



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1081

Name in full Alfred Joseph Gosse Age 22
Tombay, St. John's East

Address _____

Married _____ Height 5.6 Weight 130
Single Light Color Blue Hair Brown Eyes Brown

Other distinguishing marks _____

Nearest relative Miss Ellen Gosse

Address Tombay St. John's East

Dependents none

Occupation Asst. paymaster's clerk Present Wage \$5 5/2 per month

Previous service _____

Decorations _____

General Remarks _____
Date of Enlistment February 3rd 1915

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

Declared before me this 19th day of February 1914.

Rie Shupe Capt

DEPARTMENT OF VETERANS AFFAIRS

To ● Copy for H.O. FILE

Ottawa Ont

Date Nov 13/63

Attention of

NAME GOSSE, Alfred James.SERVICE 1081 ROY, Nfld C.P.C. No. 260263
NUMBER REGT. WW1 W.V.A. No.NAVY
ARMY X
R.C.A.F.

The DEPARTMENT has received information from

Jane M. Gosse, 672 - 45th St., Brooklyn 11220 New York, Nov 6/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death Oct 31/63
Cause of Death _____
Place of Death Brooklyn, N.Y.

Dept. of Veterans Affairs War Service Records	
NOV 14 1963	
Referred to	_____
Changed to	_____

Name and Address of next of kin (if known) _____

Copies to: W.S.R.
V. I.
~~FRY~~
D.O. F.R.D.
H.O.

} Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

Receipt for Army Book 64

No. 1081 Name Gosse

To Certify that I have received the AB 64 of the above
named soldier.

Date

July 25 20

Place

Chatham

Name

G. Gosse
S. J. Adams Capt.

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

7

C.F. 1081

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1081 Name

of Case

Witness.

H. Jones

Date

Dec. 8/19

Place

St. John's.

C.R. 1081

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

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

Name.....

Date.....

Place.....

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

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

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

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

I certify that I am entitled to this issue,

having served on* *Gallipoli*
from *Sept 1914* 1915 to *Oct* 1915.
(Date) *21/3/19* (NO) *1081* (Rank) *Lt. Col.* (Name) *W. J. ...*
(Place) *St. John's*

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

C.R. 1081

Extract from list of men of the Royal Newfoundland Regiment
discharged on ~~February 1918~~ Various Dates.

1081 L/C A.J.Gosse

Discharged Jan 18th 1918. Medically unfit

C.R. 1081

Extract from Telegram from synopticalto. Mil. dat d Feb. 14/1919

Remittance received as follows not been paid for soldiers
repatriated. You can adjust.

1081 Gosse

COPY.

January 19th. 1918.

The O.C.,
Royal Field Regt.
Headquarters.

Sir,-

The undermentioned men have been discharged on
the dates given.

Kindly note and post in Daily Orders, Part 11.

I have the honour to be,

Sir

Your obedient Servant,

Signed. J.M. Howley,

Captain & Paymaster &

Officer i/c Records.

No.2284 Private. Layman, Leo. 11/1/18. Med. Unfit.
No.1081 L/corpl. Gosse, A.J. 18/1/18. Med. Unfit.

11081

July., 16th., 8.

From Adjutant Depot.
To Paymaster. Dept. of Militia.

1681 I/Cpl Goss.

Above mentioned man was recommended for discharge as being Permanently Unfit by Medical Board held on 15-9-17. He states that he has applied for his discharge on previous occasions but same has been withheld. He has not been doing anything since he was boarded and is very anxious to go back to civil life. Will you please give him your attention and necessary action please.

C.R. 1081

Extract of Daily Orders part 11, From Unit 4/1st Royal
Newfoundland Regiment, Headquarters, dated Jan 19, 1918.

#1081 L/Cpl. A.J. Gosse.

Having been found Medically Unfit is discharged with
effect from 18-1-18

C.R. 1081

Extract from Roll of Officers, N.C.O(s) and Men of the Royal Wfld.
Regt.

Regtl.No.	Rank	Name	Date	Reason.
1081	L/Cpl.	Gosse A.J.	18/1/18.	Med.Unfit.

785

No. 1018 L/C A.J.Gosse,

Embarke& by government transport from Liverpool to Halifax,
August 26, Extract from telegram received from Pay & Record office,
London, "Sent home for discharge"

Dated August 30, 1917.

C.R. 1081

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., -St. John's, Sept. 17th, 1917.

1081 L/Cpl. Gosse,

Attached to Headquarters from Sept. 13th, 1917.

C.R. 1081

2

Extract of Casualties received from Pay & Record
Office, London dated August 22, 1916.

#1081 L/C. A.J.Gosse.

Gunshot Wound Right Leg, fractured tibia
and right foot. Admitted 3rd London General, Hospital,
Wandsworth. August 20, 1916. ✓

C.R. 1081

Extract of Cablegram received from Exdon, dated
August 22, 1916.

#1081 Pte. Gosse.

Gunshot Wound Left Leg. at Wandsworth.

✓

OUNDLAND 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 _____

Line Number	Rcd	By	Sent	by	Check

Dated 22nd August, 1916.

To Mrs. Ellen Gosse,
Torbay.

Record Office London today reports No. 1081 Private Alfred J. Gosse at Wandsworth Gunshot Wound leg and foot.

J.R.BENNETT,
Colonial Secretary.

C.R. 1081

NEWFOUNDLAND REGIMENT.

LIST NO. H.A. 1884.

1081 ~~176~~. Gosse, A.J. G.S.W. Legs

To Eng. ex St. John Amb. Bde.
Aug , 20th. ,1916.

29 July, 1916.

Dear Madam,

I am to-day in receipt of a wounded soldier's message for you from No.1081 Private Alfred J. Gosse which reads as follows:-

" Getting along."

Yours faithfully,

Colonial Secretary.

Mrs. Ellen Gosse.

Torbay.

FOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

The Message, or its transmission, shall be forwarded to the destination, 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.

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(NOT TRANSMITTED)

Signature of Sender

Address

Line
Number

Recd

By

Check

Dated

July 25, 1916.

To

Synoptical,

London.

WSM for ten eightyone Gesse - Anxious for reply
my message seventeenth July your condition, Father.

COLONIAL SECRETARY.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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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

Line
Number

Rcd

By

Sent

by

Check

Dated

17th July, 1916.

To

SYNOPTICAL,
LONDON.

W.S.M. For 1081 Gosse Wire your condition All anxious
Father..

COLONIAL SECRETARY.

FOR TYPEWRITER

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World



All Messages Sent are Subject to the Following Conditions:

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Ellen Gosse

Signature of Sender

Address

Line Number	Red	By	Sent	by	Check

Dated 15th July, 1916.

To Mrs. Ellen Gosse,
Torbay.

Regret to inform you that Record Office First Newfoundland Regiment London today reports No. 1081 Private Alfred J. Gosse at St. John Ambulance Brigade Hospital Etaples July sixth Gunshot wound leg severe.

J.R.BENNETT,

Colonial Secretary.

C.R. 1081

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.
July 15th. 1916.

1081, L²C. A.J. Gosse ✓

1 Newfoundland's D, Co. GSW Legs Severe. Adm. St. John Amb.
Bde. H. Etaples 6 July 1916.

C.R. 1081

Copy of Cablegram to Governor St. John's Nfld.
from P.&.R.O. 15th July 1916.

