



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *2349*

Name *William Gasse*

Corps

3 AUG 1917

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <i>William Gasse</i> |
| 2. What is your full Address? | 2. <i>74 New Gower Street</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>18</i> Years <i>10</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Student</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { -Name |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <i>Yes</i> |

FOR THE DURATION OF THE WAR.

I, *William Gasse*, 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.

William Gasse SIGNATURE OF RECRUIT.

E. March 29

R.P. Hallaway Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *William Gasse*, 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 *29* day of *March* 191*6*.

Signature of Attesting Officer *R.P. Hallaway*

CERTIFICATE OF APPROVING OFFICER.

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

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

Date 191*7* } Approving Officer.
Place

† 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)

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2349

Name William Gause Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>William Gause</u> |
| 2. What is your full Address? | 2. <u>74 New Gower Street</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Student</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, William Gause 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.

William Gause SIGNATURE OF RECRUIT.
R. P. Hallaway Signature of Witness.

E. March 29

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Gause 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 29 day of March 1916

R. P. Hallaway
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..... } Approving Officer.
Place

† 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:
vis:—(Name)..... re-enlisted in the (Regiment)..... on the (Date).....



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2349 Name William Gasse Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Gasse
2. What is your full Address? 2. 74 New Gower Street
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 10 Months
5. What is your Trade or Calling? 5. Student
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, William Gasse 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.

William Gasse SIGNATURE OF RECRUIT.

R.P. Hallaway Signature of Witness.

E. March 29

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Gasse 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 29 day of March 1916

Signature of Attesting Officer R.P. Hallaway

†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 William Gause
 Apparent age 18 years 10 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs James Gause
74 New Gower Street | Relationship Mother
 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.

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>29-3-16</u>									
Joined at <u>March 29th 1916</u> on <u>St John's</u>									L. Lookly 16-7-16 W. H. H. 10-7-16 L. Lookly 13-8-18 H. H. H. 11-10-18 H. H. H. 4-12-18
<u>Discharged Sept 11 1919</u>									
<p><i>Embarked St John's S.S. Section for 1st 19th Embarked for 136. S. 3rd</i> <i>Joined unit 11-10-16 Wounded 25th 17 Admitted 22nd 4th S.W. band 28th 17 Invalids to</i> <i>England 7th 17 Discharged then posted to 4th 17 Embarked for 136. S. 3rd 17</i> <i>Battalion 28th 17 Wounded 9th 17 Admitted 29th 17 S.W. became 9th 10-17 Invalids to 5th 17</i> <i>Admitted King's Hosp. 4th 17 Wounded 3rd 17 19th 17 10th 17 Discharged then posted 23rd 17</i> <i>to 10th 17 for discharge 24th 17 Arrived 10th 17 7-5-18.</i></p> <p style="text-align: center;"><u>Demobilization St John's 1-9-19</u></p>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>10-9-19</u> (date of discharge) <u>3</u> years <u>278</u> days									
Pension									

C.R. 2349

Extract from Daily Orders Part II Royal Newfoundland
Regiment Depot St. John's dated Aug. 23rd 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot from noted date 18-8-19.

2349, Sgt. W.J. Goose.

C.R. 2349

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated 1-8-19.

The following grading has been APPROVED for pay purposes
with effect from following date Nov. 28th 1918.

2349, Sgt. W.J. Gosse.

C.R. 2349

Extract from Nominal Roll of Nfld Regt. Embarked Folkestone
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embar(Draft No. 28.)
5-8-17.

2349 Pte. W. Gosse.

C.R. 2349

Extract from Nominal Roll of Nfld. Regt. Draft No.11 from
2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton
3-10-16.

2349 L/Cpl. W.Gosse.

C.R. 2349

Extract from Daily Orders part 11, Depot. St. John's
dated December 5th., 1981.

2349 A/Cpl. W. mJ. Goss

To be acting Sergeant from 4/12/18.

C.R. 2349

Extract of Daily Orders Part II, Depot St. John's, dated Jan. 15th
1919.

Billeting

2349 Sgt. W. Gosse

Recommended by the Medical Department to be billeted out of
Barracks.

C.R. 2349

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland
Regiment, dated Oct. 12th 1918.

Promotion.

2349 L/C. W. Gosse

To be Acting Corporal from 11/10/18.

