

W. Earle

819

P & R 10

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819

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# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 819

Name in full Williams Thos. Carls Age 19

Address 190 Beaumont St

Married Single Height 5 ft 5 in Weight 115 lbs  
Color Dark Hair Dark Brown Eyes Blue

Other distinguishing marks

Nearest relative James Carls

Address 190 Beaumont St

Dependents none

Occupation clerk Present Wage 30 months

Previous service

Decorations

General Remarks

Date of Enlistment December 1914

I, William Thos Carls, 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.

*James Carls*  
*James Carls*  
*James Carls*

Declared before me this 38 day  
December of 1914

*Eric Shyne*

**DESCRIPTIVE REPORT ON ENLISTMENT.**

(To correspond with Entries on the Medical History Sheet.)

Applicable to all ranks.

Reg. No. 510

Name William Thos. Carlo

Apparent age 10 years      months. Height 5 feet 5 inches.

Chest measurement { Girth when fully expanded      inches.  
Range of expansion      inches.

Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Blue

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin Samuel Carlo, 190 Belmont St., St. John's

Relationship     

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names	Date and Place of Birth

**STATEMENT OF THE SERVICES.**

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>25/12/14</u>									
Joined at <u>St. John's</u> on <u>28th December '14</u>									
				<u>29/12/15</u>					
				<u>31/1/16</u>					

Total Service forfeited as above ... ..

Total Service towards Engagement to      (date of discharge)      years      days

" " " Pension      ( " ) " " "









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

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

1. Unit and Corps *Royal Newfoundland* } Former Trade or Occupation }  
 2. Regtl. No. *819* 3. Rank *APC* }  
 4. Name *EARLE Wm* } 7a. If the soldier claims previous service in Army, he should state—  
 (Surname) (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.  
 5. Age last birthday.....  
 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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."  
 11. Date of origin of disability.  
 12. Place of origin of disability.  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*Contracted Dysentery  
 Gardneville Dec 1918  
 evacuated to V.K.*

*Cured*

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, &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.)

*Complaints of no disability.*

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

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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.

*Rehabilitation*

*Products no.*

ROYAL NEW ZEALAND REG.

HAZELEY DOWN CAMP.

Station .....

Date *8 JUL 1919* .....

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



### OPINION OF THE MEDICAL BOARD.

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. . . .	.....	.....

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



Army Form W. 3016.

No. \_\_\_\_\_

Date Feb 25<sup>th</sup> 1916

(1) To the Officer i/c Records,

58 Victoria St  
Westminster (Station.)

(2) The Officer Commanding,

Newfoundland Contingent  
Aux (Station).

(3) The Paymaster,

✓ 58 Victoria St  
Westminster (Station).

Regimental No. 819

Rank and Name Pte Earle W

Regiment or Corps 1<sup>st</sup> Newfoundland

has been granted a furlough from Feb 25<sup>th</sup> to March 5<sup>th</sup>

His address while on leave will be :-

C/o ~~Post~~ Rev M<sup>r</sup> Steedman  
Dorrock Mause  
Hawick

*this man has been furnished with a warrant & Hawick & given an advance of £1 (one pound)*

I consider he is fit for \* ~~Duty~~ Light duty. likely to be fit for service  
Overseas within 3 months. A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge \_\_\_\_\_ <sup>Hospital</sup> Registrar, R.A.M.C.T.  
3rd London General Hospital,  
WANDSWORTH, S. (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.



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



# POST OFFICE TELEGRAPHS.

BYRE & SPOTTISWOODE, Ltd., Lond.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than  $\frac{1}{2}$ d. being reckoned as  $\frac{1}{2}$ d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.

Office Stamp.



*St Johns New Foundland*  
*8th*

Charges } s. d.  
to pay }

Handed } *1/11* s. Received } *2.55* s.  
in at } *11* p. here at }

TO { *Mr Synoptical*

*number eight* *seventeen* *card* *warden*  
*anxious* *for* *news* *your* *condition*  
*wife* *mother*



*Chophouse*



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



EYRE & SPOTTISWOODE, Ltd., Lond.

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St Johns New Foundland  
8th

Charges }  
to pay }

s. d.

Handed }  
in at }

1/11 p.

Received }  
here at }

2.53 p.

