



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3292 Name Albert Ebsary Corps mett

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Albert Ebsary</u>                                  |
| 2. What is your full Address? .....  | 2. <u>59 Lords Hill St</u><br><u>South Side St Johns</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>  |
| 4. What is your age? .....   | 4. <u>25</u> Years & <u>8</u> Months                     |
| 5. What is your Trade or Calling? .....  | 5. <u>cook</u>   |
| 6. Are you Married? .....  | 6. <u>yes</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 Ebsary 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.

E. See 7/10. Albert Ebsary SIGNATURE OF RECRUIT.  
A. M. Fraser Signature of Witness.

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

I, Albert Ebsary 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 fully 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 1st day of December 1916.

Signature of Attesting Officer Chas. R. Aye Cpt

### †CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

**DESCRIPTIVE REPORT ON ENLISTMENT**

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Albert Ebsary

Apparent age 20 years 8 months Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 37 inches  
Range of expansion 3 inches

Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and address of next of kin Mrs. Blance Ebsary  
59 Jacobs Hill South Side Relationship Wife

**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.
<u>Blance Thomas Mathews</u> Spinster	<u>St John's</u> 1913	<u>59 Southside</u>	

**Particulars as to Children**

Christian Names	Date and Place of Birth
<u>Roy Newman</u> <u>Samuel Joseph</u> <u>Edith Cavell</u>	<u>1914</u> <u>1915</u> <u>1916</u>

**STATEMENT OF THE SERVICES**

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days

" " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_





# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

*mett*

No. *3292* Name *Albert Ebsary* Corps

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <i>Albert Ebsary</i>                              |
| 2. What is your full Address? .....  | 2. <i>59 Lords Hill St<br/>South side of John St</i> |
| 3. Are you a British Subject? .....  | 3. <i>yes</i>  |
| 4. What is your age? .....   | 4. <i>32</i> Years & <i>8</i> Months                 |
| 5. What is your Trade or Calling? .....  | 5. <i>cook</i>                                       |
| 6. Are you Married? .....  | 6. <i>yes</i>  |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>no</i>   |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i>  |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>yes</i>  |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name .....<br>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. <i>yes</i>                                       |

I, *Albert Ebsary* 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.

*E. See 7/16* *Albert Ebsary* SIGNATURE OF RECRUIT.  
*H. M. Fraser* Signature of Witness.

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

I, *Albert Ebsary* 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 *December* day of *1916*.  
Signature of Attesting Officer *Charles R. Aye Cpt*

### † CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the .....  
If enlisted by special authority, such will be attached to the original attestation.  
Date ..... 191  
Place ..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Albert Eboary

Apparent age 20 years 8 months. Height 5 feet 4 inches

Chest Measurement { Girth when fully expanded 37 inches  
Range of expansion 3 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Claude Eboary  
59 South Hill Southwell Relationship Wife

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) <u>Claude Eboary</u> <u>Spinster</u>	(b) <u>St John's</u> <u>1913</u>	(c) <u>59 South Hill</u>	(d) _____
---	-------------------------------------	--------------------------	-----------

## Particulars as to Children

Christian Names	Date and Place of Birth
<u>Ray Norman</u>	<u>1914</u>
<u>Samuel Joseph</u>	<u>1915</u>
<u>Edith Cavell</u>	<u>1916</u>

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-12-16</u>					<u>Appointed back 14 8/17</u>				
Joined at <u>St John's</u> on <u>December 1st 16</u>									
<u>Discharged Janey 25/1/19</u>					<u>2 2/18</u>				
<u>Embarked at St John's St. Raphael de Windsor 18. 31/17</u>									
<u>Boarded at Holy Wancher other 28-11-18. to help for discharge 12</u>									
<u>Arrived at Campstead 21/12-18</u>					<u>25-1-19</u>				
<u>Demobilization at St John's</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 25-1-19 [date of discharge] 2 years 56 days

" " " Pensions " " " " " " " " " " " "





