



4 THE ROYAL NEWFOUNDLAND REGIMENT /

ATTESTATION OF

No. 4901 Name Albert Drower Corps Cof6

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>Albert Drower</u> |
| 2. What is your full Address? | 2. <u>South Side City</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>miner</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, Albert Drower 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.

7-5-15 Albert Drower SIGNATURE OF RECRUIT.
W. J. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert Drower 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 on this 7 day of May 1915
 Signature of Attesting Officer W. J. ...

†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 May 7th 1915
 Place St John } 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)



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4951 Name Albert James Corps C/6

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Albert James
2. What is your full Address? 2. South Side City
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. miner
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Albert James 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.

Albert James SIGNATURE OF RECRUIT.
J. James SIGNATURE OF WITNESS.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Albert James 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 7 day of May 1915.

Signature of Attesting Officer [Signature]

†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 compiled with. I accordingly approve, and appoint him to the ...

If enlisted by special authority, such will be attached to the original attestation.

Date May 20 1915

Place St. John's } 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)

4951

Extract from Daily Orders Part II Unit The Royal Welch
Regt. St. John's, July 25/19.

The discharge of the undermentioned on demobilisation has been
CONFIRMED by Officer i/c Messia from 18-7-19.

4951 Pte. Albert Drover

CR. 4951

No 4951 Name Dwyer, A. Sqn., Batty., or Company A Corps ROYAL NEWFOUNDLAND REG. Date of enlistment 7/18/18 Service or Prom. by PAV
 Date of last entry in Company 10/1/18 No. and date of last drink 10/1/18 Period not reckoning towards freedom from extra fine 10/1/18 Sheet No. 10 Signature O.C. Company, etc. W. G. [Signature] Rank Private Char. for 10/1/18

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
	16/11/18	Pvt		Refusal of iron rations	Pvt Morris	Admonished pay for same	16/11/18	Sgt W. H. [Signature]	B-7
	22/12/18	Pvt		Ref. of Cl. of knife less buttons Impure case	Sgt P. [Signature]	Pay for same	22/12/18	Sgt W. H. [Signature]	B-7
	25/1/19	Pvt		Not complying with an order	Cpl [Signature]	7 days C.P. [Signature]	25/1/19	Sgt W. H. [Signature]	B-7
	27/1/19	Pvt		(A) Not complying with an order (B) Daily interfering with guard w.p. to mounting guard	Sgt [Signature]	10 days C.P.	4/3/19	Sgt W. H. [Signature]	B-7
				Refusal of iron rations	Sgt [Signature]	Pay for same	10/1/19	Sgt W. H. [Signature]	B-7

CR. 4951

ARMY FORM 122

(P.T.O.)

C.R. 4951

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

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

4951 Pte. A. Drover.

4
C.R.4951

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st
Bn. 3-11-18.

The following joined the Batta. 3-11-18.

4951 Pte. A. Drover.

A Coy.

C.R. 4957

Extract from Daily Orders Part A1 Depot, Sjt. Johns,

Date June 18th 1919.

4951, Pte. A. Drover.

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

C.R.4957

Extract of Casualties from Pay & Record Office, London.

4951 Pte. A. Drover.

Discharged from 3rd London General Hospital, 20/3/19.

Granted furlough to 29/3/19. Classified 1 Duty.

Authority:

A.F.W. 3016 from O.C. Hospital.

C.R. 4951

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. "In the Field" 31-5-19.

4951 Pte. A. Drovers

Invalided to Us K. 4-3-19 Sick

C.R.

4951

Extract from Nominal Roll of sick and wounded
from the B. E. F., admitted 2nd., London
General Hospital, Wandsworth on 6/3/19.

2

4951 Pte. A. Drover.

Influenza.

C.R. 4951

Extract from Daily Orders part II, Depot Winchester dated 1-4-19.
The following having reported back from the first battalion
is taken on the strength and posted to "H" Company.

4951

~~████~~ Pte. A. Drover.

from 28-3-19.

C.R. 4957

Extract of War Office List No. H.A. 35116 from
Pay & Record Office, London, dated Feb. 28th/19.

Admitted to General Hospital Rouen Feb. 19th/19.

INFLUENZA SEVERE.

#4951 Pte. A. Drover.

C.R. 4951

Extract from telegram from Lyn to Mil. dated March 8th
1919.

Influenza. 4951 Draver.

C.R. 4951

Extract from Nominal Roll Re-inforcement No. 55 Embarked Folkeston,
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.E.F

4951 Pte. Drover, A.

MP.

WINDYBOND BOND

STRENGTH AND QUALITY

C.R. 4951

Extract from Daily Orders Part 11. from Unit The Royal Newfoundland
Regiment, St. John's, dated June 14th 1918.

4951 Pte. A. Drover.

Embarked for Overseas with draft 11-6118.