TO {

Mr Synoptical Ldn

Number eight seventeen cable words  
anxious for news your condition  
wife mother



Chaphouse

MESSAGES AND SIGNALS.

No. of Message

Prefix	Code	m.	Words	Charge		Recd. at	m.	
Office of Origin and Service Instructions.						Sent	Date	
						At	m.	Services
						To		From
					By		By	

TO	819	Earle		
	Third	London	General	Hospital

Sender's Number	Day of Month	Wandsworth	
5	8/1/15	In reply to Number	AAA

allowing telegram	received	from	St. Johns
begins anxious	for	news	your
condition wire	Mother		

From	Record Office	Newfoundland Contingent	
Place			
Time			

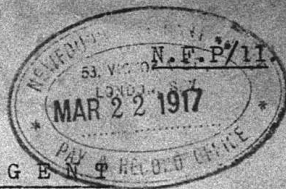
The above may be forwarded as now corrected.

Censor. Signature of Addressor or person authorized to telegraph in his name

\* This line should be erased if not required,

No. 4073

ORIGINAL



NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 819 (Rank) Pte. (Name) Earle W.  
 hereby agree, until further notification by me, and in required form,  
 to make an allotment of \_\_\_\_\_ dollars and 30 cents  
 per diem, from my pay, to and for the benefit of the undermentioned  
 Person and/or Persons. Such payments to be made on proof of identity  
 of the Person and/or Persons concerned, viz:-

Whether Wife Child, other Relative or Friend	NAME (In Full.)	ADDRESS	Amount (Each Person)	
			\$	¢
Mother.	M <sup>rs</sup> Earle	190 Beaumont St. St. Johns		30
				30

This allotment to take effect from and including 1<sup>st</sup> April 1917

Note:- This form must be completed and signed by the Soldier, counter-  
 signed by the Officer Commanding his Company, and forwarded to the  
 Paymaster in accordance with P.&R.O. C/L.10, 9/12/16.

(Sig.) P. B. Dicks 2/1  
 Officer Commanding  
 " F " Company.

Dated at Race Course Camp.  
21<sup>st</sup> March 1917

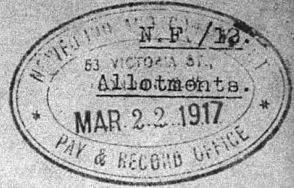
(Sig.) W. Earle  
 Allotter.

NOTED  
W. R. Martin  
 C. Q. M. S.  
 Date 22/3/17 Of

NOTED  
W. R. Martin  
 C. Q. M. S.  
 Date 21.3.17 7 Co'y



ORIGINAL



NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 819 (Rank) Pte. (Name) Earle W.  
hereby apply for cancellation of Allotment made by me on  
N.F. 805 dated 23<sup>rd</sup> January 1915 in favour  
of Mrs. Earle, 190 Beamanville St. John's for \$ — cts 70<sup>+</sup>  
per diem. Such cancellation to take place on the  
31<sup>st</sup> day of March 1917

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Race course Cyp.  
21<sup>st</sup> March 1917

W. Earle  
Allotter.

Approved and Witnessed,  
E. B. Dicks 21  
O.C. "J" Company.

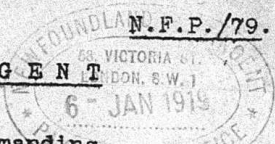
NOTED  
W. H. Martin  
APD  
Date 22/3/17 Co'y

NOTED  
M. R. ...  
C. G. M. S.  
Date 21-3-17 7 Co'y

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

No. 21495/2454/P&A

*066339*



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.

To:

Officer Commanding,  
2nd. Bn. R. Newfoundland Regt.  
Hazeley Down Camp,  
Winchester.

27th. December, 1918.

*Jan. 2* 1919.

Subject: 819.  
Bugler. W.F. Earl.

Receipt hereunder.

*W. Earl*

With reference to the following  
telegram (11119) from the Hon.  
Minister of Militia, received

LIEUT. COLONEL,

OFFICER COMMANDING  
2ND BATTAL ROYAL NEWFOUNDLAND REGT.  
ROYAL NEWFOUNDLAND REGIMENT.

Pay to 819 Earl - £1:0:0

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

Received the sum of one  
Pound (£1.0.0) on account of  
cable remittance from Newfoundland.