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

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

Examination of *Albert Ebsary*  
aged *20 yrs 8 months* conducted at *Ch B*  
Date: *Dec 1<sup>st</sup> 16* Recruiting Officer:

NO OF TEST

FINDING

1

*no*

2

*no*

3

*no*

4

*no.*

5

*no*

6

*no*

7

*yes*

8

*yes*

9

*no no*

10

*n*

11

*n*

12

*n*

13

*n*

14

*n*

15

*n*

16

*n*

17

*n*

18

*n*

19

*eg Both*

20

*n*

21

*n*

22

*n*

23

*n*

24

*n*

25

*n*

26

*n*

27

*n*

28

*n*

29

*n*

30

*n*

31

*n*

32

33

*2 yrs left 4 scars*

34

*5' 4"*

35

*114 lbs*

36

*34" 39"*

37

*\$1500 per week*

38

*wife*

39

*wife and 3 children*

*59 South Side*

Signature of Medical Examiner:

*Geo Burden*

*See report 11/16*  
*3292*

C.R. 3292

Extract from Daily Orders Part II. Unit The Royal MFLC.  
Regt., St. John's, Jan. 28th, 1919.

The Discharge of the Undernoted of demobilization has been  
Confirmed by Officer i/c Records on noted date.

3292 Pte. Albert Esary.

Jan. 25, 1919.



C.R. 3292

Extract of Daily Orders Part II, Depot St. John's,  
dated Jan. 14<sup>th</sup> 1919.

DISCHARGE APPROVED ON DEMOBILIZATION

The discharge of the undernoted man on demobilization  
has been approved by G. C. Discharge Depot on noted dates.

3292 Pte. Albert Ebsary

Discharged 11-1-19

C.R. 3292

Extract of Preliminary Report of MEDICAL BOARD held on  
Monday, January 6<sup>th</sup> /19, the following was the findings-

---

Recommended Discharge as Permanently Unfit.

ADMISSION TO GENERAL HOSPITAL.

#3292 Pte. A. Ebsary.



C.R. 3292

Extract from Daily Orders part 11, Depot St. Johns dated Dec/ 23rd. 1918.

The u/m returned from Overseas and reported at Depot 21-12-18.

#3292 te. A. Ebsary.

C.R. 3292

Extract from Hospital Roll of repatriation draft No. 79 from  
the 2nd., Battalion of the Royal Newfoundland Regiment  
per P. . GORIGAN , which embarked at Tilbury Docks  
12/18/18.

---

#3292 Pte. A. Ebrary.



C.R. 3292

Extract from Nominal Roll of repatriation draft No. 79  
per T. J. CORRYGAN, who high embarked at Tilbury Docks  
12/12/18 from the 8th., Battalion of the Newfoundland  
Regiment. /

#3292 Pte. A. Ebsary.

C.R. 3392

Extract from Nominal Roll of Draft No. 24, 2/1st Newfoundland Regiment  
to 2/1st Newfoundland Regiment B.C.F. Dated 1/6/17

3292 Pte. J. Clarke

11.



C.R. 3292

Extract from Nominal Roll, Embarked St. John's per S.S. GRAMPIAN

31-1-17. Sailed Halifax 16-4-17.

3292 Pte. A. Ebsary.

C.R. 3292

Extract from Daily Orders Part 11 Unit The Royal Hfld.  
Regt., St. John's. Dec 1st, 1916.

3292 Pte. Albert Ebsary.

Attached to the Strength from Dec 1st, 1916.

C.R. 3292

Extract from Medical Board held on Tuesday June 24th, 1919.

3292 Pte. A. Nurse.

Recommended discharge from the Army. REQUIRES TREATMENT.



January 11th/18

From Officer Commanding,  
Discharge Depot.

To Board of Pension Commissioners,  
Militia Building.

#3292, Pte. D. Ebsary

Above noted man was before the Standing Medical Board on 6-1-19 and was recommended for Discharge as Permanently Unfit and admission to General Hospital.

