



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1300

Name in full William Broughton Crossman Age 20

Address 8 Prescott Street

~~Married~~ Single Height Weight

Color Light Hair Dark Eyes Brown

Other distinguishing marks

Nearest relative (Father)

Address 8 Prescott Street

Dependents

Occupation Railway Clerk Present Wage 30.00 Per Month

Previous service

Decorations

General Remarks

Date of Enlistment March 18/15

I, William Broughton Crossman, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be) against all His enemies and opposers whatsoever, according to the condition of my service.

Re-engage at Alderbury
W.D. Crossman

W.D. Crossman

Declared before me this 30th day

of March 1915

Emil Sheppard

W. B. Crossman.

C.R.

1900

File

ENTERIC FEVER



No. 1945.

Date 29 MAR 1916 191

(1) To the Officer i/c Records,

58 Victoria Street
London S.W. (Station.)

(2) The Officer Commanding,

Deputy 1/N Yed
Ays. (Station.)

(3) The Paymaster,

58 Victoria Street
London S.W. (Station.)

Regimental No. 1300.

Rank and Name 1/Cpl Grossman W B.

Regiment or Corps D Coy. 1/N Yed.

has been granted a furlough from 29 MAR 1916 to 9 MAY 1916

His address while on leave will be:—

c/o 58 Victoria Street
London S.W.

I consider he is fit for Duty Light duty

Arnold Barron
Colonel
Officer in charge Abdington Park War Hospital
Hospital,
CROYDON (Station.)



* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.



No. _____

Date Mon. 21st 1916

(1) To the Officer i/c Records,

58 Victoria St
S.W. (Station).

(2) The Officer Commanding,

Newfoundland Contingent
Ayr. (Station).

(3) The Paymaster,

58 Victoria St - NW (Station). ✓

Regimental No. 1300

Rank and Name Ge. Crossman. A.B.

Regiment or Corps 1st. Newfoundland

has been granted a furlough from transferred on March 21st

His address while on leave will be: - Waddington Park.
Convalescent Home -
Croydon.

I consider he is fit for Duty.
Light duty.

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge Registrar of Sick M.O.T.
3rd London General Hospital,
WANDSWORTH, S.W. (Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st NEWFOUNDLAND REGIMENT

No. 1300 Rank L-Cpl. Name D. B. Crossman

Died^(a) at _____ on the _____ of _____ 191 .

Deserted at Richard #2 Sydney on the _____ of _____ 191 .

I Certify to the correctness of above in every particular,

N. E. 700 Leut. Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date.	Dr.	£ s. d.			Cr.	£ s. d.		
		£	s.	d.		£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay <u>12</u> days at <u>1.05</u> from <u>8/16</u> to <u>19/16</u>	<u>2</u>	<u>11</u>	<u>9½</u>
					Proficiency, Service or good conduct pay			
					days at _____ from _____ to _____			
	<u>July 14th</u> 191 <u>12 6</u>				<u>Field</u> Messing allowance <u>12</u> days at <u>10^s</u>			
	" " " "				from <u>8/16</u> to <u>19/16</u> <u>1.20</u>	<u>4</u>	<u>11</u>	
			<u>12 6</u>		Clothing and kit allowance			
	Consolidated stoppage.....				Amount produced by the sale of Necessaries			
	<u>Allowment 12 days e 60</u>	<u>1</u>	<u>9</u>	<u>7</u>	Personal Clothing and Effects from Form 2...			
	Balance due by the Paymaster		<u>14</u>	<u>7½</u>	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
		<u>£2</u>	<u>16</u>	<u>8½</u>	Deferred Pay or Gratuity			
					Balance due to the Paymaster.....	<u>£2</u>	<u>16</u>	<u>8½</u>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at

this _____ day of _____ 191 . _____ Paymaster..

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

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

3536
A.P.W.H

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

MEDICAL HISTORY

OF

Surname Crossman

Christian Name W. H.



Table 1.—GENERAL TABLE.