C.R. 2349

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's Oct. 12/18.

2349 L/Cpl. W. Gosse.

To be Acting Corporal from 11-10-18.

C.R. 2349

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, dated August 24th, 1918.

2349 Pte. W.J. Gosse,

To be Lance Corporal from 23-8-18.

C.R. 2349

Unit
Extract from Daily Orders part 11, from/The Royal
Nfld. Regt. St. John's, dated May 15, 1918.

#2301 Pte. W. Gosse
2349

Attested for report later. Reported to Headquarters
for duty ~~May~~ 15.5.18.

C.R. 2349

Extract from Preliminary Report. from The Director of
Medical Services, to Officer Commanding, Depot.
St. John's, dated May 11, 1918.

#2349 Pte, W.J.Gosse.

Recommended Class CIII

C.R. 2349

Extract from Pay & Record Office, London.

2349, Pte. W. J. Gosse.

Medically unfit 24-4-18.

C.R. 2349

Extract from Casualties received from P & R Office London,
dated April 19, 1918.

FOR REPATRIATION.

The u/n. ex 3rd London General Hospital 19/4/18 as granted
furlough to 10 a.m. 23/4/18, with orders to report at the P & R
Office for disposal.

2349 Pte. Gosse, W.J.

Authority; A.F.W.3201.

C.R. 2349


Extract of Casualties received from Pay & Record Office
London, dated February 12, 1918.

#2349 Pte. W. Gosse. ✓

Transferred from King George Hospital, to the 3rd London
General Hospital, 10/1/18. Auth:- Memos from 3rd.L.G.H.

2349 PTE. WILLIAM GOSSE.

EXTRACT OF CASUALTY LIST RECEIVED NOVEMBER 9, 1917.
PREVIOUSLY REPORTED SEVERE SHELL WOUND LEFT
FOREARM. ETCA; LE TREPORT OCTOBER 11. NOW
REPORTED AT KING GEORGE HOSPITAL LONDON.
GUNSHOT WOUND LEFT ARM SEVERE.



November 9, 1917

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. 2349, Private William Gosse, has been admitted to King George Hospital London, suffering from severe gunshot wound in the left arm.

Yours faithfully,

Mrs. James Gosse,
74 New Gower Street.

Colonial Secretary.

2349 Pte. William Gosse.

C.R. 4081

Ext. of Casualty list received Oct 20th, 1917.

Shell Wound Left Forearm, fractured Ulna severe

2nd Canadian General Hospital, Le Treport Oct 11. ✓

October 20, 1917.

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. 2349, Private William Gosse, was at the 2nd Canadian General Hospital, LeTreport, on October 11th, suffering from severe shell wound in the left forearm, causing fractured ulna.

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,

Colonial Secretary.

Mrs. James Gosse,
74 New Gower St.

C.R. 2349

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St. John's Oct. 10th. 1917.

Sir,

Following my letter October 6th. with reference to the case of Mrs. Anastatia Goss- the regulations governing the issue of Separation Allowance for men of the Newfoundland Expeditionary Force has now been issued. Para. 4 (a) Provides for the allowance been paid to a widowed mother if the soldier is her sole support and is unmarried within the measures of the Regulation

As there are already a number of cases under consideration and as it will be some little time to get the new machinery in motion there may be a slight delay before this particular case is delt with, but it is hoped that the department will shortly be able to handle each case as it is presented.

I have the honour to be,

Sir

Your obedient Servant,

Hon. M.P. Gibbs Esq.

City.

Minister of Militia.

St. John's Oct. 6th.1917.

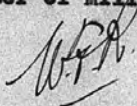
Sir,

With reference to your letter of Oct 5th. I have the honour to inform you that the Minister of Militia is meeting the Executive Council on Monday the 8th. inst. when revise Regulations governing the issue of Separation Allowance will be discussed. The matter referred to by your letter will be considered when the decision of the Executive Council are known. I shall have pleasure in writing you again with reference to the case of Mrs. Anastatia Goss.

Hon. M.P. Gibbs,
St. John's
Newfoundland.

I have the honour to be
Sir
Your obedient servant

Minister of Militia



*Gibbs & Barron*Barristers-at-Law,
Solicitors and Notaries.HON. M. P. GIBBS, K.C.
J. A. BARRON, LL.B.