1081 Gosse. ✓

St. John Ambulance Brigade Hospital Etpales 6 July
GSW Legs Severe.

G.

MAY 12 1916

Dear Madam,

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

No. 1081, Private A. J. Goose is now reported with the First Battalion and has been removed from the Casualty Lists.

This information has been received by mail.

Yours faithfully,

Mrs. Ellen Gosse,
Torbay.

Colonial Secretary.

✓
GTS

M

December 2, 1915.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 1081, Private Alfred Joseph Gosse, was admitted to G.D. Citadel, Cairo, on October 18th, suffering from Piles.

This information was received by mail.

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,

Mrs. Ellen Gosse,
Torrey.

Colonial Secretary.

C.R. 1081

Extract of Sick and Wounded N.C.O.s. and men of the Mediterranean Expeditionary Force, No. H.2846, dated Nov. 10th. 1915.

1081 Pte. A.J. Gosse

1st. Newfoundland Regiment.....Piles.....Adm. CD. Citadel Cairo 18/Oct/15.

Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.

CR 1081

Embarked, at Devonport for Active Service 20-8-15

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

1081 Pte. A.J. Gosse.

C.R. 1081

Alfred J. Gosse was attested for General Service
with the NEWFOUNDLAND REGIMENT on ...Feb. 3rd. 1915..
Regimental No. 1081 was allotted to Pte Alfred J. Gosse.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.

C.R. 1081

Extract from Nominal Roll embarked per S.S. Stephano
March 20th, 1915

#1081 Pte .A. J. Gosse.

Losse, S. J.

1081

Ray sept

Proceedings on Discharge.

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

No. <u>1081</u>	Army Rank <u>S. Cpl</u>
Name <u>Quill</u>	<u>S. F. J.</u>

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

Corps <u>Newfoundland</u>	Regt <u>1st</u>
Battalion, Battery, Company, Depot, &c.	
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)	

COPY SENT TO
 J. H. D. JONES FIELD
 2 AUG 1917

Date of discharge
Place of discharge

1. Description at the time of discharge.

Age 24 years _____ months
 Height 5 feet 7 inches
 Chest measurement 38 girth when fully expanded _____ ins.
 _____ range of expansion _____ ins.
 Complexion Dark
 Eyes Brown
 Hair Dark
 Trade Clerk
 Intended place of residence Dorset

Descriptive marks.

(To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Wound received in Action

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

To be filled in on the soldier quitting the Colours.

3. Military character :-

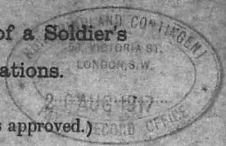
4. Character awarded in accordance with King's Regulations :-

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

Notification by President of Medical Board of Approval of a Soldier's
Discharge under Paragraph 392 (xvi.) King's Regulations.



(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 1/ New Found Land Co.

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 14 days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Stone, Christian names Alfred Joseph
(in full)

Regt. No. and Rank 681 Sgt. Regt. or Corps 1/ New Found Land Co.
(If T.F. this should be stated)

His address on discharge will be _____

This information is for the Central Army Pension Issue Office only. The Soldier states that* No allowance is being issued in respect of him.

* Insert "operation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 99A and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station MILITARY
ORTHOPEDIC HOSPITAL
DUCANE ROAD
SHEPHERD'S BUSH,
W.

Date 18.8.17

Nathan Hill Major, R.A.M.C.

President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

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 Commissioners of Chelsea Hospital.

Statement A. should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer in Charge of Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Station Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in the Remarks.

A Name in full Gorse, Alfred Joseph.
Regiment from which discharged 1st New Zealand Cavalry.
Regimental Number 1081
Where born (Parish, Town and County), and when Yorbury, New Zealand.
Intended address Yorbury, New Zealand.
Height on discharge 5 Feet 7 Inches
Colour of Hair on discharge Auburn **Colour of Eyes** Blue
Descriptive marks None **Complexion** Fair
Figure on discharge Slender
Christian name of Father James
Christian name of Mother Ellen
Wife's Maiden name in full —
Date and Place of Marriage —
Christian names of Children —
Nature and locality of civil employment desired —

COPY SENT TO
 O. C. H. Q.
 ST. JOHN'S, N.F.L.D.
 N.F.F. No. 2645/103
 DATED 24 AUG 1917

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) Alfred Joseph Gorse (Rank) Private
 Station Military Hospital, York Date 2/1/17

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
 Major, R.A.M.C. Hospital.
L. Hill 18.8.17

B Period of Service and in what Corps ...	W	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India		
					S. Africa		
Disallowed							
Service towards Pension							
Date inclusive to which pay has been issued					Sum due on account } of advance of pension }		
Sums due on account of public debts ...							

Rank on Discharge
 Character (as on Certificate of discharge)
 Where born, and on what date
 Date and Place of first Enlistment
 Trade on Enlistment
 Cause of Discharge
 Number of G.C. Badges Medals
 Wounds, and Actions in which received
 Other distinguishing marks

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

Station _____ Officer in Charge
 Date _____ Records.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1081, L/O., A. J. Gosse
 Company. From 9/6/17 To 26/8/17 (Dates Inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. "Carmania"
 From Liverpool Date 26/8/17
 Draft No. 43 CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	s	d		
	8	Forfeited Pay								1	Pay	1.05	79	82	95				
	10	Allotments	.60	79	47	40				2	Field Allowances	.10	"	7	90				
	11/12	Total Stoppages								3	Other Allowances								
										4/5	Total @ 4.86 2/3								
					47	40	9	14	9					90	85	18	13	4	
	13	Fines								6a									
	14	Clothing and Necessaries									Balance Credit last Period					34	17	1	
	15	Arms & Accoutrements																	
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	General Payments per P & R. O.			34	18	0				<p align="center">This account is in accordance with information received at the Pay & Record Office to 24/8/17 and is therefore subject to amendment if, and as may be found necessary.</p>								
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period																	
	28	" Due by Paymaster			9	9	8												
					54	2	5												

CERTIFIED CORRECT. CONTINGENT

[Signature]
 O.C. MASTER & OFFICER Company.



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1081, L/O., A. J. Gosse
 Company. From 9/8/17 To 28/8/17 (Dates Inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. "Garmania"
 From Liverpool Date 26/8/17
 Draft No. 43

DR. Classification (See procedure) *1/1*

CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d
	8	Forfeited Pay									1	Pay	1.05	79	82	95			
	9	Allotments	.60	79	47	40					2	Field Allowances	.10	"	7	90			
	10										3	Other Allowances							
	11/12	Total Stoppages			47	40	9	14	9		4/5	Total @ 4.88 2/3							
	13	Fines									6a				90	85	18	13	4
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	General Payments per P & R.																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period																	
	28	" Due by Paymaster																	
					54	2	5										54	2	5

CERTIFIED CORRECT, CONTINGENT

A. J. Gosse
 O.C. MASTER & OFFICERS COMPANY, ENDS

CHECKED
MM



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1081, L/O., A. J. Gosse
 Company. From 9/8/17 To 26/8/17 (Dates Inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. "Carmania"
 From Liverpool Date 26/8/17
 Draft No. 46 CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	£	s	d	
	8	Forfeited Pay									1	Pay	1.05	79	82	95				
	9	Allotments	.60	79	47	40					2	Field Allowances	.10	"	7	90				
	10										3	Other Allowances								
	11/12	Total Stoppages				47	40	9	14	9	4/5	Total @ 4.85 2/3								
																90	85	18	13	4
	13	Fines									6a									
	14	Clothing and Necessaries										Balance Credit last Period					34	17	1	
	15	Arms & Accoutrements																		
	16	Barrack Damages																		
	17	Hospital Stoppages																		
	17a	Miscellaneous Stoppages																		
	19	Casual Payments per P & R. O.						34	18	0										
	20	1st Payment																		
	21	2nd "																		
	22	3rd "																		
	23	Final "																		
	24	Balance Debit Last Period																		
	28	" Due by Paymaster						9	9	8										
								54	2	5										
																	54	2	5	

This account is in accordance with information received at the Pay & Record Office to 24/8/17 and is therefore subject to amendment if, and as may be found necessary.