Birthplace:—Parish St. Johns County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>13</u> day of <u>Mar.</u> 191 <u>5</u> at <u>St. Johns</u>		on _____ day of _____ 191 <u>5</u> at _____	
Declared Age	<u>20</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Railway Clerk</u>			
Height	<u>5</u> feet <u>8 1/2</u> inches		_____ feet _____ inches	
Weight	<u>128</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>30</u> inches		_____ inches	
	Range of expansion... <u>33 1/2</u> inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated	<u>1908</u>			
Vision	R.E.—V=	<u>X</u>	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>W. Paterson</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St. Johns</u> on <u>18</u> day of <u>Mar.</u> 191 <u>5</u>		at _____ on _____ day of _____ 191 <u>5</u>	
Joined on Enlistment	Corps.	Regtl. No. <u>1300.</u>	Corps.	Regtl. No.
Transferred to				
Became non-effective by	on _____ day of _____ 191 <u>5</u>		on _____ day of _____ 191 <u>5</u>	
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	10	1	16	21	3	16	Lymphoid. Paratyphoid A.	63	Widal positive Headache. T. 102.8. Suspicious spots. Costive Improvement ^{hair} of negative tests have been Completed for this patient.	Wogan Capt. Assistant-Registrar R.A.M.C. 8 th London General Hospital WANDSWORTH
Addington Park War Hospital	21	3	16	29	3	16	Edema	8	Faecal + Urinary Tests - 23 Mar. 1916 - Negative of Typhoid, Paratyphoid + Dysentery Organisms.	W. Stewart Medical Officer i/c.

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

Date	Brief Details, and Signature
14/5/16	Unfit for foreign service on account of incipient flat foot D. P. McIntyre Lt. Col.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St. Johns No. 4 L.A.	Repatriated to St. John	20/7/16			

Crossman, W. B.

1300

Ray Sept.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 1300 Army Rank Lance Corporal

Name William Bartlett Crossman
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps First Newfoundland Regiment

Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge September 12th 1916

Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age <u>21</u> years <u>9</u> months	Descriptive marks.	
Height <u>5</u> feet <u>10</u> inches		
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.		
Complexion <u>fair</u>		
Eyes <u>grey</u>		
Hair <u>brown</u>		
Trade <u>Railway clerk</u>		
Intended place of residence { _____ (To be given as fully as practicable)		
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)		

2. The above-named man is discharged in consequence of being no longer physically fit for war service

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:—

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to*

REID NEWFOUNDLAND COMPANY
RAILWAY AND STEAMSHIP LINES

Form 332

.....Station

.....191..

Apl 23rd /17

Depts Paymaster
1st Newfoundland Regt.

Dear Sir:-

Please deliver Beases
Cheque covering Gratiation allowance. while on
Furlough in England. which I understand
is to my Credit. at the pay Office. if
Impl was Badge is ready please. Deliver
Same to beases of this note & Obligs.

Yours Truly
W.B. Crossman.
C. R. N Co Freight
Shed Office.
City.

4 ENTERIC FEVER



Army Form W. 3016.

No. 1945.

1323 Date 29 MAR 1916 191

(1) To the Officer i/c Records,

58 Victoria Street
London S.W. (Station.)

(2) The Officer Commanding,

Depot 1/N Yfd
Ayr. (Station.)

(3) The Paymaster,

58 Victoria Street
London S.W. (Station.)

Regimental No. 1300.

Rank and Name Lt Col Grosvenor W B. ✓

Regiment or Corps D Coy. 1/N Yfd.

has been granted a furlough from 29 MAR 1916 to 9 MAY 1916

His address while on leave will be:-

c/o 58 Victoria Street
London S.W.

I consider he is fit for * Duty. Light duty.

Mr. Robert Barron.
Colonel.
Officer in charge ADDINGTON PARK WAR HOSPITAL
29 MAR 1916
Reg. No. CROYDON Hospital, (Station.)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

March 16,

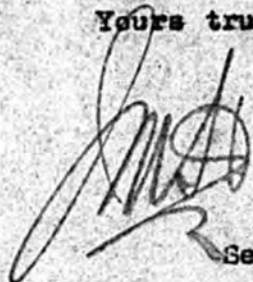
7

Mr. W. B. Crossman,
Prescott St.