Law Offices: Bank of Montreal Building,

St. John's, Newfoundland.

October 5th, 1917.

Hon. John R. Bennett,
Minister of Militia,
City.

334

Dear Mr. Bennett:

*Answered 10/10/17
Further 10/10/17*

Mrs. Anastatia Goss, Widow, who resides on New Gower Street has her only son at the front. He left here in July 1916. She has eight children, three of them the children of David Goss, her brother in law who, as you know, died some time ago, the remaining five are her own. Her son William who enlisted was the oldest member of the family and the only boy. When he enlisted he was about sixteen years of age. Prior to Prohibition coming into force, she kept a liquor store on New Gower Street which gave her means to rear and educate her family and also the children of David. Since the Prohibition Act was put into force she finds herself in rather straightened circumstances being burdened with a young and helpless family of her own and her brother in law's as well.

When speaking to me a few days ago, she asked if it were possible that a separation allowance such as is given wife and children of volunteers who enlist, ^{to her} really I see no difference in the application of the principle in a case of this kind, because war has really taken from her home the only bread winner. I presume that you possibly may know her personally, at least you knew her husband, and her brother in law David Goss. Her case is really a deserving one and if something can be done in the way of a separation allowance, it would really be of the most material help to her for providing for the wants of the home.

Yours truly,



M

May 21, 1917.

Dear Madam,

In compliance with your request, I telegraphed Major Timewell of the Newfoundland Pay and Record Office, London, on the 12th instant, with respect to the matter of furlough for your son, No. 2389, Private William Gosse. I am now in receipt of a reply by cable from Major Timewell, in which he states that the matter was brought by him to the attention of the Officer Commanding the Second Battalion, who has replied that your son is not incapacitated and that there is no prospect of his receiving furlough.

Yours faithfully,

Colonial Secretary.

Mrs. James Gosse,
74 New Gower St.

TRANSLATION OF CODE MESSAGE SENT TO
SYNOPTICAL, LONDON, MAY 12.

REPLICATED RECEIVED

Ascertain from Whitaker whether 2349 Gosse
incapacitated may be granted furlough. Next
of kin state that money remitted to 1243
Simms care of your Office has been returned
stating that can not be found telegraph
whether this is correct or not what is address.

Extract of casualties received from Payroll Record Office,
London dated March 27, 1917.

The following man has been discharged from the 3rd London
General Hospital, Wandsworth, S.W., and has been granted
furlough from the 26/3/17 to 4/4/17.

#2349 Pte. W. Gosse.

Classification 2. Command Depot.

Authority: A.F.O. 3016.

(Sd) H. Egan,

Capt. R.A.M.C. (TF)

Registrar R.A.M.C.(T).

3rd London General Hospital,
Wandsworth, S.W.

C.R. 2349

Extract of Code Telegram from Major Tinsell (received 10 February 1917)
dated 10th. February 1917.

2349 Gesso

Wandsworth: Wounded Hand.

February 10, 1917.

Madam.

191

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, ~~Private William Gosse~~, ~~was at First Australian General Hospital, House, February 2nd, suffering from severe gunshot wound in the 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,

Mrs. James Gosse,
74 New Gower St.

Colonial Secretary.

February 10, 1917.

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. 2349, Private William Gosse, who was previously reported at Rouen, February 2nd, suffering from severe gunshot wound in the hand, has been admitted to Wandsworth.

Yours faithfully,

Colonial Secretary.

Mrs. James Gosse,
74 New Gower St.

C.R. 2349

Extract from Casualties received from P & R Office, London,

Feb. 9th, 1917.

2349 Gosse.

First Australian General Hospital, Rouen, Feb. 2nd, Gunshot
wound hand severe.

C.R. 2349

Extract from Naval Roll Embarked St. John's for Overseas,
per S.S. "Sicilian" July 19, 1916.

2349 Pte. Gosse W.J.

C.R. 2349.

Extract of Depot Daily Orders part 11, dated
July 16th, 1916.

#2349 Pte. W. Gosse. ✓

to be Lance Corporal.