*A.A. Mitchell Maj.*  
Chief Paymaster & O. i/c Records.

819 - L/c W. Earl

No. 819 Rank L/c

Witness C. A. Steing.

*J*

Carle, W.

819

Gay sept.



ST. JOHN'S, FEB 28 1919

# Royal Newfoundland Regiment.

Billeting Account,

To L/C. W. Carle

Billeting Soldiers as undermentioned

from Feb 21<sup>st</sup> / 19 to Feb 28<sup>th</sup> / 19

P19. L/C. W. Carle	7	20

Certified correct for \$ 7. 20

9.7 J. H. Crawford  
x Billeting Officer.

DUPLICATE  
ORIGINAL



NEWFOUNDLAND CONTINGENT

22644

CANCELLATION OF ALLOTMENT

I, (No.) 819 (Rank) Pte (Name) Earle W.  
herby apply for cancellation of Allotment made by me on  
N.F. 805 dated 23<sup>rd</sup> January 1915 in favour  
of Co<sup>se</sup> Case, 190 Beant St. St. John for \$ 70 cts 7  
per diem. Such cancellation to take place on the  
31<sup>st</sup> day of March 1917

I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Race Point Ays.  
21<sup>st</sup> March 1917

W. Earle  
Allotter.

Approved and Witnessed,

C. S. Dickson  
O.C. "7." Company.

NOTED  
W. L. Martin  
1917  
Date 22/3/17 Coy

NOTED  
D. Martin  
O.C.M.S.  
Date 21-3-17 "7" Coy

To be made out in TRIPPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.





March 19, 1919

#819 L/Cpl. William Earle,

#35 Prescott St.,

City

Dear Sir:-

Please find enclosed "Discharge Certificate  
No. 1390."

Yours truly,

Captain,  
Paymaster & O.i-C Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 819 Rank Plb. Name H. Earle

Intended place of residence 35 Prescott St St John

2. Occupation Clerk

Classification of soldier B Medical Category F

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 .....

Date MAR 5 1919 *H. Mousher*  
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. SUBJECT TO ADJUSTMENT OF OVERLEAF PAY ACCT.

Place and date ST. JOHN'S *H. Earle*  
Signature of soldier

5-3-19 *C. P. Dicks Capt.*  
Signature of witness

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

6. I hereby certify that I <sup>Not</sup> am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S *H. Earle*  
Signature of soldier

3.3.19 *W. Keaton*  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 7. 11. 14 No of days on Military  
Discharged from service 5. 3. 19 *for 14 days* Service 156 1/4

### 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 *R. H. Dait Capt*  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.

Date MAR 5 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St John's *M. Bowley Capt*  
Officer i/c Records  
The Royal Newfoundland Regiment

Date March 19/1919

*2079/1390*



# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 819 Rank 1/Plt Name Earle W.  
 Date of Enlistment 7-12-14 Address 50 Prescott District St. John's  
 Occupation Colo. Clerk Classification for Discharge B Medical Category FE  
 Recommendation S.M.B. prof. for service Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
B 179.....	D 400B.....	Form L.....	do 3rd.....	" 4.....
B 179a.....	D 400C.....	Form K.....	do 4th.....	" 5.....
B 179b.....	B 103.....	ME 2.....	".....	" 6.....
B 179c.....	B 120.....	M 93.....		

Date 1-3-19 H. Mens  
 for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

W. Earle

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 5-3-19 [Signature] O i.c. Re-clothing.



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 1393 to his home at ..... and Release Certificate No. .... issued.

Date 5-3-19 ..... OB Dickes Capt.  
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 19-3-19

Date 5-3-19 ..... H. Mans H.  
for Depot Paymaster.

**SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.**

Discharge approved for..... 5-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	1 Drum
E 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 6.3.19 ..... OB Dickes Capt.  
Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date MAR 5 1919 ..... R.H. Sait Capt.  
O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

Surname Earle OF Christian Name Wm

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at		at	
Declared Age...	19	years		
Trade or Occupation....	Clerk			
Height	5	feet		
Weight		115		
Chest Measurement	Girth when fully expanded...	32		
	Range of expansion..	3		
Physical Development...				
Vaccination Marks	Right	Left	Right	Left.
	Arm			
When Vaccinated	1906			
Vision	R.E.—V==		R.E.—V==	
	L.E.—V==		L.E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	C. M. Macpherson			
(Rank)	Capt.			
	Medical Officer.			
Enlisted	at		at	
	on	28 <sup>th</sup> day of Decr. 1914	on	day of 191
Joined on Enlistment	Corps.	1st Ndd. Regt.	Corps.	
	Regtl. No.	819	Regtl. No.	
Transferred to..				
Became non-effective by.				
	on	day of 191	on	day of 191
(Signature)	Ph			
(Rank)				

Table II.—Only for admission to hospital or to the sick list in 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, admission and readmissions 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				
8th LONDON GENERAL HOSPITAL WANDSWORTH.	3	1	16	26	2	16	<i>Dysentery.</i>	54	<i>Cont. active service (Sunderland). No other treatment for dysentery. Bacteriological tests negative. Some degree permanent disability.</i>	<i>H. W. B. Smith Capt. R.A.M.C.</i>
<i>Heathfield San Hospital Hyr</i>	25	6	17	23	7	17	<i>Dumplings</i>	25	—	<i>W. W. B. Smith Capt. R.A.M.C.</i>



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
<p>25.8.16</p> <p>8/1/19</p>	<p><u>T. V.</u> 2</p> <p><u>Bl. V.</u> 2</p> <p>Dacc</p> <p>Fit for Foreign Service Dental treatment Complete <i>R. Y. W.</i></p> <p>Recommended Re-patrolisation <i>Proh. n. o.</i></p> <p>ROYAL NEWFOUNDLAND REG.</p> <p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>F</u></p> <p>23.3.19 Date of S.M.B. <i>J. W. Street</i> Assistant Adjutant General Discharge Depot-Newfoundland</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
St. Johns	Dec. 28/14	Feb. 5/15			
F.S. Dominion	Feb. 5/15	" 16/15			
Edinburgh Castle	" 16/15				

Casualty Form Active Service.

Regiment or Corps Newfoundland

Regimental No. 819 Rank P/O Name H. Carl

Enlisted (a) 27/12/14 Terms of Service (a) one year Service reckons from (a) \_\_\_\_\_

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

Extended \_\_\_\_\_ Re-engaged 15/8/15 Qualification (b) \_\_\_\_\_



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. 36, or other official documents.
	Embarked St. John's, NFLD.		3/2/15.	
	Disembarked Alexandria		1/9/15.	
	Embarked for Gallipoli		13/9/15.	
16/12/15.	26 C.O.S. Admitted, Diarrhoea	2 6th. C.O.S.	26/11/15.	C 4951. <i>g</i>
26/12/15.	3rd. Aust. do	3rd. Aust. Hosp., Lemnos.	29/11/15.	C 5103. <i>g</i>
<i>27/1/16</i>	<i>Wounded &amp; Engaged</i>	<i>Agatama</i>	<i>27/1/15</i>	<i>B 884 g</i>

*H. Carl*  
 Captain  
 For Major,  
 Officer 1/c No. 2013 11 & 12 Dist.  
 3rd. Battalion, 4th. Div., H.C.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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. (P.T.O.)



## 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 *William Earle*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *819*  
 Intended address *95 Prescott Street*  
 Height on discharge *5* Feet *7*  
 Color of hair on discharge *Brown*  
 Complexion *Dark*  
 Color of eyes *Blue*  
 Descriptive Marks *—*  
 Figure on discharge *—*  
 Christian name of Father *—*  
 Christian name of Mother *Jennie*  
 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 12-3-1896*

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) *Wm. J. Earle*

Station *St John's* Date *17-2-19* (Rank)

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

St. John's, Newfoundland

**HEADQUARTERS**

Royal Newfoundland Regiment

Station \_\_\_\_\_ Date \_\_\_\_\_



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

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

1. Unit and Corps. *Royal Newfoundland* } Former Trade or Occupation
2. Regtl. No. *819* 3. Rank. *Lt* } 7a. If the soldier claims previous service in Army, he should state—
4. Name *EARLE Wm* } (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday.....
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 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*Contracted Dysentery  
Sardinelles Dec 1915.  
Evacuated to U.K. cured.*

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, &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.)*

*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?

