. Cross,

1st Newfoundland Regiment,

Regents Park Hospital, Southampton.

CAP BADGE.

Reference your letter 15/6/17, 1 Cap Badge
is enclosed herewith.



Lieut.
for Paymaster & O, i/c. Records.

No. 14312/73

NEWFOUNDLAND CONTINGENT

N.F.P./79

From:

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

To:

Officer Commanding,
Northern Command Depot
Ripon

21st December 1917

4/1/18 191

Subject: 2604, Pte. S. Cross

With reference to the following telegram (8203) from the Hon. Minister of Militia, received 20/12 /17

Pay to 2604, Cross, £1:0:0

Draft £1:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. H. Marshall
Chief Paymaster & O. i/c Records.

Receipt hereunder.

J. Seymour *[Signature]*
for. Officer Comdg. 7 *Battn*
~~1st Newfoundland Regiment~~
N.C.D.

Received the sum of £1
only on account of

cable remittance from Newfoundland.

is cross
No. 2604 Rank Pte.

Sir ²⁶⁰⁴ Pte ^{SCROSS} R.E.

32 Dunbar St
Roxburgh

Could you tell me
anything of Pt. J. Leeds.

²⁶⁰⁴

Cross No 264 R. Newfound
Regt. as I have not heard
of his whereabouts for 6
weeks. If you could oblige
me I shall be truly
grateful

Yours truly
Emily Wick

NEWFOUND AND CONTINGENT
& THE REGIMENTAL STORES
Nos. IN 11089
20 DEC 1911
Nos. 1011

No. 2604 Name *Samuel Cross*

Sgt. Batty. }
Company } *H.*

Corps *Royal Newfoundland*

Date of enlistment } *26-11-16*

G.C. Badges }

Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } *13-11-17*

No. and date } of last drunk

Period not reckoning towards freedom from extra fine }

Sheet No. *1*

Signature O.C. } *H. Lloyd Woods*
Company, etc. }

Character *Good*

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

Army Form B. 159

[P.V.O.]

No. 2604 Name *Cross Samuel* Sqn., Batty., or Company } *B.* Corps *1st Newfoundland* Date of enlistment *April 26/1916* G.C. Badges }
 Date of last entry in Company Conduct Sheet } *None* No. and date of last drunk } *None* Period not reckoning towards freedom from extra fine } Sheet No. *One* Signature O.C. *Arthurman* Company, etc. } *Case* Service or Proficiency Pay } Character *Good.*

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>in the field</i>	<i>1-11-16</i>	<i>Pvt.</i>		<i>Losing 5 Rds. S.A.S.</i>	<i>Sgt. Chaceman</i>	<i>deprived 14 days pay.</i>	<i>3-11-16</i>	<i>C.O.</i>	<i>AGS</i>

Army Form B. 199

Cross, S.

2604

Ray Deper

July 22, 1919

#2604 L/C. Samuel Gross,
Gambo.

Dear Sir:-

Please find enclosed Discharge Certificate No. 3164 .

Yours truly

Captain & Paymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2604 Rank L. Capt. Name Cross, Samuel
 Intended place of residence Camero
 2. Occupation Lumberman
 Classification of soldier F 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 3 1919
 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 3 - 1919
 Signature of soldier
 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 3 - 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25-4-16 No. of days on Military
 Discharged from service 5-7-19 Plus 14 days Service 1182

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 JUL 5 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date July 19/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

2079/3154

5
31
30
19
83

The Royal Wld. Regiment

DEMOBILIZATION

No. 3406 Rank Rte

Name J. M. R.

Warned for demobilization on

JUL 3 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

6-7

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *2.7.19*

Regimental No *2604*

Name *Cross Samuel* Rank *Pt*

Address *Sambo.*

Present Medical Category *A-7*

Recommended for:—

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

RH [Signature] Major
O.C. Discharge Depot.

[Signature]
Senior Medical Officer

[Signature]
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1204 Rank Private Name Prosser
 Date of Enlistment 25.4.16 Address St. John's District Parish of St. John's
 Occupation Lumberman Classification for Discharge 6 Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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 27.4 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 \$60.00
- (b) Clothing Supplied _____

Date 3-7-14 O. i. c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B.2152 to his home at Yambo and Release Certificate No. 3155 issued.

Date

3-7-19

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

Date

3-7-19

H. H. News
Depot Paymaster.

Discharged approved for

~~3-7-19~~ 5-9-19
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

3-7-19

J.A. Snowball
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

1111 5 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.

J. Cross

Signature of Man.

Reg. No. 2604

J. H. Knowlton

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **JUL 3 - 1919**

191

NZ. 2

To be used only for Special Reserve Recruits, and for Special Reservists enlisted Regular Army.

MEDICAL HISTORY

OF

Surname Cross

Christian Name Samuel

Report

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY CONTINGENT	
	Right	Left	Right	Left
Examined	on 25 day of April 1916		on day of 26 JUL 1917	
Declared Age	19 years 5 days		years days	
Trade or Occupation	Lumberman			
Height	5 feet 4 inches		feet inches	
Weight	140 lbs.		lbs.	
Chest Measurement	Girth when fully expanded... 36 1/2 inches		inches	
	Range of expansion... 3 inches		inches	
Physical Development				
Vaccination Marks	Arm		Arm	
	Number		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)		(b)	
Approved by (Signature)	<i>Samuel Peterson</i>			
(Rank)	Major Medical Officer.			
Enlisted	at <i>St John's</i>		at	
	on 25 day of April 1916		on day of 1917	
Joined on Enlistment	Corps. 1st nfld Regt		Corps.	
	Regtl. No. 2604		Regtl. No.	
Transferred to	<i>Newfoundland</i>			
Became non-effective by	on day of 191		on day of 191	
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick

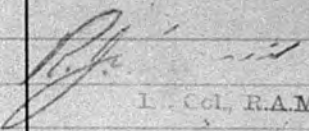
Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
<i>Nestley.</i>	<i>9</i>	<i>5</i>	<i>17</i>						
<i>N. E. D. Ripon</i>	<i>31</i>	<i>7</i>	<i>17</i>	<i>27</i>	<i>11</i>	<i>17</i>	<i>Gen. R. Thys & Buttock</i>	<i>119</i>	

list in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of further use. In cases of re-admissions to hospital will be shown. The subsequent progress, including particulars of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

Col. A III



L. Col., R.A.M.C.,
M.O. 1st Northern Command Depot,
RIPON.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Samuel Cross

Regiment from which discharged **Royal Newfoundland**

Regimental number

2604

Intended address

Isambo

Height on discharge

5 Feet *4*

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Blue

Descriptive Marks

S. V. St. Lutzsch

Figure on discharge

medium

Christian name of Father

Henry

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

St. John's, Jan. 5th, 1897

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)

Samuel Cross / 6th fl.
(Rank)

Station

St. John's

Date

5-5-19

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

Casualty Form—Active Service.

Regiment or Corps ... Royal Newfoundland
 Rank ... Private Surname ... Cross Christian Name ... Samuel
 Religion ... Church of England Age on Enlistment ... 19 years ... 3 months
 Enlisted (a) St. John's Terms of Service (a) ... Duration Service reckons from (a) ... 26-4-16
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation ... Lumberman H. Lloyd Woods Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... <u>27 MAR 1918</u>		
			Disembarked... <u>29 MAR 1918</u>		
			Joined Battalion <u>4-4-18</u>		
<u>20/5/18</u>	<u>of Mess</u>	<u>To be Cook from</u>	<u>(Free)</u>	<u>1/5/18</u>	<u>B 213</u>
		<u>Granted leave to W.K.</u>	<u>24/2/19</u>	<u>11/3/19</u>	<u>B213</u>
		<u>Apptd S/Cpe (Lance)</u>		<u>7/4/19</u>	<u>B213</u>
		<u>Arrived in W.K.</u>		<u>23/4/19</u>	

Int

(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.