CERTIFIED CORRECT. CONTINGENT

A. J. Gosse
 O.C. MASTER & OFF. COMPANY

CHECKED



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, if any 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 *Alfred* 2. Surname *Green*
3. Rank *Cpl* 4. Regt. No. *1081*

5. Address in full to which future payments of gratuity are to ~~far~~ be forwarded.....

Parham St. John's Coct.
6. Date of enlistment in the Regiment..... *Feb. 8/1915*

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

None
8. Relationship of such dependents..... *None*

None
9. Address in full of such dependent..... *None*

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 ~~the~~ field. If so, give dates, and particulars of such service..... *No*

12. Give total length of time which you served on active service, whether in ~~the~~ field or overseas..... *1915 & 1916*

Gallipoli & France

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.....

The sum of \$90.00

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

Yes

16. Have you, during the present war, served in the Imperial Forces?.....

No.

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

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?.....

No.

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

Jan 15, 1918, On account of wounds

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.....

1915 + 1916 Gallipoli France

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?.....

No.

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:

J. J. John's last

Place of Residence:

101 Bay St. John's last

Declared before me at:

St. John's, Nfld.

This

1st

day of

March 1919

John M. Gentry

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>14.12.18</i>	<i>104.65</i>		<i>5.00</i>	<i>50.00</i>
			<i>10.00 P.D.P.</i>	<i>104.65</i>
				<i>245.35</i>

Certified Correct. Paymaster.

H.F.P./54
No. 417.

From Pay & Record Office,
London.

To Minister of Militia,
St. John's, Nfld.

#1081 L/C. A. J. Gosse

Overcredited Ration Allowance as per Claim 156.1s.6d.

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with #1081 L/c. A.J. Gosse

Voucher No. 1972.

Cheque No. 1972.

Reg'l A/c No.

Name

C.B. Folio No.

Date	Req'n No.	Invoice No.	Particulars	Amount
Sept. 17	62		Pay on a/c	\$15
				\$15 00

CERTIFICATON

Dissectⁿ Sheet No.

Recap. Sheet No. 62

Checked by *G. J. Heenan*

M. Bowley
PAYMASTER

RECEIPT

September 17th, 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of
Fifteen-----Dollars
 and -----Cents in Payment as above stated.

September 1917.

\$ 15.00

[Sig.] *A. J. Gosse*

BB/ME

December 11, 1920

Major Howley
O.I.C. Pay and Records.

A. J. GOSSE 1081

Please pay to the above named man
the sum of eight dollars and seventeen cents
being allowance ~~for~~ for week ended this date
Charge to the Civil Re-establishment Committee.

\$8.17

Pension \$25.00

A. J. Gosse

ACCOUNT _____	INITIALS _____
CHK. NO. <u>4335</u>	INITIALS _____
INV. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

W. H. Miller
Vocational Officer.

C. R.

BE/ME

ACCOUNT	
CH. NO.	4850
INCL. LEDGER	
PAY LEDGER	
GEN. LEDGER	

December 23, 1920

Major Howley
O.I.C. Pay and Records.

A. J. GOSSE 1081

Please pay to the Man named above
the sum of twenty five dollars
being advance of allowances
and charge to the Civil Re-establishment C.R. Committee.

\$25.00

A. Butler
Vocational Officer.

Howley

September 1st 1921.

Major Howley,
I/c Pay & Record Office.

Please Pay A. J. Gosse 1081
the sum of forty dollars and eighty-four cents
in payment of allowances to August 31st and also
Attendance & Punctuality Bonus. Charge same to the
Civil Re-establishment Committee.

Pension \$25.00
Allowance \$5.84
Bonus \$35.00

Hunter
Vocational Officer

ACCOUNT	
CK. NO.	468
INTL. LED.	
PAY I.	
GEN. L.	

Ew.

[Handwritten signature]

[Handwritten signature]

J.C.R.

No. 833



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, James J. W. ..., Regl. No. 61
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 15 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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<i>James J. W. ...</i>	<i>St. John's</i>	
		<i>...</i>	<i>...</i>	
		<i>...</i>	<i>...</i>	
		<i>...</i>	<i>...</i>	
		<i>...</i>	<i>...</i>	
		<i>...</i>	<i>...</i>	
		<i>...</i>	<i>...</i>	
		<i>...</i>	<i>...</i>	
		<i>...</i>	<i>...</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.)

[Signature]
 Officer Commanding

Company

(Sig.)

(Rank)

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$111.⁵⁵/₁₀₀

Nov. 8th 1917

Received from the First Newfoundland Regiment
the sum of One hundred Eleven ⁵⁵/₁₀₀ Dollars.

on account
balance of Pay to 31/10/17

A. J. Posse.

Ch. No.	958	Initials	EW.
Pay Ledger	35	Initials	CCO
Gen. Ledger	RD	Initials	JK

Regtl. No.

1080

Rank

L. Pl.

No. 1081

Rank L/C.

Name A. J. Gosse

A. J. Gosse

1081.

P. P. O.

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



BYE & SPOTTISWOODE, LTD, LONDON.

POST OFFICE TELEGRAPHS.

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

Office of Origin and Service Instructions.



St. John's Newfoundland

Charges } s. d.
to pay }

Handed }
in at }

Received }
here at }

7-25

TO {

W.S.M. Synoptical Jdn

A.J.

BY	<i>110</i>
DATE	<i>18.7.16</i>

*For 1081 Grosse wire
condition all anxious father*

Col Secy

*St. John's Amb. Bde. &
Halifax*

Kausnutt

PAID	POST OFFICE
Ref. No.	<i>2435</i>
Date	<i>JUL 18 1916</i>
Ac'd	
Ans'd	
File No.	

BRAND

Pa.

ACTE

BY

St. John Ambulance Brigade Hospital.

DATE

Paymaster, Record Office
58 Victoria St.
London

Sir -

Yours of 18th recd today. Regarding
Telgram from Wld as to my cont
after. I may say as far as I know
the hospital authorities here have
replied through your office.

Thanking you beg to remain

Yours truly

#1081 Lt. Col. G. H. D. G. G.

Wld Reg

France

July 21/16

PAID	RECORDED
Ref. No.	2665
Rec'd.	W 28 1916
Ans'd.	
Ans'd.	

BRANCH

Pa.

ACTED ON

BY

DATE

St. John Ambulance Brigade Hospital.