Extract from Daily Orders part 11, from Unit The Royal
Newfoundland Regt. St. John's, dated May 11, 1918.

#4951 Pte. A. Drover.

Attested for General Service with the Royal Nfld.
Regt. from V.S.18

C.R. 4957

March 20th., 1919

Mr. Albert Drover
South Side

Dear Sir:-

I beg to inform you that additional information has to-day been received from the Visiting Committee of the Newfoundland War Contingent Ass. concerning the condition of No. 4951, Private Albert Drover, to the effect that he is now progressing favourably.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

C.R. 4951

March 10 19

Dear Mr. Drover-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that No. 4951, Private Albert Drover is at 3rd London General Hospital, Wandsworth suffering from influenza.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Ulrich Drover

~~4951 South Side~~

Whithorne

Minister of Militia.

A Brown

C.R.

4951

~~1410~~

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), 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 Hussar and Cavalry*
2. Regtl. No. *44951* 3. Rank. *plto*
4. Name *Lorner* *albert*
(Surname) (Christian Names)
5. Age last birthday. *21*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Miner*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
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
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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 general 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? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, for 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.)

The Complaints of 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?

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. J. Procmiu. Capt name

Station *Hayley Down*

Medical Officer in charge of case.

Date *8/4/19*

* 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.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert D. Jones, Regl. No. 4951

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 60 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2904	mother	Mrs. W. H. Jones	South Side, St. John's	
Total Allotment, \$				60 ^{cs}

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
[Signature] Company
May 16th 1918

(S.) Albert D. Jones
 (Rank) Sgt
 Witness
James Arthur Cople

FORM K



No 4037a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert Drower, Regl. No. 4951

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Six 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3904	mother	mes Urak (Relaxed) Drower	South Side, St. John's	
Total Allotment, \$				60 ⁰⁰

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
a Company
St. John's
May 16th 1918

Sig.) Albert Drower
Rank Private
Witness: James Archie Cole

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year, commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4951	Pte	Derker A	\$250	A Derker

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

A. Derker

Date

July 1/18

No. 15416/1584.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

Officer Commanding,
2/Bn. Royal Nfld. Regt.,
Lazeley Down Camp,
Winchester.

9713
GRM

September 25th, 1918

30 SEP 1918 191

Subject: 4951, Pte. A. Drover,

With reference to the following telegram (8315.) from the Hon. Minister of Militia, received

"Pay to 4951, Pte. A. Drover, £3.0.0.

Draft £3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

John Manning
Chief Paymaster & O. i/c Records.

Witness
E. Manning
John

Receipt hereunder.

Charles ^{*Capt*} **LIEUT. COLONEL**
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.
Officer Comdg. Batt'n
Royal Newfoundland Regiment

Received the sum of £3.0.0
Three pounds on account of
cable remittance from Newfoundland.

John Drover
No. 4951 Rank Pte

3rd Lander General
Hort

March 15/19

Sir,

Pass for Beaver #
4951 Pt. Brown. The sum of
Five Pounds which will be
taken out of his account.
I oblige

19 MARCH 1919
as found approved
J. H. C. C.
15/3/19.

O.K. f 2-0-0 M.R. 15/3/19
Receipt No. 1685

3rd London Gen Hospital
Wanworth S. 7. 18

To Paymaster
Royal Wpts Regt-

Sir

Please pay to me
The sum of £1 one pound
and charge same
to my account-

4951 Plt of Dover

~~W. J. [Signature]~~
Royal Wpts Regt-

OK
14/3/19
R. 169

by [Signature]



L. Drouet, A.

4951

Ray Sept.

July 21, 1919.

#4951 Pte Albert Drover,
Whitbourne.

Dear Sir:-

Please find enclosed Discharge Certificate #2104.

Yours truly,

Captain & Paymaster.

The Royal Newfoundland Regiment

Class for Demobilization: 1A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 2-7-19

Regimental No. 4951

Name Brown Albert Rank Plt

Address W. Littleton

Present Medical Category A1

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

Members of Board

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

J. Paterson
Senior Medical Officer

J.W. Burdett
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4957 Rank Plt Name Donald A
 Date of Enlistment 7-5-18 Address Whitby District Trinity
 Occupation Miner Classification for Discharge F Medical Category H1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1136	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 O. C. Discharge Depot. H. J. W. H.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation As Driver
with Insurance

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.50

(b) Clothing Supplied _____

Date 2-7-19

O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2145 to his home at Whitbourne and Release Certificate No. 3132 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 18-7-19

Date

2-7-19

[Signature]
Depot Paymaster.

Discharged approved for

4-7-19

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 list	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	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

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.

JUL 4 1919 Eligible for War Service Gratuity

Date

[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.

Drove A+

Signature of Man.

M. C. ...

Signature of the Vocational Officer or his Representative.