His discharge on demobilization has been approved by the Officer Commanding effective from 11-1-19 and I am sending him herewith for your attention and necessary action, please.

Copy of his Medical Board will be forwarded you in due course.

TJW:

A. C. Cary

C.R. 3292

1880



**Medical Report on an Invalid.**

Station Hazeley Down Camp  
 Date 28/11/18

1. Unit Royal Newfoundland 7. Former Trade }  
 or Occupation }
2. Regimental No. 3292
3. Rank Plt
4. Name EBBARY
5. Age last birthday
6. Enlisted { on  
 at
- 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**

(Other disabilities should be reported upon in answer to question No. 19).

*Otitis Media*

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*First came under my notice with discharging ear 28-10-18. Sent to Hospital for opinion.*

*Wounded by gunshot - HAZELEY DOWN CAMP.*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).

*Attrib. to Military Service conditions*

(b) constitutional or hereditary, and not aggravated by service during the present war.

*na*

(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*na*



13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

*The report is still remaining necessarily daily requiring to pain Headache constant.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation (3)*  
*AM. 2/4*  
*Attest* ROYAL NEWFOUNDLAND REG.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

Officer in charge of Hospital.

Date \_\_\_\_\_

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

† Delete this word if no exceptions are to be made

FORM K

N<sup>o</sup> 3153

## 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Albert Ebony, Regl. No. 3292, hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins July 1st/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3350</u>	<u>Wife</u>	<u>Mrs. Marjorie Ebony</u>	<u>59 South Side</u> <u>St John's N.F.</u>	<u>70¢</u>
	<u>3 children</u>			
Total Allotment, \$				

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.)

Chas. A. AyreOfficer Commanding  
to CompanySt John'sJuly 29/1917

(Sig.)

Albert Ebony

(Rank)

PTE.



No. 3153



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Albert E. Henry, Regl. No. 3792  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and Seventy Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz.:

Allotment begins July 15/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>350</u>	<u>Wife</u> <u>3 children</u>	<u>Mr Charles E Henry</u>	<u>59 South Side St John's N.F.</u>	<u>70¢</u>
			Total Allotment, \$	

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

(Sig.) Charles R. Ayres  
Officer Commanding  
to Company  
St John's  
July 27/17

(Sig.) Albert E. Henry  
(Rank) PTE.

1917



LAST PAY CERTIFICATE

OFFICE COPY.

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regt No 3292. Rank Pte. Name Chesary. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland on 11/2/18. Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR. STATEMENT OF ACCOUNT CR.

PERIOD: From 23/11/18. To 20/12/18.	PARTICULARS					PARTICULARS				
	£	£	£	s	d	£	£	£	s	d
Balance Dr. from						Balance Cr. from				
Allotment 19 days @ 70 <sup>d</sup>	113	30	12	14	8	Pay 19 days @ \$ 1.00	119	00		
Cash Payments:						Field Allce 19 days @ \$ 10/100	11	90		
1 <sup>st</sup> Pay.				1	00	Other Allces 19 days @ \$ 50 <sup>d</sup>	120	90	14	5 11.
2 <sup>nd</sup> "				2	8 4	Other Credits:	9	50	1	19 0.
Other Debits:						Copy sent Troop N 21303/210				
B. Damages					6	Pa. 24 12-18				
Miss. Stopp.					1 5					
Total Debits				16	4 11	Total Credits			16	4 11
Balance due by Paymaster						Balance due to Paymaster				
				16	4 11				16	4 11

CHECK

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. Co.  
HAZELEY DOWN CAMP.  
(Place) Dec 11<sup>th</sup> 1918.  
(Date)

Made up/Checked for accordance with information received in the Pay & Record Office J. Co. O.C. "J" Company.  
and is therefore subject to amendment if and as may be found necessary. to 1/1

Pay & Record Office, London, 191 Chief Paymaster & Officer i/c Records.

Obsary, A.

3292

Hay sept.

January 25th., 1919

#3292 Pte. Albert Ebsary,

#59 South Side,

City.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 712."