D 2349

DEPARTMENT OF MILITIA

STATEMENT OF ACCOUNT OF *2349 Sgt. W. Gosse*

FROM *1-5-18* TO *28-5-18*
(both days inclusive)

LEDGER FOLIO No. *142*

Date	Particulars	No. of Days	Rate per Day	Amount	
				Dr.	Cr.
	CP				
	Pay	<i>28</i>	<i>100</i>		<i>2800</i>
	Field Allowances	<i>28</i>	<i>10</i>		<i>280</i>
	Other "				
	Balances from previous paybook				
	<i>allotment</i> DR	<i>28</i>	<i>50</i>	<i>1400</i>	
	Forfeited Pay				
	Fines				
	Clothing and Necessaries				
	Arms and Accoutrements				
	Casual Payments				
	1st Payment				
	2nd "				
	3rd "				
<i>Apr 30/18</i>	Balance from previous paybook				<i>579</i>
	Final Cash Payment				
	Totals			<i>1979</i>	<i>3080</i>
	Debit Balance				
	Credit Balance			<i>1101</i>	
	Checked by <i>[Signature]</i>			<i>3080</i>	<i>3080</i>

MAY 28 1918

noted for

It is hereby recommended that
Private [Name] be allowed to
remain at home.



MEDICAL DEPARTMENT,
1ST NEWFOUNDLAND REGIMENT.

W. Paterson M.O. DEPT.

JAN 14 1919

C.R. 2349

William Gosse was attested for General
Service with the NEWFOUNDLAND REGIMENT ON March 29th 1916.
Regimental No. 2349 was allotted to Pte. W. Gosse.

AUTHORITY:

Record Ledger;

Dept. of Militia.

March 25th 1919



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 *William Gasse*
aged *18 yrs* conducted at *Lehigh*
Date: *March 28/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *No.*
- 2 *No.*
- 3 *No.*
- 4 *No.*
- 5 *No.*
- 6 *No.*
- 7 *Yes*
- 8 *Yes.*
- 9 *No.*
- 10 *No.*
- 11 *No.*
- 12 *No.*
- 13 *No.*
- 14 *No.*
- 15 *No.*
- 16 *No.*
- 17 *No.*
- 18 *No.*
- 19 *6/6 Both*
- 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 *1 Scar left arm 2 yrs.*
- 34 *5 1/2"*
- 35 *121 lbs.*
- 36 *30 1/4 / 35.*
- 37 *Scholastic*
- 38 *maiden*
- 39 *none*

2349

dit

Signature of Medical Examiner: *William Roberts*
Mrs. James Gasse 74 New Gann. St

W^m J. Goss

C.R. 2349

1110

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.



Proceedings on Discharge.

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

No. <u>2349</u>	Army Rank <u>Private</u>
Name <u>Gosse, William John.</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. <small>(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.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>18</u> years <u>10</u> months Height <u>5</u> feet <u>7</u> inches Chest measurement { girth when fully expanded <u>35</u> ins. range of expansion <u>4 3/4</u> ins. Complexion <u>Fresh</u> Eyes <u>Light Blue</u> Hair <u>Brown</u> Trade _____ Intended place of residence <u>St Johns N.F.L.D.</u> (To be given as fully as practicable)	Descriptive marks. <u>Stiff Left Forearm</u> <u>Scar Right Eyebrow.</u> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. P.F.38. No. <u>6222/38</u> DATED <u>23 APR 1914</u> </div>
(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 <u>Wounds received in Action</u>	
(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*	

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No 2349 mark J/Corp

Name Gosse W.

Pay	A. Alice Working	Total
105	10	115
Less Allotment		50
Net Rate		65

Date	DEBITS	£	s	d	CREDITS	£	s	d
1917								
	Balance				Balance	27	10	13 9
	P.M. ADVANCES:				Pay & net rate:			
	A.B. 64.							
	Acquittance rolls	4	2	5	28/10/17 to 26/3/17 = 150 days			
	Hospital Advances	1	19	6	65 = 97.50	20	0	8
	STOPPAGES:	1	6	3	1/1 to 1/1 = days			
	Hospital dys =				26/3/17 = 24/4/17			
	Forfeited Pay 4 dys ^{HC} 15-40	1	3	8	1/1 to 1/1 = days			
	Miscellaneous							1 0 0
	Cables							
	P.&R.O. PAYMENTS:	1	9	2 10	1/1 to 1/1 = days			
	Sundry Bills							
	Cash							
	26/3/17	14	10	-				
	Bank 3758.							
	P. 2755							
						24	14	5

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.