Reg. No. 4951

ST. JOHN'S.

Place

Date

2-7-17.

191

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

MEDICAL HISTORY

Surname Draver OF S. Johns Christian Name Albert

Table I.—GENERAL TABLE.

Birthplace:—Parish <u>S. Johns</u> County <u>Nflda</u>		<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
Examined	on <u>7</u> day of <u>May</u> 191 <u>8</u>	on	day of	191	
	at <u>S. Johns</u>	at			
Declared Age	<u>19</u> years		years		days
Trade or Occupation	<u>Miner</u>				
Height	<u>5</u> feet <u>6 1/2</u> inches		feet		inches
Weight	<u>130</u> lbs.				lbs
Chest Measure: {	Girth when fully expanded	<u>35</u> inches			inches
	Range of Expansion	<u>3 1/4</u> inches			inches
Physical Development					
Vaccination Marks {	Right		Left	Right	Left
	Arm				
	Number				
When Vaccinated					
Vision	R.E.—V= <u>6/10</u>		R.E.—V=		
	L.E.—V= <u>6/10</u>		L.E.—V=		
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)		
(b) Slight defects but not sufficient to cause rejection	(b)		(b)		
Approved by (Signature)	<u>James P. Brown</u>				
(Rank)	<u>Major</u>		Medical Officer.		Medical Officer.
Enlisted	at <u>S. Johns</u>	at			
	on <u>7</u> day of <u>May</u> 191 <u>8</u>	on	day of	191	
	Corps.		Corps		Regtl. No.
Joined on Enlistment	<u>The Royal Nfld. Regt</u>		<u>4951</u>		
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>				
Became non-effective by					
(Signature)	on	day of	191	on	day of
(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 on syphilis, admissions of treatment
	Day	Month	Year	Day	Month	Year			
3 rd London General Hosp. Wandsworth	6	3	19.20	3	19.		Influenza	14	

at in case of Warrant Officers treated in quarters.

the cause, nature or treatment of the case likely to be of interest or of future use. In case of readmissions to hospitals will be shown. The subsequent progress, including particulars sent out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Convalescent

Fitmas Cate

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 for 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 Artillery } Former Trade or Occupation } Miner
2. Regtl. No. 4457. 3. Rank... Pte 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name Wright } (Surname) } Albert } (Christian Names)
5. Age last birthday. 31.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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? }

*No Complaint of no
disability*

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.)

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?

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. Proemier *Capt Remy*

Station *Magaley, Bonn*

Medical Officer in charge of case.

Date *8/14/19*

* 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

July 23, 1919

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.

#4951 Pte. Albert Drower,
Whitbourne, T.B

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 26th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/O RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Albert* 2. Surname... *Drover*
3. Rank... *Private* 4. Regt. No... *4951*
5. Address in full to which future payments of gratuity are to be forwarded... *Whitbourne " Trinity Bay*
Newfoundland
6. Date of enlistment in the Regiment... *April 15th 1918*
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... *not applicable*
9. Address in full of such dependents... *not applicable*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *one year & two months*
-
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Seven months overseas*
France and Belgium and Germany

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

Not applicable *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
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.? If not give - (a) Date of discharge. (b) Reason for discharge.

2 July 1919

no

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.

*Yes France Belgium Germany
and no fighting*

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.

not applicable

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

Signature of Applicant:

Albert his Denver

Place of Residence:

Wellsburn

Declared before me at:

St Johns

This

3rd

day of

July

19..19...

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

Wm James R

POST DISCHARGE PAY.

Date paid	Amount paid	War Service Gratuity	Net amount due
.....
.....
.....
Certified correct.			Paymaster



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert D'rover, Regl. No. 4951

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty 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 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3904	mother	<u>Mrs Ursula (Rebecca) D'rover</u>	<u>South Side, St John's</u>	
Total Allotment, \$				<u>60^{<u>c</u>}</u>

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
A. Company
St John's
May 16th 1918

Sig.) Albert D'rover
 [Signature]
 (Rank) Pl
 Witness: James Archie Cole

ST. JOHN'S, JUL 2-1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte A Leaver

Billeting Soldiers as undermentioned

from June 1/19 to July 4/19

4951 ~~Pte~~ A Leaver 35. 40

J.C.S.
1871

ACCOUNT	
PH. NO.	<u>2085</u> INITIALS <u>ES</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

R. Leaver
ES

Certified correct for \$ 35. 40

W. Blomfield

Billeting Officer.

lets.

1921

The Government of Newfoundland

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



Aug. 25 1921.

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

is/are forwarded herewith to

Pte. Albert Drover

in respect of his service as No. 4961 Rank Pte.

Name Albert Drover Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Two medals

Signature

Albert Drover
*his address 20 Main Street
P.O. No. 1234*

Date

Sept 14/21
part Late Whilthorn

Address

Bele Island Currier

Casualty Form—Active Service.