Yours faithfully,

Captain,  
Paymaster & U. i/c Records

Enc '1 1.



June 2nd 1919

Capt Thawley  
please pay the bearer of this  
note my wife my gratuity money  
Albert Thawley

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17.

Regtl No. 3292 Rank Lt. Name Osary. Unit ROYAL NEWFOUNDLAND REGT who was repatriated to Newfoundland on 11/12/18. Authority \_\_\_\_\_ Cause \_\_\_\_\_

DR.		STATEMENT OF ACCOUNT					CR.						
PARTICULARS		£	£	£	s	d	PARTICULARS		£	£	£	s	d
Balance Dr. from							Balance Cr. from						
Allotment 14 days @ 70¢		113	30.	12	14	8	Pay 19 days @ \$ 100		119	00			
Cash Payments:							Field Alice 19 days @ \$ $\frac{10}{100}$		1	190			
1st Pay.							Other Allces 19 days @ \$ 50¢		120	90	1	4	5
2nd "							Other Credits:		9	50	1	19	0
Other Debits:							Total Credits				16	4	11
B. Damages							Balance due to Paymaster				16	4	11
Mis Stopp.							Total Debits				16	4	11
Total Debits							Balance due by Paymaster						
Balance due by Paymaster							Total Credits				16	4	11
							Balance due to Paymaster						
							Total Debits				16	4	11
							Balance due by Paymaster						

CHECKED.  
18/12/18

PERIOD: from 28/11/18 to 12/12/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of F. Co.

(Place) HAZELEY DOWN CAMP. (Date) Dec 11<sup>th</sup> 1918.  
 Made up/checked by accordance with information received in the Pay & Record Office O.C. "F." Company. and is therefore subject to amendment if and as may be found necessary. London to 19/12/18.  
 Pay & Record Office, London, Dec. 19th, 1918  
 Chief Paymaster & Officer i/c Records.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3292 Rank Pte Name Elshary A  
 Date of Enlistment 1-12-16 Address St John's District St John's  
 Occupation Cook Classification for Discharge B Medical Category 1C  
 Recommendation S.M.B. permanently unfit Disability Rating Total White in Hospital  
 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 9-1-19

W. M. L. Capt  
 O. C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment

I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 9-1-19

C. S. Dicks Capt

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Snow Print

Date 10-1-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Nil* to his home at *St John* and Release Certificate No. *701* issued.

Date *10-1-19* *C.B. Dukes 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 *25-1-19*

Date *11-1-19* *W.H. Key Capt.*  
Depot Paymaster.

Discharge approved for *11-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. <i>Expt 1</i>	B 268	B 121	N.F. Med.	D.F. 1	<i>20m B</i>
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 *11-1-19* *C.B. Dukes Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

**JAN 1 1919**

Date ..... *R.H. [Signature] Capt.*  
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:

I have to go to hospital; after that I hope to be able to resume my work as cook.

*Albert Elson*

Signature of Man.

*W. J. Mitchell*

Reg. No. 3292

Signature of the Vocational Officer or his Representative.

Place

*Jan. 10. 1919*

Date

*S. Johns*

191

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

# MEDICAL HISTORY

Surname Elbery OF Christian Name Alfred

Table 1.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 1st day of December 1916		on _____ day of _____ 191	
	at St John's, N.S.W.		at _____	
Declared Age	30 years 8 mos		years	days
Trade or Occupation	Cook			
Height	5 feet	4 inches	feet	inches
Weight	114 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 37 inches			inches
	Range of expansion... 3 inches			inches
Physical Development				
Vaccination Marks	Arm			
	Number	4 years		
When Vaccinated	1914: 2 years ago			
Vision	R.E.—V	4/60	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)				
(Rank)				
Enlisted	at St John's, N.S.W.		at _____	
	on 1 day of Dec 1916		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st Regt	3292		
Transferred to				
Became non-effective by				
	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

*Nfld*



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, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
Hazeley Down	28	10	18	1	11	18	Otitis Media Rt. 265(c)	4	Improved. To continue treatment with unit	<i>B. S. J. V. ...</i> CAPT., R. A. M. C.