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 Newfoundlands* } Former Trade or Occupation } *Lumberman*
2. Regtl. No. *2604* 3. Rank.... *L. Cpl* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Cross*..... *Samuel*..... (a) Former Regts. or Corps ;
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *22*.....
6. Posted for duty on. *apl 27/16* 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."
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? }

} n a .
n a

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.)

He complains 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?

n a
n a
n a
n a

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

Station Idazeley, Burma Res. Sqd. W. E. Proctor, Cap/Rdme
 Date 30/4/19 Medical Officer in charge of case.

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

July 23, 1919

#2604 L/C. Samuel Cross,
Gambo, B.B.

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 SAMUEL..... 2. Surname CROSS.....

3. Rank R. P. Pl...... 4. Regt. No. 2604.....

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

6. Date of enlistment in the Regiment... Apr. 23/16.....

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... brother No.....

9. Address in full of such dependents... Gambo B.B. No.....

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

11. Were you on active service only in Nfld, if so, give dates and particulars of such service... No.....

France Belgium & Germany.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... 2 years.....

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.? *No* If not give: (a) Date of discharge

..... *July 3/19* (b) Reason for discharge *Demob.*
(Demob.)

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

..... *France, Belgium & Germany from Oct 1916*
April 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.

Signature of Applicant:

J. Cross

Place of Residence:

Gaynor B.B.

Declared before me at:

St Johns,

This

4th

day of

July 1919

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

John McCarthy

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	<i>6 mes.</i>	<i>4 50 00</i>

Certified correct.

Paymaster

[Signature]

No 2314



1ST. NEWFOUNDLAND REGIMENT

2

ALLOTMENTS

I, Samuel Cross, Regl. No. 7604

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

Allotment begins July 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
7214	father	Mr. Henry Cross	Gambto. B.B.	50.
Total Allotment, \$				

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.) Charl. Ayre Capt.
 Officer Commanding
B Company
J. Ayres
June 12 1916.

(Sig.) Samuel Cross
 (Rank) _____

ST. JOHN'S,

JUL 8 - 1919

Royal Newfoundland Regiment.

Billeting Account,

To L/epi S Cross

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

1604 L/epi S Cross 31.00

ACCOUNT	<u>BTR</u>
CN NO.	<u>2160</u>
INITIALS	<u>EW</u>
LTD. NO.	
PAY LENSE	
GEN. LEDGE	

Certified correct for \$ 31.00

J. H. Shuckart
Billeting Officer.

CLD.

Reg. No. *2604* Rank *1st Lt* Name *Cross S.*

Attested Address *Gamba*

Allotment Allottee

Date of Allotment Returned from Overseas

Returned on S.S. Cause

27 19
57 09

PASSED TO DEMOBILIZATION OFFICE

DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 2604

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.....

Samuel Cross

Date.....

2.6.1919

Place.....

Parrot, Blandford

C.R. 2604?

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

NO. *2604*. NAME. *Samuel Cross*

DATE. *1/2/20*

PLACE. *Port. Bedford*



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

SEP 20 1921

1921.

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

is/are forwarded herewith to

Samuel Cross

in respect of his service as No. 2608 Rank Pte.

Name

S. Cross

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Geo. Cross Pte

Signature

Samuel Cross

Date

23/9/21

Address

Middle Broad gamma

[P.T.O.]

Receipt for Army Book 64

No. *2604* Name *Cross* *5*

To Certify that I have received the ⁽⁴⁾ AB 64 of the above
named Soldier.

Name *J. Cross*

Date *23/8/20*

Place... *Port Blanford*

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

W.

Casualty Form—Active Service.