Physictr. Recd. Office
58 Victoria St.
London

Sir -

Yours of 18th recd today. Regarding
telegram from you as to my cont
after. I may say as for ops I know
the hospital authorities here have
replied through your office.

Thanking you for the message

#1081 Le. Col. of the Army

J. J. [Signature]

July 21/16

PAID	2018 35
Ref. No.	abbs
Recd.	28 1916
Askd.	
Ac'd.	
Ex. No.	

No.

841/93

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

Prefix _____ Code _____		SENT _____		FOR STAMPS	
WORDS	CHARGE	At _____	To _____ By _____		
		VIA WESTERN UNION		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	

28/7/38 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

Casualty Cablegram.

To **W.S.U. COLONIAL SECRETARY
ST. JOHNS (NEWFOUNDLAND)**

FROM 1541 ALLEN OPERATION ALRIGHT FEELING BETTER FROM
1881 GOSSE GETTING ALONG FROM 780 POWER WOUND HEALING
FEELING FINE.

SYNOPTICAL.

**NOT TO BE
TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

88, Victoria St., S.W.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

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

POST OFFICE TELEGRAPHS.



HIS & HER MAJESTIES' STATIONERS, LTD., LONDON.

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

Office of Origin and Service Instructions.



Charges } s. d.
to pay }

BRANCH

St Johns Nf to ascertained
Cas.

26/7/16 Handed in at

Received here at

10 55 6

TO
DATE

Wsm Synoptical Lar
26/7/16

For
for
July

Yem
Reply
your

eightyone Gosse anxious
my message seventeenth
condition father

Colonial Secretary

Plé A. J. adm St Johns
amb 13 de H Etapes fsw leg
Sen.

RECEIVED INLAND PAY & RECORD OFFICE

Ref. No. _____

RECU. JUL 26 1916

ASST.

Seventeenth

X

3rd Lanark Fus. Regt. L.
Lanark, Can.
Oct-5/16

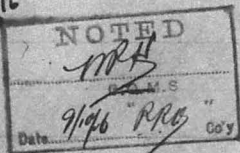
Payment to wife Regt.
Per Sir:

Kindly advise me
if you could let me have £10, or
if you could have it forwarded
to: Miss Brides W. Grace
c/o Mr. D. Grace
Donkey, Wfd.

Thanking you very to remain,
Yours.

Lepl. G. Rossie

1081 D.C. Wfd Regt.



1ST N. SCOTLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	9750
Rec'd.	9750
Adm.	OCT - 9 1916
Am'd.	227/1
File No.	

4217/1 /

October 10th 8..

1081, L/C. A. J. Gosse, 1/1st. Newfoundland Regt.,
3rd. London General Hospital,
Wandsworth, S. W.

Reference your letter of the 5th inst.
the Deputy Paymaster at St. John's has been requested
to pay Miss Bride Gosse the sum of \$28.66, the
equivalent of £10. 0. 0. and this amount has been
charged to your account.

Capt.
Paymaster & O. 1/c Records.

F.M/W.F.

Jan 9/07

57515

57611

Major Limerick.

Sir:

Please pay
#1000. Exp. of Govt.
1st Regt. Regt.

The sum of £4.0.0
and oblige.

Sydney W. W. W. W. W.

3rd London Gen. Hospital
London. E.C.

D.H.
FH-0-0
W.W.W.

232361

7

26

December 14th 8

5413/2

1081, Pte. A. J. Gosse,
1/1st. Newfoundland Regiment,
3rd. London General Hospital,
Wandsworth, S. W.

F.M/W.F.

MONEY IN HOSPITAL.

Reference your request dated 13/12/16,
Regulations do not permit a soldier to receive money in
Hospital except under special circumstances, which may apply
in your case, and if so, and the attached form is completed
and returned it will be complied with subject of course to the
state of your account.

Major.
Paymaster & O. i/c Records.

3rd London Gen
London SW
Jan 24/17


Payments recd Rept.
Drs. Sir -

on Jan 15th -
recd letter from you
saying you had for-
waded to W.O. of this
hospital the sum of
£4.0.0. I had the
money and presented
to Mr. Lewis. I have
signed it and also
signed receipt for
same and "but now

²¹
find that the people
here cannot let me
have this money. I
have been a bed patient
here since July 1st 1916
and ~~but~~ had a small
amount of money now
and again. Can you
do anything in this
matter? obly.

1ST WINDMILL D	
PAY RECORD DEPT	
Ref. No.	466
Rec'd	JAN 25 1917
Acct	3C
Am't	£4.0.0

Legal & Co. Sec
1081 Fleet Regt

3rd London Gen
London SW


No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

5/17
£5.00

Please remit to James Mack Military Hosp.
Queens Rd. Sheppard Bldg.

the sum of Five pounds _____ shillings, on
account of any balance that may be due to me.

Wm
3583

Regtl. No. 1081 Rank Lt Col
Name P. J. C. Esq.
Approved Peter Dillip
Officer i/c.,

Dated at Sheppard Bldg. _____ Hospital.
July 2nd 1917.

3rd London. Gen.
London. SW
Dec 13/16

Payments W/ll Rept:
Dear Sir:

Could you please
forward me the sum
of £2.0.0 and change
to my account.

Yours Truly.

A. J. L. L. L.

187 H. W. T. R. & CO. REGISTERED	1081	W/ll Rept.
Ref. No.	4811	
Rec'd.	DEC 14 1916	
Ack'd.	5413/2	
Ans'd.	14 ¹² / ₁₆	
File No.		

5413.7

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to James Smith. Mil. No 8 patrol
Queen Road. Shepherd's Bush.

the sum of Three pounds _____ shillings, on
account of any balance that may be due to me.

Regtl. No. 1081 Rank L. Pl.

Name A. J. Corrie.

Approved A. P. Hope Simpson
Officer i/c.,

Capt. R.A.M.C. Registrar.

_____ Hospital.

OK Great
Dated at Shepherd's Bush, London.

Aug 8th 1917.

Receipt No 3809



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, A. J. Gosse , Regt. No. 081
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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<u>Sgt. Walter Joseph</u>	<u>Royal Bank</u>	<u>60</u>
		<u>Canada in the name of</u>		
		<u>Edward David Gosse (father)</u>	<u>Dorby</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.) [Signature]
Officer Commanding
Company St John's
Mar 3/11

(Sig.) A. J. Gosse
(Rank) Private

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1081, L/C., A. J. Gosse
 Company. From 9/8/17 To 26/8/17 (Dates Inclusive)
 DR. Classification (See procedure) *AK*

(Substituting A.F.O.-1625) N.F.P/36.
 Embarked per S. S. "Garmania"
 From Liverpool Date 26/8/17
 Draft No. 40 CR.

Date	Pay Book Col	Particulars	Rate	Dys	£	¢	£	s	d	Date	Pay Book Col	Particulars	Rate	Dys	£	¢	£	s	d			
	8	Forfeited Pay									1	Pay										
	9	Allotments	.60	79		47	40				2	Field Allowances	1.05	79		82	95					
11/12	10	Total Stoppages									3	Other Allowances	.10	"		7	90					
						47	40	9	14	9	4/5	Total @ 4.86 2/3										
13		Fines									6a					90	85	18	15	4		
14		Clothing and Necessaries										Balance Credit last Period							34	17	1	
15		Arms & Accoutrements																				
16		Barrack Damages																				
17		Hospital Stoppages																				
17a		Miscellaneous Stoppages																				
19		Casual Payments																				
20		1st Payment						34	18	0												
21		2nd "																			12	0
22		3rd "																				
23		Final "																				
24		Balance Debit Last Period																				
28		" Due by Paymaster																				
								54	2	5												

This account is in accordance with information received at the Pay & Record Office to 24/18 17 and is therefore subject to amendment if, and as may be found necessary.

CERTIFIED CORRECT BY CONTINGENT

A. J. Gosse
 O.C. " " Company.



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1081, L/O., A. J. Gosse
 Company. From 03/17 To 26/3/17 (Dates Inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. "Germania"
 From _____ Date 26/3/17
 Draft No. Liverpool CR.

DR. Classification (See procedure) *sh*

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	s	d
	8	Forfeited Pay								1	Pay						
	8	Allotments	.60	79	47	40				2	Field Allowances	1.05	79	82	95		
11/12	10	Total Stoppages								3	Other Allowances	.10	"	7	90		
					47	40	9	14	9	4/5	Total @ 4.86 2/3						
	13	Fines								6a				90	85	18	15
	14	Clothing and Necessaries															
	15	Arms & Accoutrements									Balance Credit last Period					34	17
	16	Barrack Damages									Ration Allowance 21/3/17 - 26/3/17						
	17	Hospital Stoppages									= 6 days @ 2/-						12
	17a	Miscellaneous Stoppages									Balance Due to Paymaster						
	19	Casual Payments per P															
	20	1st Payment															
	21	2nd "															
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Peri															
	28	" Due by Paymaster															
					54	2	5							54	2	5	

CERTIFIED CORRECT. CONTINGENT

A. J. Gosse
 O.C. "Germania" Company.



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1081, L/C., A. J. Gosse
Company. From 9/8/17 To 26/3/17 (Dates Inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
Embarked per S. S. "Sarmatia"
From Liverpool Date 25/8/17
Draft No. CR.

DR. Classification (See procedure) *H*

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	¢	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	¢	s	d	
	8	Forfeited Pay										1	Pay									
	0	Allotments	.50	79		47	40					2	Field Allowances	1.05	79		62	95				
	10											3	Other Allowances	.10	"		7	90				
11/12		Total Stoppages				47	40	9	14	9		4/5	Total @ 4.85 2/3									
	13	Fines										6a					20	85	18	13	4	
14		Clothing and Necessaries											Balance Credit last Period									
15		Arms & Accoutrements																		34	17	1
16		Barrack Damages																				
17		Hospital Stoppages																				
17a		Miscellaneous Stoppages																				
19		Casual Payments																				
20		1st Payment																				
21		2nd "																				
22		3rd "																				
23		Final "																				
24		Balance Debit Last Period																				
28		" Due by Paymaster																				

This account is in accordance with information received at the Pay & Record Office to 24/18/17 and is therefore subject to amendment if, and as may be found necessary.

CERTIFIED CORRECT BY CONTINGENT

[Signature]
O.C. *[Signature]* Company.



CHECKED *[Signature]*

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1081, L/C., A. J. Gosse
 Company. From 9/17 To 26/8/17 (Dates inclusive)

(Substituting A.F.O. 1625) - N.F.P/36.
 Embarked per S. S. "Germania"
 From Liverpool Date 26/8/17
 Draft No. 48 CR.

DR. Classification (See procedure)

Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	¢	Date	Pay Book Col.	Particulars	Rate	Dys	£	¢	¢	¢
	8	Forfeited Pay								1	Pay	1.05	79		82	95	
	9	Allotments	.60	79		47	40			2	Field Allowances	.10	"		7	90	
	10									3	Other Allowances						
	11/12	Total Stoppages								4/5	Total @ 4.86 2/3						
						47	40	9	14	9					90	85	18
	13	Fines								6a							
	14	Clothing and Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages															
	19	Casual Payments per P & R. O.			34	18	0										
	20	1st Payment															
	21	2nd "															
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Period															
	28	" Due by Paymaster								27	Balance Due to Paymaster						
						54	2	5							54	2	5

Balance Credit last Period 54 17 1

Ration Allowance 21/8/17 - 26/8/17

= 6 days @ 2/- 12 0

CERTIFIED CORRECT. CONTINGENT



CHECKED

[Handwritten signature]

1081, L/C., A. J. Goss e

9/8/17

26/8/17

"Carmania"

Liverpool

26/8/17

46

.60 79 47 40

1.05 79 82 95

.10 " 7 90

47 40 9 14 9

90 85 18 15 4

Balance Credit last Period 34 17 1

Ration Allowance 21/8/17 - 26/8/17

= 6 days @ 2/- 12 0

per P & R. O. 54 18 0

9 9 8

54 2 5

54 2 5

CHECKED

10076

No. 1081 Rank L/Cpl Name Gosse, A.J.

Pay	F.A.	Wkg	Total
1.05	10		1.15
Less: Allotment			60
Net Rate			55

M.F.P. 133.

DEBITS	Date	s s d			CREDITS	Period		Days	Rate	s s d		
						From	To					
Balance					Balance		8/17					34 17 1
Acquittance Rolls					Pay @ Net Rate	9/17	21/17	74	55	40	70	8 7 3
Hospital Advances		7	8	0								
A.B. 34												
P. & R.O. Payments		8	10	0								
Receipt no 3865 Cash		20	0	0								
Ref No 5576 Cash		5	0	0								

CHECKED.

 1916

Instructions as to transmission and Receipt of Documents.

1.—This Form will always be sent with the Documents of a man or
Draft—

- (a) On transfer to another Corps.
- (b) On posting to another Battalion (or other portion) of his Corps.
- (c) On being detached for duty with another Corps.
- (d) On transfer to the Army Reserve ; or
- (e) On discharge.

2.—Officers receiving the documents should at once check them by
the entries in this Form. If correct, they should sign and return this
Form to the officer who sent it.

3.—If any document is missing they must at once apply for it, as they
will be held answerable for any deficiency which may afterwards be found
to exist.

4.—In the case of Drafts the names of the men should be arranged
alphabetically.

On His Majesty's Service.

The Officer

Instructions as to transmission and Receipt of Documents.

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- (a) On transfer to another Corps.
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will be held answerable for any deficiency which may afterwards be found
to exist.

4.—In the case of Drafts the names of the men should be arranged
alphabetically.

On His Majesty's Service.

The Officer

RECEIPT FOR A SOLDIER'S DOCUMENTS.

N.B.—See instructions on the back of this Form.

<p><i>O. F. R. 2000. C</i></p> <p><i>O. F. R. 2424</i></p> <p><i>O. F. R. 2424</i></p>		<p><i>See</i></p> <p><i>See</i></p> <p><i>See</i></p>
<p>Pay Book (Active Service) (A. B. 66)</p> <p>Statement of Account</p> <p>Special claims</p> <p>List of necessaries in possession</p> <p>Clothing return</p> <p>Compensation for Clothing</p> <p>Company Conduct sheet</p> <p>Copies of Convictions by Civil Power</p> <p>Proceedings of Court of Inquiry (not on an injury or on men missing on active service)</p> <p>Medical History sheet <i>B. 178</i></p> <p>Muster Transfer return</p> <p>Proceedings on Transfer to Army Reserve</p> <p>Medical Report for Invalids <i>B. 179</i></p> <p>Character Certificate (A. F. B. 3007)</p> <p>Discharge Certificate (A. F. B. 3079)</p> <p>Copy of receipt for purchase money</p> <p>Declaration on Transfer to Army Reserve</p> <p>Copy of 3rd page of attestation</p> <p>Proceedings on discharge</p>		<p><i>See</i></p> <p><i>See</i></p>
<p>Duplicate Attestation returned through:</p>	<p>Field Conduct sheet (A. F. B. 123)</p> <p>Employment sheet (A. F. B. 3066)</p> <p>Certificate of Character (A. F. B. 64)</p> <p>Compulsory Stoppage (A. F. B. 3052)</p> <p>Active Service Casualty form (A. F. B. 303)</p> <p>Regimental Conduct sheet</p>	<p><i>See</i></p>
	<p>Declaration made by soldier on completing 1st term of engagement (A. F. O. 1832)</p> <p>Drafts of re-enlisted men</p> <p>Compulsory stoppages (A. F. B. 3052)</p> <p>Declaration of change of name</p> <p>Certificate of Trade Proficiency (A. F. B. 126)</p> <p>Authority for any Prolongation of Service under sec. 77 Army Act</p> <p>Application to extend Service under sec. 78 (1) Army Act</p> <p>Notice of prolongation of Service beyond 21 years</p> <p>Re-engagement Paper</p> <p>Authority for Special Enlistment (A. F. B. 305)</p> <p>Attestations of fraudulently and improperly enlisted men for Corps in which not held to serve</p> <p>Proceedings of Court of Inquiry on injury or on men reported missing while on active service in the field</p>	
<p>Original Attestation Documents retained through:</p>	<p>1081 <i>Hyge. Issue. G. J.</i></p> <p><i>1/200</i></p> <p><i>Grand Parcel.</i></p>	<p><i>See</i></p>

Pictor Phillips
 Captain R.S.M.C.
 MILITARY OFFICE/DIG RECEIVAL
 DUNDEE I.C.P.
 Date *1.1.17*
 SMITH HERD'S DUNDEE, W.V.



Signature of Officer forwarding documents

Signature of Officer who receives the documents

Officer *1081 Hyge. Issue. G. J.*
 Please receive the documents as indicated above.

I have received the above documents

Transfer Statement of Clothing and Necessaries



INSTRUCTIONS.—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units.

STATEMENT showing the Articles in possession of (*Regimental No.*

1081
1 Regt. Sflds.
 Rank and Name *1st Lt. A. J. Goode*

proceeding from the _____

to the _____

Date of enlistment _____ Date of transfer *21-8 1917*

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station **MILITARY
 ORTHOPAEDIC HOSPITAL
 DUCANE ROAD
 SHEPHERD'S BUSH,
 W.**

Pictor Phillip

Commanding Squadron, Battery, &c.
Capt. R.A.M.C.

Date _____

Name of Unit man is leaving.

(2) Station _____

Commanding Squadron, Battery,
 or Company.

Date _____

Name of Unit man is joining.

Articles of Clothing & Necessaries in Possession

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

Clothing.	In Possession No.	Necessaries.	In Possession No.
<i>Ec</i> Aprons, kilt		Badge, cap	1
Boots, ankle, pairs ..	X /	Bag, Kit	1
Caps, Service Dress ..	/	Braces, pairs	1
Caps, Glengarry		Brass, Button	
Drawers, pairs	/	Brush, Brass	
Frocks, Canvas		" Blacking	
Greatcoat, D.M.	/	" Clothes	
Jackets, Service Dress ..	/	" Hair	
Kiits		" Polishing	
Pantaleons, cord, pairs ..		" Shaving	
Putties, pairs	/	" Tooth	
Spurs, Jack, pairs	/	Cap, Comforter	1
Trousers, Service Dress, pairs	/	Comb, hair	
Trousers, Canvas or Khaki } Drill Overalls, pairs .. }	/	Disc, identity, with cord	
Waistcoat, cardigan	/	Fork	
Coat, waterproof		Gaiters, Highland, pairs ..	
Gloves, leather, pairs		Holdall	
Gloves, Motor Cyclist, pairs		Hose Tops, pairs	
Goggles, pairs		Housewife	
		Knife, Clasp	
		Knife, Table	
		Laces, leather, spare, pairs	
		Shirts, flannel	2
		Socks, worsted, pairs	2
		Spoon	
		Titles, metal, pairs	
		Towels, hand	
		Wax Polish, tin	

I certify that this statement is correct.

Date 21/8/17

Signature of the Soldier *[Signature]* *W.S.*

MILITARY
ORTHOPEDIC HOSPITAL,
SHEPPARD'S BUSH, W.
277.

Army Form W 3065/2.
NEWFOUNDLAND CONTINGENT
23 AUG 1917
RECORD OFFICE

Transfer Statement of Clothing and Necessaries

INSTRUCTIONS.—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units.

STATEMENT showing the Articles in possession of (*Regimental No.*,

Rank and Name) L/C. Goss. A. J. 1081

proceeding from the 3rd LONDON GENERAL HOSPITAL

to the 1st N.F.L.D.

Date of enlistment _____ Date of transfer _____ 191

FOR DETAIL OF ARTICLES, see overleaf.

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station WANDSWORTH Lieut. & Qr. Mr. R.A.M.C.T.

3 MAY 1917 Royal Victoria Patriotic School,
3rd Genl. Hospital,

Date _____ WANDSWORTH
Name of Unit man is leaving.

(2) Station _____ Commanding Squadron, Battery,
or Company.

Date _____ Name of Unit man is joining.

Articles of Clothing & Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

Clothing.	No.	Necessaries.	No.
Aprons, kilt	/	Badge, cap	
Boots, ankle, pairs ..	/	Bag, Kit	/
Caps, Service Dress ..		Braces, pairs	/
Caps, Glengarry	2	Brass, Button	
Drawers, pairs		Brush, Brass	
Frocks, Canvas	/	" Blacking	
Greatcoat, D.M.	/	" Clothes	
Jackets, Service Dress ..	/	" Hair	
Kilts		" Polishing	
Pantaloons, cord, pairs ..	/	" Shaving	
Putties, pairs		" Tooth	
Spurs, Jack, pairs	/	Cap, Comforter	/
Trousers, Service Dress, pairs	/	Comb, hair	
Trousers, Canvas or Khaki	/	Disc, identity, with cord	
Drill Overalls, pairs ..	/	Fork	
Waistcoat, cardigan	/	Gaiters, Highland, pairs ..	
Coat, waterproof		Holdall	
Gloves, leather, pairs ..		Hose Taps, pairs	
Gloves, Motor-Cyclist, pairs		Housewife	
Goggles, pairs		Knife, Clasp	
		Knife, Table	
		Laces, leather, spare, pairs	
		Shirts, flannel	2
		Socks, worsted, pairs	2
		Spoon	
		Titles, metal, pairs	
		Towels, hand	
		Wax Polish, tin	

I certify that this statement is correct.

Date

3 MAY 1917

Signature of the Soldier

W. J. P. [Signature]

8649/1
HA/JC

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
89 VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

24th August, 7

1081, L.Cpl. A.J. Gosse,

~~1st Newfoundland Regiment.~~

Overseas Transport.