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

Date	Brief Details, and Signature
15-12-16.	Vaccination LD 15-12-16
5-2-17	} <u>Tab.</u> LD
12-2-17	} LP
14-3-17	} LP
27 JUN 1918	Boarded at Hazely Down Camp - Marked BI Category
30 NOV 1918	<p>HAZELEY DOWN CAMP. Recommen  <u>Retaliation</u>  <i>per 11</i>  <u>Capt</u>          ROYAL NEWFOUNDLAND REG.</p> <p><i>Wm Payne</i>  <i>Major Rame</i>  <i>no 11</i>  <u>Capt Rame.</u></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 Demobilisa-          tion. Medical category <u>E</u></p> <p><u>6.1.19</u>      <u>W. H. H. H.</u>          Date of S.M.B.      Assistant Adjutant          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
<i>S/S Thorgel</i> <i>Windsor R.S.</i>	21-1-17	3-2-17			
	3-2-17				



LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 3292 Rank Pte. Name Chesary, A. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated  
to Newfoundland on 11/12/18 Authority \_\_\_\_\_ Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£				CR.	PARTICULARS	£				
		£	s	d	£			s	d			
PERIOD: From 23/11/18 To 20/12/18.	Balance Dr. from						Balance Cr. from					
	Allotment 19 days @ 70¢	13	30	2	14	8	Pay 19 days @ \$ 1 <sup>00</sup> / <sub>100</sub>	19	00			
	Cash Payments:						Field Allow 19 days @ \$ 10 <sup>00</sup> / <sub>100</sub>	19	00			
	1 <sup>st</sup> Pay.			1	00		Other Allowes 19 days @ \$ 50¢	9	50	4	5	
	2 <sup>nd</sup> "			2	8	4				1	19	
	Other Debits:						Other Credits:					
	B. Dances					6						
	Misc Stopp.					15						
	Total Debits			6	4	11	Total Credits			6	4	11
	Balance due by Paymaster						Balance due to Paymaster					

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

gr Co  
(Place) HAZELEY DOWN CAMP. (Date) Dec 11<sup>th</sup> 1918.

[Signature]  
O.C. # 7 Company.

Made up/Checked in accordance with information received in the Pay & Record Office \_\_\_\_\_ to \_\_\_\_\_ and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,



Medical Report on an Inyalid.

Station Hazeley Down Camp  
 Date 28/11/18

1. Unit Royal Newfoundland Former Trade }  
 or Occupation }  
 2. Regimental No. 3292.  
 3. Rank Plt  
 4. Name EBSARY  
 5. Age last birthday  
 6. Enlisted { on  
 at
- 7A. If with previous service in Army, state—  
 (a) Former Unit ;  
 (b) Regimental No. ;  
 (c) Date of Discharge ;  
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

OTITIS. MEDIA.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.  
 10. Place of origin of disability.  
 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

First came under my notice with discharging ear 28-10-18, sent to hospital for opinion,

Ordered By J. M. S. HAZELEY DOWN CAMP.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

Attributed to military service conditions  
N.A.  
N.A.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*The right ear is still requiring necessitating daily syringing.  
No pain: headache constant.*

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

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

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Repatriation (3)*

*M. K. Cippus* ROYAL NEWFOUNDLAND REG.  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

Date \_\_\_\_\_

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

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

*Under my mastoid  
page 80. Says that had  
symptoms of diabetes  
non short of breath on  
exertion*

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

*Stress of service*

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

23. Is the disability permanent?

24. If not permanent, how soon do the Board recommend re-examination?

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

*Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*

*Total while in Hosp.*

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

*yes for observation on  
Ear & urine*

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

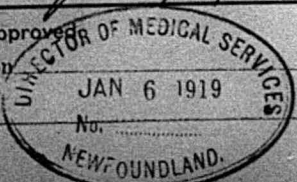
30. Does the man require the constant attendance of another person?