Regt No 2349 Rank Private Name W. Gosse Unit Royal Field Regt. who was Repatriated
 to Newfoundland on 24 / 4 / 18 Authority A.F.B. 179 Cause Class A.

STATEMENT OF ACCOUNT

DR.

CR.

PARTICULARS				£	s	d	PARTICULARS				£	s	d		
Balance Dr. from							Balance Cr. from								
Allotment <u>124</u> days @ <u>50¢</u>				<u>62</u>	<u>00</u>		Pay <u>21/12/18</u>				<u>15</u>	<u>10</u>	<u>10</u>		
Cash Payments <u>P. A. R.O.</u>							Field Allow <u>124</u> days @ <u>1.00</u>				<u>124</u>	<u>00</u>			
Cable to <u>H.P.M.</u>						<u>27</u>	<u>0</u>	<u>0</u>	Field Allow <u>124</u> days @ <u>10</u>				<u>12</u>	<u>40</u>	
Hospital Advances							<u>7</u>	<u>0</u>	Other Allowes days @ <u>10</u>				<u>136</u>	<u>40</u>	
						<u>2</u>	<u>17</u>	<u>0</u>	Other Credits:						
Other Debits:							Ration Allowance								
							<u>19/4/18-24/4/18, 6 days @ 1/9</u>					<u>10</u>	<u>6</u>		
Total Debits						<u>42</u>	<u>18</u>	<u>9</u>	Total Credits				<u>44</u>	<u>1</u>	<u>10</u>
Balance due by Paymaster						<u>1</u>	<u>5</u>	<u>1</u>	Balance due to Paymaster				<u>44</u>	<u>1</u>	<u>10</u>
						<u>44</u>	<u>1</u>	<u>10</u>					<u>44</u>	<u>1</u>	<u>10</u>

PERIOD: FROM 22/12/17 TO 24/4/18

CHECKED
12/1/18

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

(Place) _____ (Date) 1918 O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S.W. to 25 / 4 / 18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, _____
23-14 1918 Chief Paymaster & Officer i/c Records.

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES

CABLEGRAM



Prefix	Code	At	SENT	FOR STAMPS
WORDS	CHARGE	To	By	
14	140	VIA WESTERN UNION		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

29/3/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To GOSSE

74 NEWOWER STREET STJOHNS (Newfoundland)

PLEASE CABLE SOME MONEY THROUGH MINISTER MILITIA

WILLIAM GOSSE

12/c
11

PAY TO THE ORDER OF
<i>1st Bank</i>
Date <i>8/4/18</i> by <i>ORP</i>

charge to 2349 Gosse

CHECKED
<i>W.S.</i>
<i>2/15</i>

Authorised.

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.

58, Victoria St. S.W. 1.

Signature

Address

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.

No.

220.

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES
CABLEGRAM



Prefix	Code	At	SENT	FOR STAMPS
WORDS	CHARGE	To	By	
30 229	6 3			
VIA ANGLO.				THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

E.F.M.

19/3/17.

TO Mrs. A. Gosse.

74 New Gower Street,

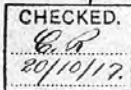
St. John's. (NEWFOUNDLAND).

OUT OF HOSPITAL COUPLE WEEKS PLEASE CABLE THREE POUNDS TO ²³⁴⁹~~2334~~ PRIVATE
W. GOSSE NEWFOUNDLAND REGIMENT CARE BANK MONTREAL LONDON.

GOSSE.

AUTHORISED

Charge 2349 Gosse

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

58, Victoria St. S.W. (1)

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.

No. 2/1608

From Company Officer,
The King George Hospital,
Stamford Street, LONDON, S.E. 1.

From

To Regimental Paymaster,

To

58 Victoria St.

The counterfoil of A.F.O. 1823a

re 2349 The Gears. W

1/ Newfoundland

for £ : 10. - outstanding, sent to you
for Dec 17 not having been received,
you are requested to expedite the same
and to state hereon when it may be
expected.

R. A. M. C.

Capt. R.A.M.C.
Company Officer.

Th

REMANUEDER



NOTIFICATION that ~~a~~ Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } 2349 Rank Pte
Regtl. No. }

Name Gosse W. J. Adm: 10/2/18
(Surname first)

Corps or Regiment } 1 R Field
(also Unit if known) }

To Officer i/c of Records 58 Victoria St SW

Regimental Paymaster _____

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 17/4/18, has been sent to his home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) 19 April

to (full address) 58 Victoria St

London SW

Date 19/4/18 Registrar, G C Hall { Officer
R.A.M.C. } Comm.

Place 3rd London General Hospital, Hospital.
WANDSWORTH, S.W.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

NOTIFICATION that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations.

Soldier's } 2349 Rank _____
Regtl. No. }

Name Gosse W J *Order: 175000 OFFICE 17/18*
(Surname first)

Corps or Regiment } 1 RIFLES
(also Unit if known) }

To Officer i/c of Records 58 Victoria St SW

Regimental Paymaster _____

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service" was approved by the President of the Board on the 17/4/18, has been sent to his ^{the address below} home on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance ~~and a suit of plain clothes.~~

He proceeded on (date) 19 April

to (full address) 58 Victoria St
London SW

Date 19/4/18 G C Hall ^{Capt. Med.} } Officer
Registrar, R.A.M.C.F. } Comm.

Place 3rd London General Hospital, Hospital.

Three copies to be made; one copy sent to each Officer above-mentioned, and one copy filed in the Office.

FOR USE IN THE CASE OF **ALL** SOLDIERS SENT TO THEIR HOMES UNDER
A.C.I. 1011 OF 1916, PARA. 2(ix.)

1. Roy, Wfd (Regiment).

No. 2349, Rank

Pte.

Name

Gosse, W J

is discharged from*

3rd LONDON GENERAL HOSPITAL

WANDSWORTH

with orders to proceed to his home:

(Address

58

Victoria St-

S.W.



and there to await further instructions as to his discharge from the Service.

Officer Commanding.

Place

WANDSWORTH.

H. Jagan

Capt. R.A.M.C.(F)

Registrar, R.A.M.C.F. }

Date

19. 4. 18

* Here enter name of Hospital or Unit 3rd London General Hospital,

WANDSWORTH, S.W.

Original

Medical Report on an Invalid.

Station 3rd London General Hospital

Date 16.4.18 WANDSWORTH, S.W.

- 1. Unit 1st R. N. F. L. D.
- 2. Regimental No. 2349
- 3. Rank Pk.
- 4. Name Gosse, William John
- 5. Age last birthday 18
- 6. Enlisted { on 29.3.1916
at St John's N.F.

7. Former Trade } Student
or Occupation }

7A. If with previous service in Army, state—

(a) Former Unit;

(b) Regimental No.;

(c) Date of Discharge;

(d) Cause of Discharge.

COPY SENT TO
O.C. H.Q. :
ST. JOHNS, N.F.L.D.
N.F.P.38. No. 6222/38
23 APR 1918

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 10)

G. S. W. Left arm, Fractured ulna.

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. 9th October 1917.

10. Place of origin of disability. Belgium.

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

He received T.F. wounds of left forearm, just below the elbow. Ulna is said to have been fractured & the Median Nerve damaged. Has had two operations (Dintance, where the wound was cleaned (kayneal) & the Brachial artery wasted. (2) During land at Dorsworth, where a piece of dead bone was removed. Wounds now healed.

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

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

G-S-W. Active Service

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.

Wounds healed, one amine side of elbow has a puckered scar. Wasting of muscles of hand of forearm. Limitation of movement of elbow.

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

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

yes
yes
yes
—

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

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

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

yes, Two.

① Fracture - /fracture of radius and ulna
② Elbow joint, ligaments, flexion

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

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

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

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Permanently unfit.

S. A. Davies Esq.
Officer in medical charge of case.

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

3rd London General Hospital
Station WANDSWORTH, S.W.

H. E. Duncanson Esq.
Officer in charge of Hospital

Date April 16th 1918.

Col. A.M.S.
Comdg. 3rd. London Gen. Hospital.

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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

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

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

(i.) Service during the present war;

(ii.) Climate;

(iii.) Ordinary military service;

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

(v.) Whether it is constitutional or hereditary.