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  
 Absolute  
 M.O.*

ROYAL NEWFOUNDLAND REG.

Station *Hazelley Downs Camp*  
 Date *8 JAN 1919*

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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered. *nil*  
 (b) The present condition thereof.

*Fuels well - no complaint*

22. 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 part of the soldier .. .. .	..... ✓ .....	.....

Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?  
 (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.



24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages :-100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as ~~physically~~ unfit for further War Service, i.e., do they place him in Grade IV. only?

*Yes*

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?  
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

*No*

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require :-

- (a) An attendant for his journey home?  
 (b) Transport from railway station to his home?  
 (c) The constant attendance of another person in his own home?

Signatures:

Station *S. Plus* ..... *[Signature]* ..... } President or Chairman.  
 Date *Feb 20 1919* ..... *[Signature]* ..... } Members.  
*[Signature]* ..... *[Signature]* .....

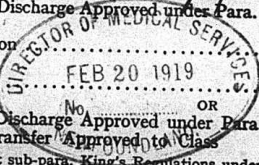
Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... *[Signature]* ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... FEB 20 1919 ..... Officer in charge, Central Hospital.

No. OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.



## 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 work as office clerk.*

*W. T. Earle*  
Signature of Man.

Reg. No. *819*

*Charles C. ...*  
Signature of the Vocational Officer or his Representative.

Place

*St. John's*

Date

*5/3/19*

191

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 *William* 2. Surname *Earle*

3. Rank *Lance Corporal* 4. Regtl. No. *819*

5. Address in full to which future payments of gratuity are to ~~be~~ forwarded. *35 Prescott Street*

*St John's*

6. Date of enlistment in the Regiment. *December 1914*

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 dependent. *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. *Served on Gallipoli in 1915*

*Not Applicable*

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



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

*Not Applicable*

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.....

*Not Applicable*

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.....

*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.....

*Yes*

*Not Applicable*

*Not Applicable*

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.....

*Served on Gallipoli in 1915*

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

*No*

(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: *William Earl*  
 Place of Residence: *35 Prescott Street, St. John's*  
 Declared before me at: *St. John's*  
 This *3rd* day of *March* 191*9*

*Charles 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>6 mos.</i>	.....	<i>420.00</i>
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified Correct.					Paymaster.

SEPARATION ALLOWANCE.

Claimant, *Jennie Parsons* ..... *Mother*  
On account of *W<sup>m</sup> T Earle* ..... No. *819* ..... Rank. *Pte* .....

Decision... *Approved* .....  
*Payable to 8/12/16* .....

Date *June 11/1920* .....  
*Submitted by*  
*W F Russell Lieut. Col*  
*M Bowley Major*

Instructions.....  
.....  
.....

Allotment of *70<sup>¢</sup>* per day payable to *Mrs Jennie Earle*  
his *mother* from *1/2/18* to *19/3/19*.

Discontinued on account of *being discharged*  
*R. H. Sumner*

536  $\frac{11}{11}$   
8  $\frac{22}{22}$

$\frac{440.00}{5.33}$   
 $\$445.33$



April 30, 1920

Mrs. Jennie Parsons,  
Bay Roberts East.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly furnish me with Certificate showing your marriage to your present husband.

Yours truly

Major

Paymaster.

May 7, 1920

Mrs. Jennie Parsons,  
Bay Roberts East.

Dear Madam:-

With further reference to your application for Separation Allowance, Medical Certificate concerning the condition of your late husband has not yet been received. Kindly let me have same at your earliest convenience.

Yours truly

Major

Paymaster.



## DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

May 21, 1920

Mrs. Jennie Parsons,  
Bay Roberts East.

Dear Madam:-

Referring to your letter of March 12th., I beg to state that we would like to have Certificate from your Doctor showing your husband's condition prior to his death, along the lines laid down in my previous letter. The reason for this is as follows:

"According to your application, Separation Allowance is due, at least, from the date of your husband's death. In the absence of a Medical Certificate, this is the earliest date from which we can pay it, but if your husband was totally incapacitated for sometime previous to his death, the allowance would be payable from the date of commencement of his total incapacity."

This is the information that we require from you, and it will be to your own interest to have the Certificate presented.

Yours truly

  
Major

Paymaster.