Station Sophus  
Date Feb 19

H. H. Grant President.  
W. D. R. Rad  
L. Paterson Members.

Approved  
Station Director of Medical Services  
Date JAN 6 1919  
No. \_\_\_\_\_

Henry Macpherson  
Administrative Medical Officer.





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... *Albert* ..... 2. Surname... *Ebsary* .....
3. Rank... *Private* ..... 4. Regtl. No. *3292* .....
5. Address in full to which future payments of gratuity are to ~~be~~ be forwarded... *Albert Ebsary, 59 Southside City* .....
6. Date of enlistment in the Regiment... *December 1st 1916* .....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge:.....
8. Relationship of such dependents... *Wife and Children* .....
9. Address in full of such dependent... *59 Southside City* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.. *No* .....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *2 months in Nfld. remainder Overseas* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *two years and fifty six days* .....

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?.....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

*No*

*Jan'y. 25/1919. Demobilization and medically unfit*

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.....

*Not Applicable*

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 Ebsary*

Place of Residence:

*59 South side City*

Declared before me at:

*St. John's Newfoundland*

This *28<sup>th</sup>*

day of *February* 19*19*

*Chas. B. 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>24.04</i>	<i>200.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			Paymaster.	



No 3153



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Albert Ebary*, Regl. No. *3292*  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and *Seventy* Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons  
 concerned, viz.:

Allotment begins *July 1st/17*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>3350</i>	<i>Wife</i>	<i>Marblaries Ebary</i>	<i>59 South Side St Johns N.F.</i>	<i>70¢</i>
	<i>3 children</i>			
Total Allotment, \$				

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

(Sig.) *Chas R. Appleton*

Officer Commanding  
 to Company

*St John's*  
*July 29/17*

(Sig.) *Albert Ebary*

(Rank) *PTE.*

Reg. No. 3292 Rank Private Name Esary, A.  
Attested ..... Address 19 South Side Coas  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 21-12-18  
Embarked for Overseas ..... Cause Discharge

S. MB. 6-1-19

Recommended Discharge as  
Permanently Unfit. & Admission  
to General Hospital

9-1-19

**PASSED TO DEMOBILIZATION OFFICER**

11-1-19

**DISCHARGE APPROVED ON DEMOBILISATION.**



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39.

Number of Sheet *Just.*

Regiment of 1st. Newfoundland

Signature of O. C. Company *Frank. C. C. Capt.*

Regimental Number and Name		Enlistment		Trade <i>Cook</i>	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3292 Barry, Albert</i>	Age on	years <i>8</i> months		
Joined		Date	Place and Date of Enlistment	Place of Birth	
Joined		Date	}		Period of
Joined		Date	with Colours <i>5 1/2</i> years.	with Reserve <i>2 3/4</i> years.	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Barry</i>	<i>18-8-17</i>	<i>Pvt</i>	<i>1</i>	<i>Drunk on links at Kemfild Documentary</i>		<i>7 days C. C.</i>		<i>Lt. Col. C. W. Whitaker</i>	<i>5-8</i>
<i>Barry</i>	<i>18-8-17</i>	<i>-</i>		<i>Absent from Post 11/4/17 until 5.30 pm. 19-8-17.</i>	<i>Lt. Shea. Admitted</i>			<i>P. Lornei 2/11</i>	<i>Forfeit 2 days</i>
<i>4th Coy Ays</i>	<i>27-12-17</i>	<i>Pte</i>		<i>Being in town without a pass. (2) Out of Bounds</i>	<i>Documentary</i>	<i>3 days C. B.</i>		<i>Capt Kern</i>	<i>file</i>
	<i>13. 8. 18</i>								
<i>Demobilized St. John's 25/19</i>									
To be carried over									

Army Form B. 121.



# The Royal Newfoundland Regiment

## CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 3292 Rank PA Name Albert Ebsary  
 Former Occupation Cook Address 57 South Side District St John  
 Class B Medical Category F Disability Rating .....  
O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as Cook. His case has therefore been referred this day to the Vocational Officer for action and his discharge is therefore held in abeyance.

Date 9-1-19

Asst. Dir. Cpl.  
Demobilization Officer

To be forwarded Orderly Room in Duplicate.

Telephone  
Room 1. 2nd

# The Royal Newfoundland Regiment

3292

## DEMobilIZATION OF

Reg. No. 3292 Rank Platoon Name Ehsary A.  
 Date of Enlistment 1. 12. 16 Address St John's District St John's  
 Occupation Cook Classification for Discharge B Medical Category 1E  
 Recommendation S.M.B. permanently unfit Disability Rating Total White in Hospital  
 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..... 9.1.19.....

W. O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment**

I am not in a position to resume civilian occupation.

Albert Ehsary

Particulars passed to Vocational Officer for information and action.

Date..... 9.1.19.....

C. S. Dick Capt.

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A. Snow Print

Date 10-1-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *Nil* to his home at *St James* and Release Certificate No. *701* issued.

Date *10-1-19*

*C. B. Duke 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 *25-1-19*

Date *11-1-19*

*W. H. Key Capt.*  
Depot Paymaster.

Discharge approved for *11-1-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 30 <i>701</i>	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st.	" 2
B 178a	D 400A	B 1915	do 2nd.	" 3
B 179	D 400B	Form B	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 *11-1-19*

*C. B. Duke Capt.*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

**JAN 11 1919**

Date

*R. H. Smith Capt.*  
O. C. Discharge Depot.

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

Date *Jan 17 1919*

*W. H. Key Capt.*  
Depot Paymaster.



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3292 Rank Pvt. Name A. Ebeary  
 Intended place of residence 59 South side
2. Occupation Cook  
 Classification of soldier B Medical Category F1
3. The above named man is discharged in consequence of Demobilization

**ELIGIBLE for POST DISCHARGE PAY**

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

Place ..... W. H. C. Capt.  
 Date JAN 11 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 ..... Albert Ebeary  
JAN 11 1919 .....  
 Signature of soldier  
C. D. H. Capt.  
 Signature of witness

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

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

Place and Date Low Hospital Jan 9<sup>th</sup> 1919 ..... Albert Ebeary  
St John's .....  
 Signature of soldier  
A. J. Bonner  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service ..... 1. 12. 16. ..... No of days on Military  
 Discharged from service ..... Jan. 11 19 plus 14 days. ..... Service 786

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S. ..... R. H. C. Capt.  
JAN 11 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. ..... Mr. Howley Capt.  
 Date January 25/1919 .....  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

QSB 2079/712



## 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 *Albert Chesary*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3292*

Intended address *59 Saint Pids*

Height on discharge *5 Feet 4*

Color of hair on discharge *Light Brown*

Complexion *Light*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *Normal*

Christian name of Father *Thomas*

Christian name of Mother *Sarah*

Wife's maiden name in full *Clarice Matthews*

Date and place of marriage *St Johns 1885*

Christian names of children *Roy, Samuel, Lovell*

Place and date of soldier's birth *St Johns 29-3-1885*

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Station *St Johns*

Date *8-1-19*

(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.

Station

Date





Veterans  
Affairs

Affaires des  
anciens combattants

NIC

DEATH NOTIFICATION — AVIS DE DÉCÈS

FILE NO — DOSSIER N°

0608018

NAME — NOM

EBRARY

albert

SERVICE NO — MATRICULE

3292

ROYAL  
CANADIAN  
REG  
WMI

DATE OF DEATH — DATE DU DÉCÈS

13-7-79

CPC NO — CCP N°

2606929

WVA — AAC N°

PLACE OF DEATH — ENDROIT DU DÉCÈS

St John's Nfld

INFORMATION RECEIVED FROM — INFORMATION RECUE DE

cpc nr

FOR RECORDS MANAGER — POUR LE GESTIONNAIRE DE POSSIERS

DATE

20/11/79