As you, together with

1318 Steele, Pte. A.G.
1716 Hardiman, " C.
1967 Morey, " L.,

are declared by a Medical Board to be unfit for further Service Overseas, you will be sent home, via Canada.

You will conduct the three men named above to St. John's, Newfoundland.

You will proceed to Liverpool and report to the Cunard Office, Landing Stage, not later than 10 a.m. on Saturday 25/8/17 for your steamer ticket and embarkation instructions.

On arrival at Halifax you will report to O.C. Discharge Depot, who will inform you to proceed to Newfoundland in accordance with instructions from the authorities at St. John's. On arrival at St. John's, Nfld, you will immediately report to O.C. Home Depot, 1st Newfoundland Regt.

Major,
Chief Paymaster & Officer i/c Records.

MILITARY ORTHOPAEDIC HOSPITAL
Ducane Road,
SHEPHERD'S BUSH, W. 8.



To Officer Commanding *in Charge of* *1st Newfoundland Regiment*

58 Victoria Street

Please note that No. *1081* Rank *S/Plt* Name *Gosse, A. J.*

Coy....., was discharged from Hospital this day *21-8-17*

He will proceed to his Unit for ~~Class~~

Medical Board

Pictou Phillips

Capt., R.A.M.C.
REGISTRAR.

For Discharge Under B 79

This space to be left blank for the Certificate Number.

Proceedings on Discharge



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

No. 1081 Army Rank Cpl

Name Galle A.S.
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 1st Newfoundland Regiment

Battalion, Battery, Company, Depot, &c.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be specified.)

Date of discharge January 18th 1918

Place of discharge St. John's, Nfld

1. Description at the time of discharge.

Age 24 years _____ months

Height 5 feet 7 inches

Chest measurement { girth when fully expanded _____ ins.

range of expansion _____ ins.

Complexion Dark

Eyes Brown

Hair Black

Trade Cook

Intended place of residence St. John's

(To be given as fully as practicable) Newfoundland

Descriptive marks.

Wound scars
left leg

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Wounds received in Action

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

3. Military character :—

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

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

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment _____

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John's Hill A. J. Pearce (Signature of Soldier)

(Date) Jan 18th 1918 Chas. C. Oke (Signature of Witness)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No Reservations!

A. J. Coase.

Chas. C. Oke

Casualty Form—Active Service.

323

Regiment or Corps Newfoundland
 Rank Plt Name Goffe H. J.
 Enlisted (a) Feb 3/15 Terms of Service (a) 1 year Service reckons from (a) Feb 3/15
 Date of promotion to present rank _____ Date of appointment to lance rank _____ Numerical position on roll of N.C.Os. _____
 Extended Surround Mar Re-engaged Aug 1/16 Qualification (b) _____

Date	From whom received	Report Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
------	--------------------	--	-------	------	---

		Embarked St. John's, NFLD.		20/3/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
16/10/15.	"Dongola"	Ill, Hemeroids; A 36.	H.S. "Dongola"	16/10/15.	Auth. A 14387, 21/10/15.
18/10/15.	Citadel Cairo.	Admitted	Citadel, Cairo.	18/10/15.	A 15043.
29/1/16.	Unit	Joined Unit		26/1/16.	B 213.

Embk'd Port Suez
 Disembk'd Marseilles

14.3.16
 22.3.16

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 RECD. No. 8645/103
 2 AUG 1917

Wm. A. G. Swobey
Surround
to England

Staff 67.6
Law 208.6
all Clerk
Capt Fort & Col.
Official Authority Record
 W 3083

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps, etc.

GN 2
 26/8/16

(P.T.O.)

Medical Report on an Invalid.



Station Military Orthopaedic Hospital.

Date 18. 8. 17.

- 1. Unit 1st Newfoundlands.
- 2. Regimental No. 1081.
- 3. Rank L/Cpl.
- 4. Name ^{Gosse} ~~Gosse~~ Alfred James.
- 5. Age last birthday 24.
- 6. Enlisted { on Jan. 28th, 1915.
at Newfoundland.
- 7. Former Trade {
or Occupation { Clerk.

8. Disability.

G.S.W. Left leg with compound fracture of Tibia and Fibula.

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. 1. 7. 16.
- 10. Place of origin of disability. Beaumont Hamel.
- 11. Give concisely the essential facts or the history of the disability, noting entries on the Medical History Sheet bearing on the case. G.S.W. Left leg with compound fracture of Tibia and Fibula. Fracture of right metatarsal bone. At Etaples had sequestrum extracted and incision and drainage. Etaples. 3. 7. 16 to 19. 8. 16. Transferred to 3rd London General where more bone removed Sept. 16th and remained there until May 17th. Never had good union of fractured Tibia. Right leg contraction Tendo Achilles. Very slight movement in ankle and knee. Knee has improved markedly and ankle also more supple. Wounds all healed but fracture still not very firm. In moulded leather splint.
- 12. (a) Give your opinion as to the causation of the disability. G.S.W.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8). Active service.

COPY SENT TO
O.C. H.Q. ;
ST. JOHNS, N.F.L.D.
N.F.R. 38. No. 8645/103
DATED 24 AUG 1917

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.

Old fracture of Tibia not firmly united. Ankle movement limited but improving. Knee movement also very limited. Only 15° flexion. Has to wear moulded leather splint to support the Tibia.

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

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

15. Was a Court of Inquiry held on the injury? **NO.**

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

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

Incision, removal of F.B. & Drainage at C.C.S. Several Sequestrectomies at Etaples & Brd London General.

17. If not, was an operation advised and declined? **NO.**

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. Do you recommend

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

R. W. Johnson
Officer in medical charge of case.

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

except
MILITARY
ORTHOPEDIC HOSPITAL
DUCANE ROAD
SHEPHERD'S BUSH,

Walter Hill Major, R.A.M.C.
Officer in charge of Hospital.

Station _____
Date 18. 8. 17

* 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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

i. Active Service

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

*G. S. W. left leg.
ununioned fracture of left tibia*

21. Has the disability been aggravated by

(a) Intemperance?

(b) Misconduct?

(c) Any of the conditions mentioned in Question 20, and if so which?

} no

22. Is the disability permanent?

Yes

23. If not permanent, what is its probable minimum duration?

To be stated in months.

23a. Is he fit for discharge from the service ~~as an out-patient~~ and will he require out-patient treatment, on discharge from hospital?

- no.

or total incapacity.

24. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

no

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

vide 16

26. Do the Board recommend

(a) Discharge as permanently unfit, or

(b) Change to England?

Yes.

Signatures:—

MILITARY
ORTHOPÆDIC HOSPITAL
DUCANE ROAD
SHEPHERD'S BUSH, W.

Laurie Hill

President.
Major, R.A.M.C.

Station

Date

18. 8. 17.

H. H. Whaham.

Members.
Captain, R.A.M.C.

Approved, MILITARY

Station
DUCANE ROAD
SHEPHERD'S BUSH, W.

Date

18. 8. 17.

Laurie Hill

Major, R.A.M.C.
Administrative Medical Officer.

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 Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them 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 attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).