Regimental Number 2609
C.R. 1840

Regiment or Corps 211 Newfoundland Regt.
 Rank Pr. Surname Cross Christian Name Samuel
 Religion C of S. Age on Enlistment 19 years 3 months.
 Enlisted (a) 26/4/16 Terms of Service (a) War. Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents
Date	From whom received				
		Embarked	Southampton	11 OCT 1916	
		Disembarked ...	ROUEN	12 OCT 1916	
		Joined Battalion		22 OCT 1916	
<u>21/11/16.</u>	<u>6C Unit</u> <u>5 and SA.</u>	<u>Wounded in Action</u> <u>Admitted Shell Shock. transf</u>	<u>France.</u> <u>S.S.</u>	<u>19/11/16.</u> <u>19/11/16.</u>	<u>B213 21/11/16.</u> <u>ED 6444</u>
	<u>2 Gen Hosp</u>	<u>Admitted w. Shock</u>	<u>France</u>	<u>21/11/16</u>	<u>HA 4419</u>
	<u>29 I B D.</u> <u>Unit</u>	<u>Joined Base Dep.</u> <u>Re-joined Battalion</u>	<u>France</u> <u>France</u>	<u>18/12/16.</u> <u>25/12/16.</u>	<u>Yonville</u> <u>B213</u>
					<u>With BATT. 28. I. IV</u>
<u>15.4.17.</u>	<u>Unit</u>	<u>Wounded in Action</u>	<u>France</u>	<u>14 APR 1917</u>	<u>B213</u>
<u>16.4.17.</u>	<u>87 F.A.</u>	<u>Ad. 8 trans to M. R. High</u>	<u>S.S.</u>	<u>14.4.17.</u>	<u>G.D. 3055.</u>

(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.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
(1925) W0017/2124 1000m 8/15ca 93 56

Forms
B. 121.
22.

Regiment of _____

Signature of O. C. Company _____

Number of Sheet Just
W. P. Griffith & Sons
Captain

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.		Age on	_____ years _____ months		
2604	Cross Samuel	19	3	Lamburner	Captain
Joined _____	Date _____	Place and Date of Enlistment		Religion	
Joined <u>14. 11. 1914</u>	Date _____	Place and Date of Enlistment <u>St John's</u>		6 of England	
Joined _____	Date _____	Period of		Place of Birth	
Joined _____	Date _____	{ with Colours 3 ⁴⁸ years.		Newfoundland	
		{ with Reserve 3 ⁶⁵ 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
Ripon	13-11-17.	Pvt		Absent from parade 11-0 am.	Sgt. Turner	5 days CB.	13-11-17	Capt. Talbot	EDT No. 7 COMPANY, NORTHERN COMMAND DEPOT, RIPON. 23 NOV 1917
				Certified <u>EDT</u> Capt. O.C.					
				St John's Demobilized 1919					

To be carried over

Army Form B. 121.

C.R. 2604

Extract from Daily Orders Part 11 Unit The Royal WFLD. Regt.
St. John's, July 24th, 1919.

The discharge of the undernoted has been CONFIRMED by Officer
1/c Records, from 19-7-19.

2604 L/Cpl. Saml. Cross.

C.R. 2604

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

LEAVE.

Leave to U.K. from 24-2-19 to 11-3-19.

2604, Pte. S. Cross.

C.R. 2604

**Extract from Daily Orders Part 11 Unit The Royal Hfld.
Regt. St. John's, July 7th, 1919.**

**The discharge of the undernoted has been APPROVED by O.C.
Discharge Depot with effect from 5-7-19.**

2604 E/Cpl. Saml. Cross.

The Royal Newfoundland Regiment

D 2604

DEMOBILIZATION OF

Reg. No. *2604* Rank *Private* Name *Cross*
 Date of Enlistment *25.4.16* Address *St. John's* District *St. John's*
 Occupation *Lumberman* Classification for Discharge *6* Medical Category *A-1*
 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 *2.7.19*

H. Cross
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 *\$60.00*

(b) ~~Clothing Supplied~~

M. Cross

Date *3-7-19*

O i.c. Re-clothing

Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2152 to his home at Yambo and Release Certificate No. 3155 issued.

Date 3-7-19

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 11-1-19

Date 3-7-19

Depot Paymaster.

Discharge approved for 3-7-19 5-9-19

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	Form B
B 178a	D 400A	B 1015	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 3-7-19

J. A. Snowball
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 5 1919

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

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

Date July 1919

[Signature]