Regiment or Corps..... 5th ROYAL NEWFOUNDLAND REGT.



Rank *H.Q.* Surname *Drover* Christian Name.....

Religion *Ch.* Age on Enlistment..... years *27* months *10*

Enlisted (a) *7/5/18* Terms of Service (a) *DURATION* Service reckons from (a) *7/5/18*

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

Extended () Re-engaged () Qualification (b).....
or Corps Trade and rate.....

Occupation *miner* Signature of Officer *J. O. M. Lucas*

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 Oct 1918</i>		
		Disembarked	<i>3 NOV 10 18</i>		
		Joined Battalion			
	<i>6 Gew. H. Adm. 'This pew</i>	<i>Ex. 6 Gew. H. to England</i>		<i>12-15</i>	<i>NR 30165</i>
		<i>4017 "Pantbuere"</i>		<i>4/3/15</i>	<i>0923588</i>
		<i>Capt. for Lt Col</i>			
		<i>'16 201 Inf. Det.</i>			

Defect

(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.
 Next of kin *Father, Vinah Drover, South Side, St. Johns Bay, Newfoundland.*
 W. 213—James (2000 717) (2000) P. & S. Ltd. (1915) [P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39-Number of Sheets oneRegiment of Royal NewfoundlandSignature of O. C. Company J. J. [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Driver. Albert</u>	Age on	<u>19</u> years <u>0</u> months	<u>Muse</u>	
Joined		Date	Place and Date of Enlistment } <u>St Johns</u>	Religion	
Joined		Date		<u>R.C.P.</u>	
Joined		Date	Period of } with Colours <u>13</u> years.	Place of Birth	
Joined		Date		with Reserve <u>36 1/2</u> years.	<u>St Johns</u>

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>Hogchey Down</u>	<u>29/1/19</u>	<u>Pte</u>		<u>Drinking aside fence from</u> <u>taken 29/1/19 until taken 31/1/19</u> <u>(48 hours)</u>	<u>C.S.M. Martin</u> <u>Pte Morris</u>	<u>7 days' CTS</u>	<u>1/4/19</u>	<u>Lieut. [Signature]</u>	<u>F. J. [Signature]</u> <u>2 days' Pay</u>
				<u>Demobilized</u>	<u>St Johns</u>	<u>18</u> <u>7/19</u>			

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4957 Rank Plc Name Drower A
 Intended place of residence Whitbourne

2. Occupation Thinner
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of DEMOBILIZATION.

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUL 2 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 and date ST. JOHN'S
JUN 24 1919
2-7-19
 Signature of soldier A. Drower Plc
 Signature of witness J. H. Snowdon Plc

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 and Date ST. JOHN'S
JUN 24 1919 2-7-19
 Signature of soldier Albert Drower
 Signature of witness James S. Newman

STATEMENT OF SERVICE

7. Enlisted for service 7-5-18 No of days on Military
 Discharged from service 4-7-19 Plus 14 Days Service 438

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
JUL 4 1919
 Date JUL 4 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, Nfld.
July 18, 1919.
 Date July 18, 1919.
 Officer in Charge
 The Royal Newfoundland Regiment

a 112079/3104



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 Office 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 *Albert Drown.*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4951*

Intended address *Whithamme.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Uiah.*

Christian name of Mother *Rebecca.*

Wife's maiden name in full *Gertie Foss.*

Date and place of marriage *Bell Island, June 6th 1917.*

Christian names of children *—*

Place and date of soldier's birth *Spaniards Bay, June 28th 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) *Albert F. Drown*

Pte
(Rank)

Station *S. J. Johns*

Witness W. J. Drown
Date *30-6-19*

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

Medical Officer in Hospital.
Unit or Command Depot.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4907 Rank Mr. Name Sergeant A. Whitham
 Date of Enlistment 7-5-18 Address Whitham District Trinity
 Occupation Miner Classification for Discharge E Medical Category H-1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.P. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board Ist.	" 2	
B 178a	D 400A	B 1915	1	do 2nd	" 3	3
B 179a	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 83				

Date 2-7-19 O. C. Discharge Depot. H. News Sr.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

with
James
at home

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 _____

at home
at home

Date 2-7-19

O/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2145 to his home at Whithorne and Release Certificate No. 3132 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 2-7-19

Date 2-7-19

[Signature]
Depot Paymaster.

Discharge approved for 4-7-19

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

N.P. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 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		

[Handwritten: 2 Form B, 2-7-19]

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]
O. C. Discharge Depot.

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

Date July 18/19

Reg. No. *4957* Rank *Pte.* Name *Drowed Albert*

Attested Address *Whitbourne*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corruccin* Cause *Discharge*

27.19
4.4.19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION