



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3561 Name George England Corps P.F.S.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>George Warren England</u> |
| 2. What is your full Address? | 2. <u>25 Spence St</u>
<u>St John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years .. <u>—</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Laborer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, George England 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.

George England SIGNATURE OF RECRUIT.

Harold Mitchell Signature of Witness.

George England 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 on this 27 day of Mar 1917.

Harold Mitchell Signature of Attesting Officer

†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 George England
 Apparent age 18 years — months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr David England
45 Spencer St | Relationship Father
St John's 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	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

No. 3561 Name George England Corps C. of E.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. George William England
- 2. What is your full Address? 2. 29, Spencer St.
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years Months
- 5. What is your Trade or Calling? 5. Laborer
- 6. Are you Married? 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
- 9. Are you willing to be enlisted for General Service? 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, George England 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.

Geo England SIGNATURE OF RECRUIT.
James White Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George England 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 27 day of March 1917
Signature of Attesting Officer W. H. Case, M.D.

†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 1st Bn.
If enlisted by special authority, such will be attached to the original attestation.
Date 1917 }
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 George England
 Apparent age 18 years — months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. David England.
25 Spencer Str | Relationship Father
Sty John
 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	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>27-3-17</u>									
Joined at <u>St John</u> on <u>March 27-17</u>									
									Embarkes <u>St John</u> train to <u>Halifax</u> 19-17 Embarkes for <u>St. J. 8 3/4</u> <u>Halifax</u> 22-17 Joins <u>Bath</u> in the field 20-2-18 <u>Recorded</u> 22-4-1918 Admitted to <u>Co's 4 S.W. L. Band</u> 12-4-18 <u>Admitted 3 Loan</u> 4-11-18 Invalide to <u>England</u> 15-4-1918 <u>Admitted 3 L.P. 11th</u> and with 15-4-1918 Surkeup their <u>policy to Lammam</u> depot <u>Ripon</u> to <u>5 1/2</u> <u>Ripon</u> 12-18. to <u>Halifax</u> for <u>demobly</u> <u>cham</u> 12-12-1918 <u>Arrived</u> <u>Halifax</u> <u>Land</u> 21-12-1918 <u>Demobly</u> <u>cham</u> <u>St John</u> 29-19
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-1-1918</u> (date of discharge) <u>1</u> years <u>309</u> days									
Pensions " " " " " " " "									

No. 3561 Name England G Sqn., Batty., or Company }
 Corps 1st R. Newfound Date of enlistment 1.3.18 G.O. Badges }
 Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. Temporary Signature O.O. Company, etc. } Character }

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>Ripon</u>	<u>3.5.18</u>	<u>plc</u>		<u>forgot to sign his sick leave from father until 7.0pm 4th inst (2 days)</u>	<u>Documentary</u>	<u>Admonished</u>	<u>7.5.18</u>	<u>H. C. B. P.</u>	<u>Flg 2 days 1/4 P.O. C.C.W.</u>
<u>Ripon</u>	<u>29.4.18</u>	<u>Pte.</u>		<u>Drunk on parade at 4.50am</u>	<u>Sgt. Dinkins</u>	<u>2 days C.D.</u>	<u>29.4.18</u>	<u>L. W. D. M. S. G.</u>	<u>H.C.</u>
<p><u>Ordered Dissect</u> <u>A. W. D. S. G. for O.C.</u> <u>Commandg. "E" (Leicestershire) Coy. No. 2 Infantry Command Depot. RIPON. 7 AUG 1918</u></p>									

Army Form B. 122.

C.R. 3561

Extract from Daily Orders part 11, depot St. John's dated Dec. 23/1918.

The undernoted returned from overseas and reported at depot 21-12-18.

#3561 Pte. H. England.

C.R. 3561

Extract from Daily Orders part 11, Depot S. John's
dated February 3rd., 1919.

The discharges of the undernoted on demobilization have
been CONFIRMED by Officer I/o Records.

#3561 Pte. George England.

29-1019.

C.R. 3561

Extract from Daily Orders part 11, Depot St. John's dated Jan.17/1919.

The discharge of the undernoted on demobilization have been APPROVED
by C. C. Discharge Depot on noted dates:- .

#3561 Pte. Goe. England.

15-1-19.

C.R. 35-61

~~Extract~~ Extract from Medical Board held Jan. 9th, 1919.

3561 Pte. G. England.

Recommended discharge as permanently unfit.

C.R. 3561

Extract fro. Nominal Roll of repatriation draft No. 79
per S. . . . CORNICAN who embarked at Tilbury Docks
12/12/18. from the 2nd. Battalion of the Royal New-
foundland Regiment.

#3561 Pte. G. England.

NEWFOUNDLAND 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 _____ Address Dept of Militia.

Line Number	Rcd	By	Sent	by	Check

Dated August 2nd, 1918

To Joseph Healey, Blackhead, St. John's, West

Regret to inform you No. 5361, Private Gerald Healey is at Camp Hospital, Aldershot, Nova Scotia suffering from Mumps.

W.F. Rendell, Lieut. Col
Chief Staff Office .

to

C.R. 3561

Extract from Telegram received from London, dated
May 22, 1918.

In answer to your telegram May 19th #3561 Pte. England
Command Depot.

C.R. 3561

Extract from Telegram despatched to Synoptical, London,
dated May 18, 1918

Inform whereabouts #3561 Pte. England.

C.R.3561

Extract from Telegram despatched to Synoptical, London,
dated May 16, 1918.

Paybto as follows:-

#3561 Pte. England,

£2.

C.R. 3561

Extract from Casualties received from Pay & Record Office,
London, dated May 2nd, 1918.

#3561 Pte. G. England.

Wounded April 13th, 1918.

CR. 3561

Extract from Casualties received from Pay and Record of
Office London, dated Apr. 25th, 1918.

O.C. 3rd London General Hospital, S.W. 18.

Reports, 24-4-18,

Discharged 24-4-18,

3561, Pte. G. England,

Fit for 11 Com. Dep.

C.R. 3561



May 2th, 1918

Mrs. Davis England,
28 Spencer Street

O. S. Y.

Dear Mrs. England:-

In answer to our enquiry forwarded to the Record Office, London concerning your son. No. 3561, Private England, a message has been received to-day to the effect that this soldier is now at Command Depot, Ripon.

Yours faithfully,

Lieut. Col.

C.G.B.
Chief Staff Officer.

April 17, 18

Dear Mr. England:-

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 3561, Private George England is at Wandsworth suffering from G.S.W. left hand.

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. David England,
28 Spenser Street
CITY

Actg.

W. F. R.
Minister of Militia.

Mar. 27, 18

Dear Mrs. England:-

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

No. 3561, Private George England is now serving with unit, March 17th

Yours faithfully,

Acting Minister of Militia.

Mrs. David England,

28 Spencer Street,

CITY

Copy of ~~telegram received from~~ ~~London,~~ ~~dated~~ ~~March~~ ~~26,~~ ~~1918.~~

Copy of telegram received from Synoptical, London,
dated March 26, 1918.

With reference my telegram March 24, amended report from
O.C. 1st. Battalion states 3561 England not killed in
action March 13th but serving with unit March 17th.

529.



CASUALTIES

C.1509, 23/3/18.

REG.NO. RANK & NAME CASUALTY P.R.

ROYAL NEWFOUNDLAND REGIMENT

3561 Pte. England. G. AMENDMENT. Cancel rpt.
of "K. in A." in C.1507.
Now reptd.:-
"Serving with Unit"
Auth. O.C. Unit-
17/3/18.

C.R. 3561

Extract from Casualties received from Pay & Record Office,
London, dated March 25th, 1918.

#3561 Pte. G. England.

Killed in Action March 13th, 1918.

Mar. 25, 18

Dear Mr. England:-

I regret to inform you that a report has been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 3561, Private George England

has been posted as killed in action, March 15th

Should any further information be received concerning him, the same will be at once communicated to you.

Yours faithfully,

Mr. David England,
28 Spencer Street,
CITY

Acting Minister of Militia.

C.R. 3561

Extract from Nominal Roll of Draft No. 57 embarked Southampton 8/2/18
from 2nd Batta, Royal Newfoundland Regiment, to 1st Batta, Royal
Newfoundland Regiment. B.M.

3561 Pte. England, G

MP.

C.R. 3561

Extract from Nominal Roll, embarked for Overseas from St. John's 19⁵~~1~~-17.

3561 Pte. G. England.

3561

C.R.

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, March 27 th, 1917.

3561 Pte. G. England

Attested this day and posted to E. Company and assigned
number as shown.

H. England

C.R. 3561

[Handwritten signature]

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 West Des.*
2. Regtl. No. *356* 3. Rank... *Pte*
4. Name *ENGLAND* *George*
(Surname) (Christian Names)
5. Age last birthday... *18 yrs.*
6. Posted for duty on *27 Nov 1917* at *S. Tobias*
in category (or grade).....
7. Former Trade or Occupation *Labourer.*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos. *na.*
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. *11 April 1918.*
12. Place of origin of disability. *Amérique*
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.
fleshy part of thumb (left) and late at Command Dept. He states that he was wounded with rifle bullet through the middle was treated in Woodworth Rifton and discharged to depot as A category.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *yes*
 - (ii.) Previous active service *no*
 - (iii.) Climate in pre-war service *no*
 - (iv.) Ordinary military service before the war *no*
 - (v.) Serious negligence or misconduct on the } *no*
 - man's part. }
- 14 (a). If not due to any of these causes, to what } *na.*
- 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 ?

There are two scars on my forearm
There is wasting
of hand between thumb & first
finger with in palm of hand.
The hand is cold and clammy.
There is wasting
of all the muscles of hand, inability to straighten
fingers: power of grip very small.
Unable
to operate a rifle.

16. Was an operation performed ? If so, when and what was its nature ? *no*
17. If not, was an operation advised and declined ? *na.*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ? *na.*

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

Discharge as permanently unfit
for any military service
W.H.C. [Signature]

Medical Officer in charge of case.

Station

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



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 George ~~James~~ England
 aged 18 year conducted at 2d quarter
 Date: Mar 27th /14 Recruiting Officer:

NO OF FINDING
TEST

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no
- 10 no
- 11 no
- 12 no
- 13 no
- 14 no
- 15 no
- 16 no
- 17 no
- 18 no
- 19 no
- 20 no
- 21 no
- 22 no
- 23 no
- 24 no
- 25 no
- 26 no
- 27 no
- 28 no
- 29 no
- 30 no
- 31 no
- 32 no
- 33 yes
- 34 5.8
- 35 1.34
- 36 84-28
- 37 6 year work
- 38 Father Mr David ~~England~~ 28 Spencer St City
- 39 no

Handwritten initials or signature, possibly 'J. C. B.'

J. C. B. Signature of Medical Examiner: J. C. B.

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, 26/5/17.

Regtl No. 3561. Rank Pte. Name England G. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS						PARTICULARS						CR.	
		\$	£	£	s	d		\$	£	£	s	d		
	Balance Dr. from						Balance Cr. from							
	Allotment 19 days @ 60c	111	40	12	6	11	Pay 19 days @ \$1.00	119	00					
	Cash Payments:						Field Allow 19 days @ \$ ¹⁰ / ₁₀₀	11	90					
	1st Pay.				13	6.	Other Allowes days @ \$	120	90	14	5	11.		
	2nd "				1	3	7.							
	Other Debits:						Other Credits:							
	B. Damages					6	Copy sent to of to 21303/210							
	Misc Stopp.				1	5	Rtd 27-12-18							
	Total Debits			14	5	11	Total Credits			14	5	11		
	Balance due by Paymaster						Balance due to Paymaster							
				14	5	11				14	5	11		

PERIOD: From 23/11/18 To 20/12/18.

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

F. Leo.

HAZELEY DOWN CAMP
(Place)

Dec. 11th 1918.
(Date)

J. J. [Signature]
O.C. "F" 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,



4/ 1st. NEWFOUNDLAND REGIMENT
ALLOTMENTS

I, George England, Regl. No. 5561
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :

Allotment begins June 1st/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3318</u>	<u>Mother</u>	<u>Mrs George (Mary) England</u>	<u>27 Spencer St St Johns</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) Wm R. C. [Signature]
 Officer Commanding
St. John's Coy Company
Major
 1917

(Sig.) Geo England
 (Rank) Pvt

No. 3561 Rank Plt

Name G. England

Pay	F.A. Wkg	Total	N.F.P. 23
1 00	10	1 10	✓
Less Allotment		60	
Net Rate		50	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate			£ s d			
						From	To		£	¢	£	s	d		
Balance					Balance		15 ² / ₁₈						17	2	✓
Acquittance Rolls		1	9	4	Pay @ Net Rate	16 ² / ₁₈	24 ¹⁴ / ₁₈	68	50	344	00	6	19	9	✓
Hospital Advances		1	0	0											
A.B. 64. (30 francs)		1	2	0	Rate allow 10 days								17	6	✓
P.&.R.O. Payments					C/19 =										
	Receipt No 7724	24 ¹⁴ / ₁₈	5	30											

8-14-5

3-11-4

5-3-1

24¹⁴/₁₈

The Chief Paymaster,
Royal Newfoundland Regiment,
London, S.W.

Reference attached.

This man is not on the strength of this Battalion.

Hazeley Down Camp,
May 23rd 1918.

NFP 79 sent to
Command Depot, R.F.C.
25/5/18.
R.H.S.

W. C. Ham
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

NEWFOUNDLAND CONTINGENT
PAY & RECORDS

Ref. Nos. In

Rec'd

Stk'd

Ref. Nos. Out



No. 7958/671

NEWFOUNDLAND CONTINGENT

N.F.P./79.

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

To:
Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

~~Subject:~~ 21st May 191 8

Subject: 3561, Pte. G. England,

With reference to the following telegram (4468) from the Hon. Minister of Militia, received

pay to 3561 England £2:0:0

Draft £ 2:0:0 is enclosed for payment to this Soldier.

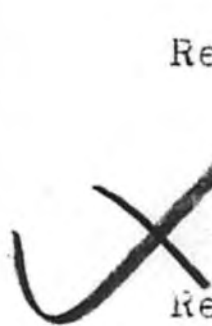
Kindly obtain his receipt hereon.

[Handwritten Signature]

Chief Paymaster & O. i/c Records.

_____ 191

Receipt hereunder.

 Officer Comdg. _____ Battrn
1st Newfoundland Regiment

Received the sum of _____

_____ on account of
cable remittance from Newfoundland.

No. _____ Rank _____

No. 8170/78

E. Cox

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,
Northern Command Depot,
Ripon.

24th May 1918

Subject: 3561, Pte. G. England,

With reference to the following telegram (4468) from the Hon. Minister of Militia, received

pay to 3561 England £2:0:0

Draft £2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

1038584

Ripon 12-6. 1918

Receipt hereunder.

C. Worswick
Officer Commdg. 2 Batt'n
Royal Newfoundland Regiment
2nd Depot.

Received the sum of £2 = 0 = 0 on account of cable remittance from Newfoundland.

E. England
No. 3561. Rank Pte

England, G.

3561

Hayes

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. 3561 Rank Pte. Name England G. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated to Newfoundland on 11/12/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.		STATEMENT OF ACCOUNT					CR.							
PARTICULARS		\$	¢	£	s	d	PARTICULARS		\$	¢	£	s	d	
From 23/11/18 To 12/12/18	Balance Dr. from						Balance Cr. from							
	Allotment 19 days @ 60¢	111	40	12	6	11	Pay 19 days @ \$ 1.00	119	00					
	Cash Payments:						Field Alice 19 days @ \$ 10/100	91	90					
	1st Pay					13	6	Other Allices days @ \$	120	90	14	5	11	
	2nd "					1	3	7.						
	Other Debits:						Other Credits:							
	B Damage													
	Miss Stopp													
	Total Debits				14	5	11	Total Credits			14	5	11	
Balance due by Paymaster							Balance due to Paymaster							
				14	5	11				14	5	11		

CHECKED: [Signature]
 PERIOD: 18/12/18

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

(Place) HAZELEY BROWN CAMP (Date) Dec 11th 1918

Made up/Checked in accordance with information received in the Pay & Record Office London to 19/12/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Dec. 19th 1918 Chief Paymaster & Officer i/c Records.

OK
Wm

February 1st., 1919

#3561 Pte. George England,
#28 Spencer St.,
City.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 810.8

Yours truly,

Paymaster & o.i/c **Captain**
Records

Enc'l 1.

Casualty Form - Active Service.

Regiment or Corps Newfoundland

Rank pte Surname England Christian Name Geo

Religion Church of England Age on Enlistment 11 years 3 months

Enlisted (a) 27/3/17 Terms of Service (a) Duration Service reckons from (a) 27/3/17

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

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Laborer Allesworthy, Justice Signature of Officer.



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
			Embarked ... <u>9 FEB 1918</u>		
			Disembarked... <u>11 FEB 1918</u>		
<u>15/3/18</u>	<u>of unit</u>	<u>"Killed in action"</u>	<u>Field</u>	<u>13-3-18</u>	<u>B213</u>
			<u>AMM/M</u>		
			<u>Wounded in Action</u>	<u>13/4/18</u>	<u>B 213 2/4/18</u>
			<u>10000 as 101 FA</u>	<u>17/4/18</u>	<u>AD 21 6/4/18</u>
			<u>30000 as 101 FA</u>	<u>15/4/18</u>	<u>AD 21 2/4/18</u>
			<u>Transferred to England</u>	<u>15/4/18</u>	<u>AD 21 2/4/18</u>
			<u>n 7 Filgate Capt/1</u>		<u>W 3083</u>

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3561 Rank plc. Name England, G.
 Intended place of residence 28 Spence St St John's
 2. Occupation Laborer
 Classification of soldier B Medical Category C

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

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
 Date JAN 15 1919 W. H. L. Capt
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date St. John's 15-1-19
G. England
 Signature of soldier
C. B. Dicks Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date Jan 15 1919
ST. JOHN'S.
G. England
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 27. 3. 17 No of days on Military
 Discharged from service 15-1-19 plus 14 days Service 674 days

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. Lait Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.
 Date JAN 15 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld. M. Bowley Capt.
 Officer in Charge Records
 The Royal Newfoundland Regiment.
 Date January 29/1919

ADB 2079/810

5
30
31
20
31
31
30
31
20
31
29
209

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3561 Rank Pte Name England G
 Date of Enlistment 27.3.17 Address St John's District St John's
 Occupation laboured Classification for Discharge B Medical Category PC
 Recommendation S.M.B. permanently unfit Disability Rating Less 20%
 Passed to Demobilization Officer with following documents:—

N.F. P 30 <u>94</u> 1	B 268	B 121	1	N.F. Med	D.F. 1	
B 178	W 3494	B 122	2	Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	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		<u>3462A</u> 1	" 6	
B 179c	B 120	M 93				

Date 14.1.19

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

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

George Engleme

Particulars passed to Vocational Officer for information and action.

Date 14.1.19

W. M. M. Capt.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £60.00

(b) Clothing Supplied Joseph A. Snowling

Date 15-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home

at *St. Johns* and Release Certificate No. *789* issued.

Date *15-1-19*

C.B. Dickson
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date *15-1-19*

Joseph H. ...
Depot Paymaster.

Discharge approved for *15 1 19*

Forwarded with following documents to O.C Discharge Depot.

<i>90</i> 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 *15 1 19*

C.B. Dickson
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 15 1919

Date

R.H. ...
O. C. Discharge Depot.

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

Date

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

HON. J. A. CLIFT, K.C., C.B.E.,
MAJOR W. H. PARSONS, M.C.,
R.A.M.C.



In reply refer to

No.

St. John's,

July 7th., 1920.

To:- B. P. C.

3561, Pte. George England.

Please note that the marginally noted man was
Discharged from Jensen Camp July 7th., 1920.

AMB.

A m B



4/ 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George England, Regl. No. 5561

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

Allotment begins June 1st/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3348	Mother	Mrs George (Mary) England	27 Spencer St St Johns	60
Total Allotment, \$				60

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. Ayres
Officer Commanding

St. John's, Nfld Company

(Sig.) Geo England

(Rank) Private

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... *George*... 2. Surname... *England*.....

3. Rank... *Private*..... 4. Regtl. No. *3561*.....

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded... *Mary England 28 Spencers Street*
St. Johns Newfoundland.....

6. Date of enlistment in the Regiment... *March 27th 1917*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Not Applicable*..... ~~*Mary England*~~.....

8. Relationship of such dependents..... ~~*Mother*~~ *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... *From March 27th to May 19th 1917*.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *From March 27th 1917 to January 29th 1919*.....

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

No

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

No

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

No

16. Have you, during the present war, served in the Imperial Forces. *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

No

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

No

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

Not Applicable

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

January 19th 1919. (b) Reason for discharge Demobilization and Medically unfit for further service.

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.....

Gpres. three months from February to April 1918.

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.

Yes

Signature of Applicant: *George England*

Place of Residence: *28 Spencer Street City*

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

This *28th* day of *March 1919*
John McCarthy
J.P.

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>4.00</i>	<i>280.00</i>
.....
.....

Certified Correct.

Paymaster.

Faint mirrored text from the reverse side of the page, including "CIVILIAN" and "RECEIVED".

FIRST NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch.)

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply, must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to

THE PAYMASTER
Separation Allowance Branch,
St. John's Nfld.

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No.

George Warren Tongland. Pte. Royal Newfoundland Regiment 3561

2. Age of Soldier Married or Single.
17 years Single

3. Name in full of Mother Age Occupation Permanent Address.
Mary Tongland 39 years Domestic 28 Spencer Street

4. Give name of your husband. Age Occupation Where employed.
David Henry Tongland 44 Laborer J. M. Winters ^{not permanent}

5. If your husband is not supporting you state the reason.
~~████████████████████~~

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)

7. If you are a widow, state date and place of death of your husband.

8. Have you married again since death of above mentioned husband?

9. Names of your other Children Address in Full. Age. Occupation Married or Single.

<i>Laura Tongland</i>	} 28 Spencer Street	<i>12 years</i>		
<i>Lilias Tongland</i>		<i>8</i>		
<i>Bell Tongland</i>		<i>6</i>		
<i>Teizyie Tongland</i>		<i>4</i>		
<i>Debid Tongland</i>		<i>1</i>		

10. State amount earned by (a) yourself ^{nothing} (b) Your husband ^{Average about \$8 Per week}
11. State amount and source of any other income. *None*
12. State value of Real Property belonging to you and your husband. *None*
13. State value of personal property belonging to you and your husband *\$100*
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 enlistment. *\$156.00*
16. Was this amount contributed weekly or monthly. *Weekly*
17. Did this amount include payment of son's Board etc. *yes*
18. State your son's trade or occupation prior to enlistment. *Messenger*
19. State amount of his wages per week. *\$3.50*
20. State name and address of his last employer. *Dicks & Co*
21. State amount of support monthly from son since enlistment. *None*
22. State amount of Allotment received by you from son monthly. *\$186.00 and ~~\$12.50~~*
23. From what date did you receive Allotment? *June 7th/17*
24. Actual amount contributed by other children } Weekly Monthly. *None*
25. Are any of these children in the employ of you or husband? *No*
26. If not receiving support from other children state cause, Explain fully. *Too young*
27. With whom are you residing at present. *My husband and children*
28. Have you made a previous claim for Separation Allowance,? If not, Why? Give particulars. *No. Because i did not need it*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *None*

30. Are you in receipt of any payment from any Patriotic Fund? If so, How much.

31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government.

32. In what capacity and in what place.

33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much?

No
No

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. *Mary England*

Place of Residence *28 Spencer Street*

Declared and subscribed before me at *St. John's Newfoundland*

this *seventh* day of *March* 1918

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

John McCarthy

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 above Soldier, first mentioned, is the sole support of the applicant.

(man)

Signature of Clergyman *J. Beiston*
Cath. Clergy Home City

Signature of Member of Patriotic Fund Committee

Refused 20/3/18

[Handwritten signature]

March, 22nd. 1918.

Mrs. Mary England,
28 Spencer Street,
City.

Dear Madam.-

With reference to your application for Separation Allowance I have been directed to inform you that the same cannot be granted, as your husband is ^a comparatively young man, and there is no evidence before us to show that he is not able to do sufficient work to support his family.

Yours faithfully,

Capt. & Paymaster.

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

MEDICAL HISTORY

Surname England OF Christian Name George

Table I.—GENERAL TABLE.

Birthplace:—Parish St Johns County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>27th</u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191	
	at <u>St Johns</u>		at _____	
Declared Age ...	<u>18</u> years _____ days		years _____ days	
Trade or Occupation ...	<u>Labourer</u>			
Height: ...	<u>5</u> feet <u>8</u> inches		feet _____ inches	
Weight ...	<u>134</u> lbs.		lbs. _____	
Chest Measurement {	Grith when fully expanded ... <u>38</u> inches		inches _____	
	Range of Expansion .. <u>4</u> inches		inches _____	
Physical Development... ..				
Vaccination Marks {	Arm ...		Right	Left
	Number ...			
When Vaccinated ...				
Vision ...	R.E.—V=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause rejection	(b)		(b)	
Approved by (Signature)	<u>W.E. Proemier</u>			
(Rank)	<u>Lieut.</u>			
	Medical Officer.		Medical Officer.	
Enlisted ...	at <u>St Johns</u>		at _____	
	on <u>27th</u> day of <u>March</u> 191 <u>7</u>		on _____ day of _____ 191	
Joined on Enlistment....	Corps.	<u>411 stnfd</u>	Corps.	
	Regtl. No.	<u>3561</u>	Regtl. No.	
Transferred to ..	<u>Regt Royal Newfoundland</u>			
Became non-effective by ...				
(Signature)	on _____ day of _____ 191		on _____ day of _____ 191	
(Rank)				

4/5/18

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
<p>THE LONDON GENERAL HOSPITAL MARKSWORTH</p>	15	4	18	24	4	18	<p>G. S. W L hand perforating, flesh.</p>	9	
<p>No. 2 Inf. Cd Rifon</p>	4	5	18	9	8	18	— —	97	

ist in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of
ns and re-admissions to hospital will be shown. The subsequent progress, including particulars
tment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Wounded in France 12.4.18
Kray = bil

G C Hall
Capt Med

Lat. A-iii

[Signature]
Lt. Col., R.A.M.C.,

Report to the Local Committees of the War Pensions Committee on Soldiers Discharged.

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART A. Soldier's Name England Geo. (Surname) (Christian names in full)

Unit from which discharged _____

Regimental Number 3561 Rank on discharge Pte Age on discharge 18

Married, widower with children, or single Single

Occupation before enlistment Sabotier

Special qualifications (if any) for }
employment in civil life }

Nature and locality of employment desired _____

Full postal address to which }
proceeding on discharge } 27 Spencer St Spens of Sp

Name of Approved Society (if any) _____

PART B. Nature of medical unfitness g s w left hand

Service with Colours 1 years 210 days, of which 2 years
150 days were served abroad during the present war.

Military character Good

Anything against the soldier to render his recommendation undesirable no

Date of discharge 15-11-18 1918

Station Hazley Leam

Date 15-11-18 Officer i/c Records _____

NOTE 1.—Part B. of this Army Form and Army Form W. 3463B can be completed at the same time by the use of carbon paper.

NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.



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 *George England*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3561*

Intended address *St John's*

Height on discharge *5* Feet *7"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *David*

Christian name of Mother *Mary*

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 1900*

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) *George England*

Station *St John's* Date *6.1.19*

(Rank) *Private*

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

Station _____ Date _____



LAST PAY CERTIFICATE

LAST P.A.N.F.P./94 B.T.I.P.

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

Regtl No. 3561 Rank Pte. Name England, G. Regtl No Unit ROYAL NEWFOUNDLAND REGT who was repatriated to Newfoundland on 11/12/18. Authority to Cause Authority

STATEMENT OF ACCOUNT

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£	s	d	CR.	PARTICULARS	£	s	d
	Balance Dr. from					Balance Cr. from			
PERIOD: From 23/11/18 to 20/12/18	Allotment 19 days @ 60¢	11	40	2	6	11	19	00	
	Cash Payments:					Pay 19 days @ \$ 1.00			
	1st Pay.				13	6	1	90	
	2nd "				1	3	7		
	Other Debits:					Field Allowance 19 days @ \$ 10/100			
	B. Ganagan				6				4
	Mis. Stopp				1	5			5
	Total Debits				4	5			11
	Balance due by Paymaster								
						Other Credits:			
						Total Credits			
						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 and it is

J. Co.
 (Place) HAZELEY DOWN CAMP. (Date) Dec 11th 1918

J. Co.
 (Place) Q.A.O.C. Co. Company. (Date) 1918

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

Chief Paymaster & Officer i/c Records.

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 improve education preparatory
to taking up employment or trade.
(Do again interview the V.O.)

George England

Signature of Man.

Reg. No. 3561

B. Butler

Signature of the Vocational Officer or his Representative.

Place *St Johns hfd*

Date *Jan 15th* 191*9*

Medical Report on an Invalid.Station Hazeley Down Camp, Winchester.Date November 27th. 1918.

- | | |
|---|---|
| 1. Unit Royal Newfoundland Regt. | 7. Former Trade }
or Occupation } Labourer. |
| 2. Regimental No. 3561. | 7A. If with previous service in Army, state— |
| 3. Rank Pte. | (a) Former Unit; |
| 4. Name England, George. | (b) Regimental No. ; N.A. |
| 5. Age last birthday 18. | (c) Date of Discharge; |
| 6. Enlisted { on 27th. March 1917. | (d) Cause of Discharge. |
| { at St. Johns. NFLD. | |

8. Disability in respect of which invaliding is Proposed.*(Other disabilities should be reported upon in answer to question No. 19).*

G.S.W. Hand.

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. **11th. April 1918.**
10. Place of origin of disability. **Armentiers.**
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. **He states that he was wounded with rifle bullet through the fleshy part of thumb (Left) He was treated in Wandsworth and later at Command Depot Ripon and discharged to Depot as "A" category.**
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). **Wounded on active service.**
- (b) constitutional or hereditary, and not aggravated by service during the present war. **N.A.**
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. **N.A.**

There are two scars one in dorsum of hand between Thumb and first finger other in palm of hand. The Hand is cold and clammy. There is wasting of all the muscles of the hand, inability to straighten fingers power of grip very small. Unable to grasp and use rifle.

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.

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

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

NA.

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

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

Na.

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

NA.

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

NA.

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?

NA.

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.

NA.

20. Do you recommend—

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

Discharge as permanently unfit for any Military service.

M. C. ...

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 invalidated, 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; *Y/S*
- (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.

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

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.

less than 20%

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

27. Do the Board recommend—

- (a) Discharge as permanently unfit, or *Y/S*
- (b) Change to England?

28. If discharge is recommended it should be stated whether further medical treatment (including orthopedic 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.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

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

Signatures:—

Station *Sophus*

Date *Jan 9th 1919*

Approved

Station

Date



[Signature] President.

[Signature] Members.
[Signature]

[Signature] Administrative Medical Officer, Major

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 3561.....

Rank. Pvt.....

Name. England Geo.....
(Surname) (Christian Names)

Unit and Corps } R. N. A. C......

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
 (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

France
Belgium
Eng

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

The wound which I recd. was got in action 11th Sept 1918. which has made me unfit and practically cannot do any hard work.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

H. London Gen. Warrant 21 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2 or anything like it, before joining the Army? If so, give details and dates.

No

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

No

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Salvours

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station *Hagley Barr*

Signed (Soldier)

S. B. England

Date *15-11-18*

Signed

S. B. England

Witness.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name... *England Geo.* Regtl. No. *3061* ... Rank. *Pte* ... Unit and Corps. *R. N. I. Co.*
(Surname) (Christian Names)

<p>1. State the nature of the disability or disabilities from which this man is suffering.. ..</p>	<p style="font-size: 1.5em;"><i>l y s w left hand</i></p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a :— (a) Sanatorium or other institution for tuberculosis (b) Hospital, and if so, what class? (c) Convalescent Home (d) Asylum, or (e) Other institution (f) Is out-patient hospital treatment or treatment at home recommended. If so, which?</p>	<p><small>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.</small></p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended?</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature President.

Station *Hazleydowns*
 Date *11-10-18*
} Members.

Approved.

Station

Date

.....
 Officer in charge, Central Hospital.

[P.T.O.]

THE SECRETARY,
WAR PENSIONS LOCAL COMMITTEE,

12345

.....

.....

Will you be good enough to make arrangements to provide the treatment recommended on the other side.

(Signed).....
For D.M.S.

Date

LOCAL COMMITTEE NOTES.

(1) Arranged for patient to enter the Hospital on
for treatment.

(2) Pension Issue Office notified of suspension of pension.
(Initials) (Date)

.....

(3) Report received from Hospital of discharge of patient and result of treatment.
(4) Pension Issue Office notified of resumption of pension.
(Initials) (Date)

THE CONTROLLER,
Ministry of Pensions,
Burton Court,
King's Road,
S.W. 3.

The Hospital report on the treatment of this man is sent herewith for filing with this form with the man's discharge documents.

Signed.....
Clerk or Secretary.

.....
War Pensions Local Committee.

Date

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name England Geo (Surname) Royal N.F.S.L. (Christian names in full)

Unit from which discharged Royal N.F.S.L.

Regimental Number 3561 Rank on discharge Pte Age on discharge 18

Married, widower with children, or single single

Occupation before enlistment Sabourier

Special qualifications (if any) for employment in civil life }

Nature and locality of employment desired _____

Full postal address to which proceeding on discharge } 27 Spencer St St Johns N.F.S.L.

Name of Approved Society (if any) _____

PART B.

Period of service, and in what Corps	Regiment	Years	Days	All service abroad, with Stations	Years	Days
...	<u>Royal N.F.S.L.</u>	<u>1</u>	<u>21</u>	<u>India</u> <u>South Africa</u> <u>Belgium</u> <u>France</u> <u>Eng</u>	<u>1</u>	<u>1.50</u>
Disallowed						
Service towards pension						

PART C. Number of G.C. badges _____ medals _____

Wounds and actions in which received g. s. w left hand

PART D. Where born (parish, town and county), and date St Johns 26 March 1900

Colour of hair on discharge Black Colour of eyes Brown Complexion Fair

Christian name of father David

Christian name of mother Mary

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

St Johns 27th March/17

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full) George E. Bond

Rank P/6

Station Hazleydown

Date 15-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. _____ King's Regulations

or

Transferred to Class * _____ of the Reserve.

Strike out whichever inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date 191

Insert P.4. or P.(T).

No. *3561* Name *England J.* Sqn., Batty., or Company *Li* Corps *Royal Rifle Regt* Date of enlistment *27-3-17* G.C. Badges Service or Proficiency Pay
 Date of last entry in Company Conduct Sheet *29-1-18* No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. *1* Signature O.C. Company, etc. *W. M. Emerson* Character

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

England
1818

ARMY FORM B. 123

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 Med. Regt.*
2. Regtl. No. *561* 3. Rank. *Private*
4. Name *England George*
(Surname) (Christian Names)
5. Age last birthday *18*
6. Posted for duty on *27 Nov 1917* at *St. John's*
 in category (or grade).....
7. Former Trade or Occupation } *Labourer*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 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. *19 April 1918*
12. Place of origin of disability. *Armenia*
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.
He states that he was wounded with a rifle bullet through the fleshy part of the left hand. He was treated in Wandsworth and later at command depot Rippon and discharged to depot as a Malagony.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>yes</i> | |
| (ii.) Previous active service | <i>no</i> | |
| (iii.) Climate in pre-war service | <i>no</i> | |
| (iv.) Ordinary military service before the war | <i>no</i> | |
| (v.) Serious negligence or misconduct on the man's part. } | <i>no</i> | |

14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *There are two scars one on dorsum of hand between thumb and first finger other in palm of hand. The hand is cold and clamping there is wasting of all the muscles of hand in ability to straighten fingers, power of grip very small, unable to grasp and use rifle*

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature? *no*
17. If not, was an operation advised and declined? *na*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *no*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na*

20. Do you recommend—

- (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

Discharged permanently unfit for further service.

MIC

C. J. P. [Signature]

Medical Officer in charge of case.

Station

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

3561 England

M.

Expect W. S. G.
has been banked.
Could you get him
to sign withdrawal
of \$70. and send
up for it tomorrow?
Or can you manage
some other way?

R

FRED. R. EMERSON.

BARRISTER, SOLICITOR
AND NOTARY.

P. O. BOX 1125, TELEPHONE 470.

BANK OF MONTREAL BUILDING,

St. John's, Newfoundland.

April 8th, 1920.

Major Parsons,
Militia Department,
City.

Dear Sir:-

Mr. David England, father of George England is purchasing a house from Charles England, Administrator of the estate of Eliza England. I myself, am preparing the deed of sale.

yours very truly,

Fred. R. Emerson

C. 80. 356, England

The above noted is a
palm at present camp.
would recommend payment of
one month's gratuity

W. H. Parsons

(over)

12. 4. 20

FRED R. EMERSON
and
THE
EMERSON

M.
Payment of one months
gratuity authorized
W.T.R.

MAJOR
WILLIAM
D. 1910
DEPT. OF
NAVY
WASHINGTON, D.C.

Wm. T. R.

September 3rd 1921.

Major Howley,
I/C Pay & Record Office.

Please pay G. England, 3561

the sum of forty dollars and eighty-four cents
in payment of allowances to August 31st and
A¹ & P. Bonus on Completion of Course. Charge
same to the Civil Re-establishment Committee.

\$ 40.84

Allowance \$ 5.84

Bonus \$35.00

Pension \$25.00

ACCOUNT		INITIALS	
C.K. NO.	501	INITIALS	Ed
INL. LEDGER		INITIALS	
PRY. LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

H. Miller
Vocational Officer.

J.C.R.
Geo England

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70 ⁰⁰/₁₀₀

April 10th 1920

Received from the First Newfoundland Regiment

the sum of Seventy ⁰⁰/₁₀₀ Dollars.
✓ on account of Pay. W.S.G.
balance

Secy Genl

Ch. No. 24632	Initials.....
Pay Ledger 421	Initials.. <u>[Signature]</u>
Gen. Ledger.....	Initials.....

Regtl. No. Rank

F. C. R.

No. 3861

Rank Lt

Name

Englund

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 140⁰⁰

July 9th 1920

Received from the First Newfoundland Regiment
the sum of one hundred and forty Dollars.
on account of Pay. W. S. G. Geo England
balance

Ch. No. 313	Initials. <i>JE</i>
Pay Ledger 384	Initials. <i>R. G. G.</i>
Gen. Ledger	Initials. <i>[Signature]</i>

Regt. No. *1st* Rank

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland.

Number of Sheet First
Signature of O. C. Company Maat Aysela

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.	<u>England George</u>	Age on	<u>18</u> years — months	<u>Laborer</u>					
Joined		Date	Place and Date of Enlistment	Religion					
Joined		Date	<u>St. John's N.B.</u> <u>27.8.17</u>	<u>Cof.C.</u>					
Joined		Date			Period of	Place of Birth			
Joined	Date		{ with Colours <u>309</u> years. with Reserve <u>365</u> 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
<u>Barry</u>	<u>23/9/17</u>	<u>Pte.</u>		<u>Absent from Church parade</u>	<u>Sdm. Melville</u>	<u>2 days C.B.</u>	<u>23/9/17</u>	<u>Capt. S. Robertson</u>	
<u>Barry</u>	<u>17/10/17</u>	<u>-</u>		<u>Late on Parade</u>	<u>Sgt. Freeman</u>	<u>2 days C.B.</u>	<u>18/17</u>	<u>SB. C. B. Frost</u>	
<u>Barry</u>	<u>7.11.17</u>	<u>-</u>		<u>Absent from parade at 8.15 on the 7th. till arrested on arrival in barracks pro. 12.11.17.</u>	<u>Cof. Kendall</u>	<u>7 days C.B.</u>	<u>12.11.17</u>	<u>Major March. Mc. All</u>	<u>Infants 6 days pay by Rtd.</u>
<u>Newton Park School</u>	<u>4/12/17</u>	<u>-</u>		<u>Absent from Patton until reporting at guardroom at 10.45pm</u>	<u>Sgt. Wardlaw</u>	<u>14 days C.B.</u>	<u>5/12/17</u>	<u>Lieut. J. Emerson</u>	<u>4.66-</u>
<u>Hayley Down Camp</u>	<u>29/1/18</u>	<u>-</u>		<u>Absent from 10.30am Parade until 1.45 P.M. Parade failing to comply with an order.</u>	<u>Sgt. Payne</u>	<u>3 days C.B.</u>	<u>29/1/18</u>	<u>Lieut. J. Emerson</u>	
				<u>Demobilized St. John's, 29/1/19</u>					
				To be carried over					

Army Form B. 121.

13561

The Royal Newfoundland Regiment

DEMOBILIZATION OF
 Reg. No. 3561 Rank Pte. Name England G.
 Date of Enlistment 27.3.17 Address St Johns District St Johns
 Occupation Labourer Classification for Discharge B Medical Category FE
 Recommendation S.M.B. permanently unfit Disability Rating Less 20%
 Passed to Demobilization Officer with following documents:—

N.F. P 191	1	B 268	1	N.F. Med.	D.F. 1
B 178		W 3494	2	Board 1st.	" 2
B 178a	1	D 400A	2	do 2nd.	" 3
B 179	2	D 400B		do 3rd.	" 4
B 179a	1	D 400C		do 4th.	" 5
B 179b	1	B 103		ME 2.	" 6
B 179c	1	B 120		M 93.	

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

Date 14.1.19

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

George England

Particulars passed to Vocational Officer for information and action.

Date 14.1.19

2. Clothing.

Certified that Clothing Regulations have been complied with:

(a) Clothing Allowance payable £60.00

(b) Clothing Supplied Joseph & Lawrence

Date 15-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *me* to his home at *St. John* and Release Certificate No. *787* issued.

Date *15-1-19*

C.B. 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 *29-1-19*

Date *15-1-19*

Joseph H. Mansfield
Depot Paymaster

Discharge approved for *15. 1. 19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 30. <i>94</i>	B 268.	B 121.	N.F. Med.	D.F. 1.
F 178.	W 3494	B 122.	Board 1st.	" 2.
F 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.	<i>206.8A</i>	" 6.
B 179c.	B 120.	M 93.		

Date *15. 1. 19*

C.B. Dickes 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

Date *JAN 15 1919*

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

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

Date *Jan 15 1919*

G. A. Milled
Depot Records

Reg. No. 3561 Rank *Private* Name *England, G.*

Attested Address *28 Spencer St*

Allotment Allottee

Date of Allotment Returned from Overseas *21-12-18*

Embarked for Overseas Cause *Discharge*

9-1-19. Recommended discharge Permanently unfit.

14-1-19

PASSED TO DEMOBILISATION OFFICE

15-1-19

DISCHARGE APPROVED ON DEMOBILISATION