Dear Sir:

The Medical Board which examined you, has reported as to your condition, and its finding is to the effect, that you are fit for re-enlistment. In view of this circumstance no pension or gratuity can be allowed you.

Yours truly,



Secretary.



STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 1300

All communications should be addressed to
the Secretary, MAJOR CLUNY MACPHERSON,
St. John's, Newfoundland.

St. John's, Newfoundland
February 28th., 1917.

Officer i/c Records,
City.

Dear Sir:-

Ref. 1300, L/Cpl. Crossman, W. B. Please note that in
the opinion of the Medical Board this man should be "Retained in
the Army".

Yours faithfully,

CLUNY MACPHERSON,

Major-Secty.

Per *A. W. B.*



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. & 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 *Crossman William Bartlett*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1300*
 Intended address *8 Prescott St.*
 Height on discharge *5 Feet 10*
 Color of hair on discharge *Brown.*
 Complexion *Fair.*
 Color of eyes *Grey.*
 Figure on discharge *medium.*
 Christian name of Father *to Thomas.*
 Christian name of Mother *Miriam.*
 Wife's maiden name in full *—*
 Date and place of marriage *—*
 Christian names of children *—*

Place and date of soldier's birth. *St. Johns. 24 Jan. 1895*
 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)

Station *St. Johns* Date *Feb 20/17* *W. Bartlett Crossman* (Rank) *S/Cpl.*

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

Station *St. Johns.* Date *Feb 20/17*
W. Burden Leis
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

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

MEDICAL HISTORY

Surname Crossman

OF Christian Name W. D.

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>13</u> day of <u>Nov</u> 191 <u>5</u> at <u>St John's</u>		on _____ day of _____ 191_____	
Declared age	<u>30</u> years _____ days		_____ years _____ days	
Trade or occupation	<u>Railway Clerk</u>			
Height	<u>5</u> feet <u>8 1/2</u> inches		_____ feet _____ inches	
Weight	<u>128</u> lbs.		_____ lbs.	
Chest Measure. {	Girth when fully expanded .. <u>30</u> inches		_____ inches	
	Range of expansion .. <u>33 1/2</u> inches		_____ inches	
Physical development				
Vaccination marks {	Arm		_____	
	Number		_____	
When vaccinated	<u>1908</u>		_____	
Vision	R.E.—V.= <u>7/</u>		R.E.—V.= _____	
	L.E.—V.= <u>7/</u>		L.E.—V.= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>L. Peterson</u>			
(Rank)				
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u> on <u>18</u> day of <u>Nov</u> 191 <u>5</u>		at _____ on _____ day of _____ 191_____	
Joined on enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	<u>1st Nfld</u>	<u>1300</u>		
Transferred to.. .. .				
Became non-effective by	on _____ day of _____ 191_____		on _____ day of _____ 191_____	
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters.

Name of hospital	Admitted to hospital			Discharged from hospital			Disease	Number of days in hospital	Remarks bearing on the case, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 rd London Gen Hospital Wandsworth	10	1	16	21	3	16	Typhoid Paratyphoid A	63	Headache 7102.8 suspicious spots positive widal positive Improvement 4 pairs negative tests have been completed for this patient	Sp. H. Sagan Capt Assistant Registrar 3 rd Lon. Gen. Hosp.
Addington Park War Hospital	21	3	16	29	3	16	Idem.	8	Faecal & Urinary tests 23 Mar 1916. Negative of Typhoid. Paratyphoid & Dysentery organisms	Sp. W. A. Stewart Medical Officer 1/c

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

Date	Brief Details, and Signature
14/5/16	<p>Unfit for foreign service on account of incipient flat foot by D. H. McIntyre <i>D. H. McIntyre</i> <i>S. R. A. C.</i></p>

Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
<i>Johns W. L.</i>					



Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
 (b) A single copy only is required.
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
 (d) Be as brief as possible compatible with lucidity.
 (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

St. John's
Feb. 20/17.

1. Unit *1st. Newfoundland*

5. Age last birthday. *22*

2. Regimental No. *1300*

6. Enlisted on *18 Mo. 1915*

3. Rank. *Lance Corp.*

at *St. John's.*

4. Name. *Crossman William Bertel*

7. Former trade or occupation

Railway Cbx.

8. Disability

*Typhoid
 paratyphoid.*

9. History

Gallipoli Dec. 1915 Typhoid.

Says he had Dysentery also.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

weather. in all joints.

*No symptoms
No discharges at times
Rheumatism especially at bad*

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Y

Signature

Geo Burden

Rank or Qualification

Lieut

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x.
Erase inapplicable words.

13. For pension purposes, the disability x *may* be considered as ~~aggravated by:~~
due to
- (a) Service during this war.
(b) ~~Climate.~~
(c) ~~Ordinary Military Service~~

Remarks if any:—

*Condition fair, but diarrhoea has
been at times*

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:—

less ^{than} 20%

15. Is the disability permanent?

Well improved

16. Has the disability been aggravated by

- (a) Intemperance. *No*
(b) Misconduct. *No*

17. The refusal of operation sanatorium is:—

- (a) Reasonable. ✓
(b) Unreasonable.

Remarks if any:—

18. We recommend ~~discharge from~~ retention in the Army

Remarks if any:—

Discharged Sep. 12th. 1916

Signatures.

W. H. Grace President
J. M. G. D. J.
W. H. G. G.
Pro Major Paterson

Place *Sophus*

Date *Feb 21 1917*

APPROVED

Station

Date



Clay Macpherson
Administrative Medical Officer. *Major*

May 2nd 19

Lieut. Howley
Paymaster.

Please Give.

Bear my cheque & Oblige.

W B Crossman
\$ 130.00

Casualty Form - Active Service.

Regiment or Corps 1 Newfoundland

Regimental No. 1300 Rank Pte Name Crossman W.B.

Enlisted (a) Mar 18/15 Terms of Service (a) one year Service reckons from (a) Mar 18/15

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended Duration War Re-engaged Aug 15/15 Qualification (b) _____

DEC 20 1916

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embarked <u>St Johns Newfoundland</u>		30.4.15	
		Disembarked <u>Alexandria</u>		1.9.15	
		Embarked for <u>Gallipoli</u>		13.9.15	
17.12.15	"15 th Lt ^y Madras..	Admitted <u>Diarrhoea</u>	15 th Lt ^y Madras	30.11.15	C 5013
20.1.16	"Britannic"	Evacuated to <u>England</u>	"Britannic"	3.1.16	D 877
		<p><u>Sgt W. L. Jackson</u> <u>Capt for Major</u> <u>Officer 11 & 12 Districts</u> <u>3rd Echelon G.H.Q. M.E.F.</u></p>			

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Certified true copy

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *1300.* Rank *L. Cope* Name *W. B. Crossman*

Died^(a) at _____ on the _____ of _____ 191 .

Deserted at *W.2. St. Johns.* on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

[Signature] Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£ s. d.			Cr.	£ s. d.		
		£	s.	d.		£	s.	d.
	Balance Dr. last month				Balance Cr. last month			
	Cash issues (Date of each issue to be stated)				Pay 12 days at 1.00 ⁰⁰ from <i>8/4/16</i> to <i>19/4/16</i>	2	11	9½
	<i>July 14² 1916.</i>	£	s.	d.	Proficiency, Service or good conduct pay			
	"	12	6		days at _____ from _____ to _____			
	"				<i>Field</i> Messing allowance 12 days at <i>10d.</i>			
	"				from <i>8/4/16</i> to <i>19/4/16</i> 1.20			4 11
	Consolidated stoppage.....				Clothing and kit allowance			
	<i>Allotment 12 days 760d</i>	1	9	4	Amount produced by the sale of Necessaries			
	Balance due by the Paymaster		14	4½	Personal Clothing and Effects from Form 2...			
		£	2	16 8½	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
					Balance due to the Paymaster.....			
						£	2	16 8½

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____

this _____ day of _____ 191 .

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

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

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 question 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 *W. P.* 2. Surname *H. Rossman*
3. Rank *1st Lt.* 4. Regt. No. *1300*
5. Address in full to which future payments of gratuity are to be forwarded..... *8 Prescott St
St. Johns Newfoundland*
6. Date of enlistment in the Regiment..... *March 1915*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Not Applicable
8. Relationship of such dependents..... *Do*
9. Address in full of such dependent..... *Do*
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..... *Not Applicable*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *March 1915 To Sept 1916*

✓
4

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.....

one Enlistment only

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.....

Post Discharge pay Yes
Kindly Show record (Military Dept) About

15. Have you been issued with a War Service Badge?.....

Yes

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. *Not Applicable*

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?.....

Not Applicable

19. Are you now serving in the Regt.? *No*.... If not give:- (a) Date of discharge *Sept. 1916*..... (b) Reason for discharge.....

Physical Disability

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.....

Gallipoli Sept. 1915

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

None

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: *W. Blomman*

Place of Residence: *8 Prescott St*

Declared before me at: *St. John's Nfld.*

This *3rd* day of *March* 19*19*

Chas. G. Hunt

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
<i>18.12.18</i>	<i>104.65</i>		<i>4.00</i>	<i>280.00</i>
			<i>less P.D.P.</i>	<i>104.65</i>
				<i>175.35</i>
Certified Correct.			Paymaster.	

STATEMENT OF ACCOUNT

1946
97
1043

No. 1300

Name Crossman W.B.

Date	Particulars	Ch.No.	Dr.	Cr.	Rel.
July 19	Pay Balance due by PM 14-7 1/2			3 55	3 55
Aug 14	Pay 26 days @ 1 15/16			29 90	33 45
	A A 9 days @ 50¢			4 50	37 95
31	17 @ 1 65/16			28 05	66 00
Sept 12	12 days 1 65/16			19 80	85 80
	Bonus clothing			11 55	97 35
	Ration Allowance 2 4-4-0			25 00	122 35
				20 42	142 78
Aug 17	To Pay	147	7 73		135 05
Sept 25	" "	10	76 85		58 20
July 19	" "		3 52		54 68
31	To Allotment 12 days @ 6.4		7 20		47 48
Aug 7	To Pay	143	15 00		32 48
1917 Feb 21	To Pay	126	12 05		20 43
			122 35	142 78	20 42

Signed Alvany

STATEMENT OF ACCOUNT

No. 1300

Name Crossman W.B.

Date	Particulars	Ch.No.	Dr.		Cr.		Bal.	
	Brought forward.		122	55	142	78	20	43
	H. Mt. @ 1% ⁰⁰ / ₁₀₀				280	00	30	0
	Bonus				10	00	31	0
Dec 15	To pay		11	55			298	88
	To pay	7145	93	10			205	78
		12111	10	00			195	78
Nov 1	To pay						125	78
Apr 7	"	10551	70	00			55	78
May 1	"	13807	70	00			20	43
		17856	38	35				
			412	35	432	78	20	43

Cr Balance # 20 ⁴³/₁₂

Signed Alvany

2.4
 11
 1920

Prescott St
St Johns

2nd Lieut Hawley
O/c records

Dear Sir:-

I have applied at the pay Office at least four times for my badge & each time have been told that it is not there. I might state that I sent in my application at Headquarters C.B. Hornum the day after the notice appeared in the papers & I think that it could be forthcoming ere this, thinking that my application have been overlooked in some way I thought it best to draw your attention to this matter. By making enquiries &

Letter communicating same with
me you will greatly oblige.

Your Humble Servant

W. B. Crossman

8 Prescott St

City.

12/20

May 26th. 1917.

Mr. W. B. Crossman,
8 Prescott St.,
City.

Dear Sir:-

Referring to your letter of recent date, I beg to state that your badge, is at the present time, in the hands of the engravers and should be ready some time next week.

As soon as it comes to hand, I shall forward it to you.

Yours truly,

Lieut.
Deputy Paymaster.

1300

REID NEWFOUNDLAND COMPANY
RAILWAY AND STEAMSHIP LINES

Form 332

.....Station

.....191..

apt 26/17

2nd Lieut J M Howley.
O/c Records

Dear Sir.

Received Discharge Paper
& Conduct Sheet with many thanks. as
soon as my badge is ready please forward
& oblige.

I Remain
Yours Truly
W B Croftman

1300

April 18th, 7.

W. B. Crossman, Esq.,
8 Prescott St.,
City.

Dear Sir,-

With reference to my recent letter enclosing temporary discharge form, I now forward you permanent form replacing same.

Yours truly,

Lieut. & D/Paymaster.

1300
Character certificate No 56 is also
enclosed
[Signature]



2nd Lieut J. M. Rowley
officer & records

8 Prescott St
City.

Dear Sir:-

Many Thanks for your
letter of the 9th. Enclosed you will find discharge certificate
Issued to me Last Sept. which you have promised to
replace by a permanent one. you will notice ~~it~~ does not
state that I have been in Active Service. or the time I
Served with the Colours. I would also like for you
to Forward my Conduct Certificate by so doing you
will greatly Oblige.

Yours Truly
W B Crossman.

17/00

8 Prescott St
St Johns
Apr 1st / 17

Lieut J M Howley.

Dear Sir:- Re your letter of March 16th
Informing me of the medical Boards Report
& stating that I was open for Re-Enlistment
Sir. Why was I sent Home from England
For Discharge if I was considered fit again
for active service or again if thought
to be fit. within a period of Time.
I was Examined by military Doctors
Holding Kings Commissions & told that
I was not further fit. for military service
& would be proceeding to stoping for
Discharge which I duly received
shortly after arrival. as to the matter
of Pension or Gratuity, I have applied.
For neither all I ask for is a Proper
Discharge Paper & a separate Conduct
Sheet. which I hope will be Forwarded
at your Earliest Convenience.

1200

Yours Truly
W B Crossman

April 9th 1917

Mr. W. B. Grossman.

8 Prescott St.,

Dear Sir:-

Referring to your letter of 1st inst., I regret that the letter I sent you as Secretary of the Pensions and Disabilities Board has created a wrong impression.

The proceeding is that every man after he is boarded, is considered by the Pensions and Disabilities Board, with a view to making him such allowance as his disability demands in accordance with the schedule adopted by the Board; and I have instructions to notify every man who has been found to have no claim for pension to that effect. The notification sent you was simply following out that instruction.

With reference to your discharge certificate, if you will let me have the temporary certificate that was given you last September, I will replace it with a permanent one.

Yours truly,

Lt.
Deputy Paymaster

February 24th, 7.


L/Cpl. W. B. Crossman,
Prescott St.,
City.

Dear Sir,-

I enclose herewith cheque for \$12.05, being a further amount due you at date of discharge, due to a small omission in finalizing your account.

Kindly sign the attached voucher in the place provided for same, and return.

Yours truly,



2nd. Lieut. & D/Paymaster.

No 1800. A/c. W. D. Crossman

	Dr.	Cr.
July 19. Balce } Pd on steamer } 14/7 1/2 } 14/6. }		.03
Pay to Aug 14 26 days @ 1/5		29.90
Paid	15.00	
Allot to July 31 12 days @ 60.	7.20	
	<hr/>	
	22.20	29.93
Balce	7.73	
	<hr/>	
	29.93	
	<hr/>	

Voucher 25429

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 93 ¹⁰/_x

Dec 18 1918 ⁶²

Received from the First Newfoundland Regiment
the sum of Ninety Three ¹⁰/_x Dollars.
~~on account~~ of Pay *D.D.*
balance

W. Blomman

Ch. No. 7145	Initials <i>EW</i>
Pay Ledger... 57	Initials... <i>awx</i>
Gen. Ledger.....	Initials.....

Regtl. No. 1305 Rank *Serge*

5712

No. 1300

Rank *Sgtl*

Name *Crossman W.B.*

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10⁰⁰/₁₀₀

Mar 1 1919

Received from the First Newfoundland Regiment
the sum of ten ⁰⁰/₁₀₀ Dollars.
~~on account~~
balance of Pay. Clothing

J. B. Martin

Ch. No. 12111	Initials J. B.
Pay Ledger 57	Initials J. B.
Gen. Ledger	Initials

Regtl. No.

Rank

J. C. P.

No. 1300

Rank. Lt. Col.

Name Crossman W.B.

RECEIPT.

C.R. 1300

FOR ISSUE OF RIBBEND OF VICTORY MEDAL/1914-1919.

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

DATE. Jan 4 19.....

PLACE. St John's.....

NO. 1300..... NAME. W B Crossman

C.R. 1300

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1300 Name W.B. Rosemond

Witness E. B. Best

Date Dec 3rd 19

Place In John's

RECEIPT FOR ISSUE OF
RIBAND OF BRITISH WAR MEDAL-1914-1919.

C.R. 1300

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

NAME..... W. B. Rosman

(Date)..... Nov 25 / 19...

(Place)..... S. Johns

C.R. 1300

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name *W. B. Crossman*.....
per. J. C. Martin

Date.....

Place.....

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. J. Readell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* in *Gallipoli* from *August* 1915 to *December* 1915.

(Date) *March 22/19* (NO) ... *1300* ... (Rank) *A/cpt.* (Name) *W. J. Readell*
(Place) *St. John's* ...

*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

C.R.

1300

Extract from list of men discharged from the Royal Newfoundland
Regiment on various dates.

#1300 Pte. Wm. B. Crossman discharged Sept. 12th 1916,
Unfit.

C.R.

1300

Extract from Casualties Received from P & R Office
London, Mar.22.16.

The following man was transferred on 21st, Mar.1918.
from the 3rd London General Hospital, Wandsworth, S.W.
to Addington Park Conv.Home, Croydon.

#13000 L/Cpl. Crossman, A.B.

C.R. 1300

Extract from Casualties received from Pay & Record Office,
London, dated January 30, 1916.

#1300 L/C. W. Crossman.

Paratyphoid.

Transferred to England per H.S. "Brittanic" ex 15 S.H.
2nd January 1916.

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.S.R.O.
January 10th 1916.

1300, L.Cpl. W.B. Crossman. ✓

Adm. 3rd London General Hospital Wandsworth S.W. 9th Jan. 1916
1 Newfoundland Enteric.

C.R. 1300

Extract of Casualty Dec. 27th. 1915. from Pay and Record Office London

1300 L/C. W.B. Crossman

1st. Newfoundland, Sick Slight.....Adm. 15 S.H. Mudros E. 30th. November '15.

C.R. 1300

Extract from Nominal Roll of Co. 1st Bn. New Zealand Regt.
Embarked at Devenport for Active Service 20-8-15.

1300 Pte. W. Crossman.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,
Cairo, same date. Embarked Alexandria for Gallipoli
13-9-15.

C.R. 1300

Extract from Nominal Roll Draft "E" Company Embarked
S.S. Stephano. April 22/15.

1300 Sec. Comm. Crossman W.B.

C.I. 1300

Wm. Bartlett Crossman was attested for General Service
with the NEWFOUNDLAND REGIMENT on **.March.18th.1915.**
Regimental No. **1300** was allotted to Pte **Wm. B. Crossman**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

Casualty Form—Active Service.



Regiment or Corps Newfoundland
 Regimental No. C.R. 1300 Rank Pte Name Crosman B
 Enlisted (a) Mar 8/15 Terms of Service (a) 1 year Service reckons from (a) Mar 8/15
 Date of promotion to } present rank } Date of appointment } Numerical position on }
 to lance rank } to lance rank } roll of N.C.Os. }
 Extended Discharged re-engaged Aug 1/16 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		30/4/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
17/12/15.	15th. Stat. Mudros.	Admitted, Diarrhoea	15th. State Hosp., Mudros.	30/11/15.	C 5013.
20/1/16.	"Brittanic"	Invalided to England	H.S. "Brittanic"	3/1/16.	B 877.

[Signature]
 Captain for Major,
 Officer i/c Records 11 & 12 Dists.,
 3rd. Echelon, G.H.Q., M.E.F.

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