JMH/LM.

June 25, 1920

Mrs. Jennie Parsons,  
Bay Roberts, East.

Dear Madam:

With reference to your application for Separation Allowance, I may state that same has been approved, and I am enclosing a cheque for \$445.33, representing payment due you to date of your marriage to your present husband.

Yours truly,

Major  
Paymaster.

Enc. 2

P.S. I am also returning herewith your Marriage Certificate.

March 22, 1920

Mrs. George Parsons, (of Samuel)  
BAY ROBERTS, East

Dear Madam:

With reference to  
your letter of March 10th. I enclose form which  
kindly have completed in the presence of a Magis-  
trate or a Justice of the Peace and return to  
this Office.

YOURS TRULY,

Capt.  
For Paymaster

LM/Enc.

819

Sept. 26th, 1921

Mr. William Earle,  
C/o District Freight Office,  
Canadian Pacific Railway,  
Saskatoon

Dear Sir:-

Reference your letter of August 17th concerning  
a Class 2 Discharge Badge, please be advised that Class 2 Badges  
are only issued to men who were discharged without disability.  
Therefore, as you had a disability on discharge you were issued  
with a Silver Badge.

Yours faithfully,

Captain,

for Paymaster





10052

Bay Roberts

East

March 10<sup>th</sup> /20

Major Howley

Dear Sir:-

I Hereby apply for retroactive separation allowance on account of my son No 819 Pte William Earle. He was my only support and I was a widow 1 year and four months while he was gone. My husband was sick 1 year before my ~~son~~ son enlisted. Hoping you will send on the forms as soon as possible. I am

yours respectfully  
Mrs George Parsons <sup>of St James</sup>

(nee Mrs Jennie Earle)

Sea form



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. Rendell*

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\* *Gallipoli, Mudros, Lemnos.*  
from *September* 1915 to *December* 1915.

(Date) *21/3/19.* (NO) *819*... (Rank) *Capt.* (Name) *Wm. Earle*

(Place) *35 Prescott St, St. John's.*

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

## Certificate



## of Death.

This is to Certify that the following Return of Death was made to

THE REGISTRAR GENERAL OF THE DOMINION OF NEWFOUNDLAND in the Year A.D., 1915.

and is now duly on record in the books of this Department:—

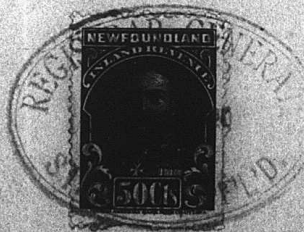
1. Name of Deceased.....	Solomon Earle,
2. Sex.....	Male,
3. Age.....	Forty-two (42) years,
4. Date of Death.....	August 8, 1915,
5. Place of Death.....	St. John's, Newfoundland,
6. Cause of Death.....	Sarcoma Frontal Bone,
7. Physician in attendance.....	Dr. Anderson,
8. Occupation.....	Ironmoulder,
9. Place of Birth.....	Bay Roberts, Conception Bay, Newfoundland,
10. Religious Denomination.....	Methodist,
11. Place of Interment.....	General Protestant Cemetery, St. John's, Newfoundland

I Certify that the above is a true Copy, as recorded in the Register of Deaths.

Registrar General's office,  
St. John's Newfoundland.

March 29, 1920.

*W. J. Martin*  
Registrar General.









- (12) State value of real property belonging to you and your husband *house about \$400*
- 
- (13) State value of personal property belonging to you and your husband ~~\_\_\_\_\_~~
- 
- (14) If husband is dead state value of real and personal property left by him \_\_\_\_\_
- 
- (15) Actual amount contributed by soldier during the year prior to his enlistment *\$20 per month*
- 
- (16) Was this amount contributed weekly or monthly *monthly*
- 
- (17) Did this amount include payment of son's board, etc? *was feeding the family*
- 
- (18) State your son's trade or occupation prior to enlistment *employed with Reid Nfld Co.*
- 
- (19) State amount of his wages per week *about \$5-*
- 
- (20) State name and address of his last employer *Reid N. F. F. D. Co*
- 
- (21) State amount of monthly support from son since enlistment \_\_\_\_\_
- 
- (22) State amount of allotment received by you from son since enlistment *70 cts per day*
- 
- (23) State from what date did you receive Allotment? *March 6<sup>th</sup> 1915-*
- 
- (24) Actual amount contributed by other children
- |             |        |         |
|-------------|--------|---------|
|             | Weekly | Monthly |
| <i>none</i> |        |         |
- 
- (25) Are any of these children in the employ of you or your husband? *no*
- 
- (26) If not receiving support from other children, state cause. Explain fully. *not of age*
- 
- (27) With whom are you residing at present? *with second husband*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *no did not know about it*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *88 per month before husband's death after \$12*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? *no*

(32) In what capacity and in what place?

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of Applicant: *Jennie Parsons*

Place of Residence: *Bay Roberts East*

Declared and subscribed before me at *Bay Roberts* this *26<sup>th</sup>* day of *March* 19*20*

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

*W. J. ...*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

*John O. Buttrill Rector of Bay Roberts*

Signature of member of the Patriotic Fund Committee

*J. G. ...*



10682 Bay Roberts  
May 3<sup>rd</sup>/20

Major Howley

Dear Sir:-

according to your  
request I am forwarding my  
marriage certificate to my last  
husband. you will notice that  
my full name is Eliyo. Jane.  
I am called Jennie for short and  
that was the name my son used  
when filling in my allotment  
paper,

Yours truly

Mrs Jennie Parsons

Bay Roberts East



DR. ANDERSON  
DUCKWORTH STREET

For:.....

Date

Aug 2 '6 191 20

R

Solomon Earle was under  
my care for some time  
previous to his death.  
He was more or less an  
invalid for eight years  
suffering from dropsy  
and only able to walk  
between severe attacks  
of illness -  
during last year of his  
life he was a complete

DR. ANDERSON  
DUCKWORTH STREET

For:.....

Date.....

191

R

was suffering from  
malignant growth in  
abdomen, and was  
bedridden most of time

Dr. Anderson  
3

## CANADIAN PACIFIC RAILWAY COMPANY

INTER-DEPARTMENT  
CORRESPONDENCEDistrict Freight Office  
FILE  
Saskatoon Sask.  
Aug 17, 1921

819

Badges  
"class" at  
they issued to  
men who were  
fit.  
Dear Harry —

No doubt you will be surprised to hear from me in the "wild and woolly"

Met a couple of chaps in Saskatoon last night from Grand Falls, just newly here for the harvest.

I noticed they were wearing a <sup>bronze</sup> war badge for services rendered.

This is the first of the kind I have seen and they look good too.

Are these badges being issued to all? If so, how are chances of getting one? Would like to boast our little mob especially out here where they hardly know our Regiment existed. Everything is going

## CANADIAN PACIFIC RAILWAY COMPANY


INTER-DEPARTMENT  
CORRESPONDENCE

FILE

along nicely in the west.  
Have a good position with the C.P.R.  
and like my surroundings very well  
indeed.

Will not bother you further.  
With very best wishes to you and yours.

Sincerely,  
Billy Carle





C.R. 819

RECEIPT.

FOR ISSUE OF RIBAND 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. 3/1/20  
PLACE. St John's

NO. 819 NAME W. Earle

RECEIPT.

C.R.

819

I hereby certify that I have received the 1914-1915

STAR.

No 819 Name W. J. Earle

Witness W. Hardy

Date 3/12/19

Place St John's

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 Star.

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C.R. 819

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

Name *W. J. Earle* .....

Date *25/3/19* .....

Place *St. Johns* .....

Please sign and return to Department of Militia.



C.R. 819

Extract from Daily Orders part II, Depot St. John's dated 22/3/19.

The discharge of the undernoted on demobilizatio has been~~XXXX~~  
CONFIRMED BY Officer i/c Records on 19-3-19.

819 L/C. Wm. Earle.

C.R. 819

Extract from Daily Orders part II, Depot Winchester, dated  
March 7th., 1919.

The discharge of the undernoted on demobilization has been APPROVED  
by C. C. Discharge Depot on 6-5-19.

#819 L/C. W. Earl.

C.R. 819

Extract from Preliminary Report of Medical Board held on Thursday  
Afternoon February 20th 1919.

819 L/C. Earle, Wm.

Recommended Discharge as Permanently Unfit.



C.R. 819

Extract from Daily Orders Part II Unit The Royal Nfld.  
Regt. St. John's, 11-2-19.

The undernoted Returned from Overseas and Reported to  
Depot 7-2-19.

Repatriated on A.F. B179.

819 L/C. William Earle.

C.R. 819

Extract from Nominal Roll of the Royal Nfld. Regt.  
Embarked St. John's, Jan. 30th, 1919.

819 Earle.

C.R. 819

Extract from Daily Orders part II, Depot Winchester  
dated 28/12/18 by Lieut. Col., B.J. Barton, D.S.O.  
Officer Commanding 2nd., Batt.

The following to be confirmed in their rank.

819 PTE. W. EARLE TO THE L/C. WHILE I/C BUGLERS.



14  
APR 6 1916

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 819, Private W. T. Earle, who was previously reported at Wandsworth, January 5th, suffering from dysentery, is now fit for light duty and was granted furlough Feb. 25th.

This information has been received by mail.

Yours faithfully,

Mrs. Solomon Earle,  
190 Beaumont St.

Colonial Secretary.

C.R. 819

Extract of Casualty List received from P. & R. O. Feb. 25th., 1916.

819, Pte W. Earle.

Wandsworth

Discharged from Hospital and granted furlough from 25/2/16. to 5/3/16.

Fit for Light Duty.

✓

# 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 or through 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 Lucia M. Stirling Address \_\_\_\_\_

Line Number _____	Rcd _____	By <u>Geo. B. G. Sec.</u>	Sent <u>Sec.</u> - by _____	Check _____
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Dated January 7, 1915.

To Synoptical,  
London.

WSM Number eight nineteen Earle, Wandsworth; anxious for news your condition. Wire, mother.

- CHOPHOUSE.



C.R.

819

Copy of Cablegram to Governor St. John's Nfld.  
from P. & R. O. 5/1/16.

819, Pte Earle. ✓

Admitted Wandsworth, Dysentery.

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.O.R.O.  
January 5th 1916.

819, Pte. W. Earle.

1 Newfoundland Frost Bn to Adm. 5 London G.H. Wandsworth  
5th January 1916.      Dysentery.

✓  
E(14)

January 5. 1916

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 819,  
Private William T. Earle, has been admitted to Third  
London General Hospital, Wandsworth, suffering from  
dysentery.

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. Samuel Earle,  
190 Beumont Street.

Colonial Secretary.



C.R. 819

Extract of Casualties received from Pay& Record Office,  
London, dated December 24, 1915.

5  
#819 Pte. W. Earle.

SICK. Admitted 3rd Australian General Hospital, Lemnos  
29th November 1915.

✓

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

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

C.R. 819

819 Pte. W. Earle

C.R. 819

Extract from Roll Embarked St. John's, per S.S. "Dominion"  
"G" Company Feb. 2, 1915.

819 Pte. Earle Wm.



C.R. 819

Wm.T Earle was attested for General service  
with the NEWFOUNDLAND REGIMENT on December 28th 1914

Regimental No 819 was allotted to Pte. Wm.T. Earle.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 819 Rank Cpl Name Earle W.  
 Date of Enlistment 7.12.14 Address 55 Prescott District H. J. King  
 Occupation Labork Classification for Discharge B Medical Category F1  
 Recommendation S.M.B. profit for service Disability Rating Nil  
 Passed to Demobilization Officer with following documents:—

N.F. Pj36	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 1-3-19 H. M. Evans, Lieut  
for O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

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

*W. Earle*

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 5-3-19 O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. \_\_\_\_\_ to his home

and Release Certificate No. 1398 issued.

Date 5-3-19

O.B. Dicko Capt.  
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 19-3-19

Date 5-3-19

H. M. Mrs. H.  
for Depot Paymaster.

SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 5-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	1	Board 1st.	" 2	1
B 178a	1 D 400A	1 B 1915		do 2nd.	" 3	2
B 179	D 400B	Form L		do 3rd.	" 4	
B 179a	1 D 400C	Form K		do 4th.	" 5	
B 179b	B 103	ME 2	1		" 6	
B 179c	B 120	M 93				

Date 6-3-19

O.B. Dicko Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date MAR 5 1919

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

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

Date March 8/1919

[Signature]  
Depot Records