(iv.) In answering question 20 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.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

*1. Active Service
G. S. W. left leg.
ununited fracture of left tibia*

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

21. Has the disability been aggravated by

- (a) Intemperance?
(b) Misconduct?
(c) Any of the conditions mentioned in Question 20, and if so which?

}

no

Ys

22. Is the disability permanent?

23. If not permanent, what is its probable minimum duration?

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

Talab

In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{2}{3}$, $\frac{3}{4}$, or total incapacity.

24a. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

no

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

vide 16

26. Do the Board recommend

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

Ys.

Signatures:—

MILITARY
ORTHOPÆDIC HOSPITAL
DUCANE ROAD

SHEPHERD'S BUSH, W.

Station _____

Date _____

Lazen Hill

President,
R.A.M.C.
Major,

H.H. Waham.

Members,
R.A.M.C.
Captain

Approved.

MILITARY
ORTHOPÆDIC HOSPITAL
DUCANE ROAD

SHEPHERD'S BUSH, W.

Station _____

Date _____

Lazen Hill

Administrative Medical Officer.
Major, R.A.M.C.

18. 8. 12.

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

MEDICAL HISTORY

Surname Gosse OF Christian Name Alfred Joseph

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	7	Dec		
	at <u>St Johns.</u>			
Declared Age	22	years		
Trade or Occupation	<u>Asst Pay Master Bell</u>			
Height	5	feet	6	inches
Weight			130	lbs.
Chest Measurement	Girth when fully expanded		30	inches
	Range of expansion		33	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated	<u>Never.</u>			
Vision	R. E.—V==		R. E.—V==	
	L. E.—V==		L. E.—V==	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>Clay Macpherson</u>			
(Rank)	<u>Capt.</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns.</u>		at	
	on 3	day of <u>Feb</u>	on	day of
		1915		191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st Nfd. Regt: 1081</u>			
Transferred to				
Became non-effective by				
	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

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 EP. 38. No. 8645/103
 DATED 2 AUG 1917

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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	20	8	16.	3	5	17.	C.S.W. IS A.R. foot & R. tibia + fibula	256	Wounded in France 1. 7. 16. Comp. fr. cl. h. tibia + also wound of R foot with fracture of metatarsal bones - Sequelae removal from tibia 21. 9. 16. Excision on 2. 5. 17. ankylosis ankle & hip joint of R knee unable to stand on R leg. Transferred to Orthopaedic Genl. Hospital Hannover 21. 10. 16.	S.M. Smyly Capt R.A.M.C.
MILITARY ORTHOPAEDIC HOSPITAL DUOANE ROAD SHEPHERD'S BUSH, W.	3	5	18.	15	8	11.		106	Old fracture of tibia has not yet firmly united. To wear moulded leather splint. Ankle movement limited. Knee very limited. Only 75° flexion. Should improve with time. Recd for Disch as P.O.	R.W. Johnson ✓ 1st Lt. M.D.R.C. U.S. Army

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 Commissioners of Chelsea Hospital. The form should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as if awarded a pension, his subsequent identification depends on his signing 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, to be completed by the Officer in Charge of the Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

A Name in full *Lessee Alfred Joseph*
Regiment from which discharged *1st Newfound*
Regimental Number *1081*
Where born (Parish, Town and County), and when *Torbay, Newfoundland*
Intended address *Torbay, Newfoundland Feb. 4 1893.*

Height on discharge *5* Feet *7* Inches
Colour of Hair on discharge *Saburn*
Colour of Eyes *Brown*
Descriptive marks
Complexion *Fresh.*

Figure on discharge *Upright*
Christian name of Father *David*
Christian name of Mother *Ellen*
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired _____



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) *Alfred Joseph Lessee*
Station *Military Orthopaedic Hospital* **Date** *18. 8. 17*

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 *Military Orthopaedic Hospital* **Date** *18. 8. 17*
Medical Officer i/c
Maple Ranc. Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of pension }					
Sums due on account of public debts ...						

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges **Medals**
Wounds, and Actions in which received

Other distinguishing marks

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

Station _____ **Officer in Charge**
Date _____ **Records.**

CERTIFIED TRUE COPY

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



No. 1081

Name (surname first) Cosse Alfred Joseph

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Nova Scotia Steel & Coal Co.
Wabana C.B.
Newfoundland.
Clerical

3. What is the nature and locality of the employment you desire?

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date 18/8/17

(Signed)
Signature Alfred Joseph Cosse

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (b), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

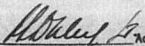
ST. JOHN'S, NEWFOUNDLAND.

Jan'y., 18th., 1918.

From Adjutant Depot.
To Paymaster. Dept. of Militia.

1081 I/Cpl Gosse.

Above mentioned man was recommended for discharge as being Permanently Unfit by Medical Board held on 15-9-17. He states that he has applied for his Discharge on previous occasions but same has been withheld. He has not been doing anything since he was boarded and is very anxious to go back to civil life. Will you please give him your attention and necessary action please.


Adjutant
Depot, First Newfoundland Regiment,
St. John's, Nfld.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B. 121
22

Regiment of Newfoundland

Number of Sheet

Signature of O. C. Company

J. M. ...
Capt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>Goss A. J.</u>	Age on	<u>22</u> years - months	<u>Over Sea Master</u>			
Joined	Date	Place and Date of Enlistment	<u>St. Johns Feb 2 1915</u>	Religion	<u>R. C.</u>		
Joined	Date	Period of { with Colours <u>2 3/50</u> years. { with Reserve <u>3 3/6</u> years		Place of Birth			
Joined	Date						

Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with title	By whom awarded	REMARKS
<u>Stabs</u>	<u>22/11</u>	<u>PLT</u>		<u>Causing disturbance in ranks on parade</u>	<u>Sgt Barnes</u>	<u>2 days CC. 14 days L.C.</u>	<u>23/11</u>	<u>Capt J. W. March</u>	<u>2nd</u>
				<u>Medically Unfit</u>	<u>St. Johns</u>	<u>18/18</u>			

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 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 NO. 239. NO. 8445/102
 2 4 AUG 1917

To be carried over

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

ST. THOMAS ST. LONDON, S.W. 2 0 AUG 1917

No. 1081

Rank

Name (surname first) Coffin Joseph Case

Regiment 1st New Brunswick

1. State what special qualifications you have for employment in civil life.

MILITARY MEDICAL HOSPITAL ST. THOMAS ST. LONDON, S.W. 2

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N.F.P.38. No. 2645103
DATED 2 4 AUG 1917

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Wm. S. S. Steel & Coal Co.
W. S. S. C. B.
New Brunswick

3. What is the nature and locality of the employment you desire?

Abroad

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date 24/8/17

Signature Joseph Case

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.



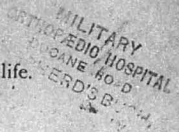
No. 1081

Rank _____

Name (surname first) Alfred Joseph Lane

Regiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.



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O.C. H.Q.
ST. JOHNS, N.F.L.D.
NEP 38. No. 8645/1113
DATED 2 4 AUG 1917

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Trade Sateria Steel & Coal Co.
W. A. Road. C.B.
Newfoundland

3. What is the nature and locality of the employment you desire?

Council

4. What is the name of your Approved Society?

5. Have you been employed whilst with the Colours? If so, in what capacity?

No.

Date 19/7/17

Signature Alfred Joseph Lane

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

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