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

Yrs

Yrs

✓

✓

G. S. W. left arm. fracture of ulna.

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

✓

Yrs

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.

80

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

side 16.

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

Yrs return to Newfoundland

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

Yrs measure as out-patient

✓

✓

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:—

3rd London General Hospital

Station WANDSWORTH, S.W.

W. D. ... resident.

... Members.

Date 17 APR 1918

Approved

Station WANDSWORTH, S.W.

W. D. ... Administrative Medical Officer.

Date 17 APR 1918

Notification by President of Medical Board of Approval of a Soldier's Discharge, under Para. 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 _____

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 Gosse, Christian names Sam John
(in full)

Regt. No. and Rank 2349 Pte Regt. or Corps 1 NFD
If T.F. this should be stated)

His address on discharge will be St John

This information is for the Central Army Pension Issue Office only. **The Soldier states that*** _____ allowance is being issued in respect of him.

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

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 3rd London General Hospital
WANDSWORTH, S.
Date 17-4-18

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.

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. 2349 Rank Pte Regiment Royal Newfoundland
 Name Gosse William John
 (Surname first)

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

Student.

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.

Nil.

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

Clerk

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
No. *6722/38*
DATED **23 APR 1918**

4. What is the name of your Approved Society?

Nil.

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

Nil.

Date *6-4-18*

Signature *W. J. Pusee*

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 or reclassification in a category from which men are being transferred to Class P. or P.(T.) of the Reserve 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. 3 (ii), item 3, of Army Council Instruction No. 1912, 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.

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 i/c 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.1.

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

A Name in full Gosse, William John
Regiment from which discharged 1st R. N. F. D.
Regimental Number 2349
Where born (Parish, Town and County), and when St John's N.F. 12.5.1899
Intended address St John's N.F.

Height on discharge five Feet seven Inches

Colour of Hair on discharge Brown.

Colour of Eyes Light Blue

Descriptive marks Shiff L. Forum. Scar R. Eyebrow.

Complexion COPY SENT TO

Figure on discharge Medium

O.C. H.Q.

Christian name of Father James

ST. JOHNS, N.F.L.D.

Christian name of Mother Anastasia

Wife's Maiden name in full } Nil

Date and Place of Marriage } Nil

Christian names of Children } Nil

Nature and locality of civil employment desired Clerical work St John's N.F.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
OFF P.38. No. 6222/38
DATED 23 APR 1919

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) William J. Gosse
Station Wandsworth (Rank) Private
Date 10.4.18.

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.

2nd London General Hospital WANDSWORTH, S.W. 10-4-18.
Station **Date** **Medical Officer i/c 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
Wounds, and Actions in which received

Medals

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.**

1ST NEWFOUNDLAND REGIMENT
PAY & RECORD OFFICE

2349

Ref. No. 102
Rec'd. MAR 6 1917
Ack'd.
Ans'd. 10/3/17
File No. 2117/14

Essex Street Cross Hosp.
Mar 5, 1917.

I would be much obliged if you could inform me if there was a bill sent in against me for £4-18-6 for a uniform, if so stop it; as a tailor thought to fraud me in some cloth.

~~Moat~~

2349

yours Respectively
R. W. Gosse

Cable no sent. JAA

REF. NO.	1305
RECD.	MAR 19 1917
ACK'D.	do
AW'D.	
FILE NO.	

Testered Cross Hospital

Eden

Surrey

Mar. 7. '17

Dear Sir,

Would you oblige me by sending a cable message home for three pounds, so as it will be at the pay office when I get on leave, as I will be out of hospital in couple of weeks.

Yours faithfully

To Mrs. A. Goss
The W. Gosses, 7399

74 New Gower St.

St. John's

4525/284

Forms
C. 348
41

ORIGINAL

MEMORANDUM.

From Paymaster & O. i/c Rds.,
Newfoundland Contgt.,
58, Victoria St.,
London, S.W. 1.
To Officer Commanding,
2/1 Newfoundland R.,
Racecourse,
Ayr, N.B.

From

[Handwritten signature]

To

Paymaster.

ANSWER.

Pay & Record Office,

14th May, 1917.

Following has been received from the Hon. the Colonial Secretary of Nfld. please:

- "Ascertain from-
- "Whitaker- whether- 2349
- "Gosage- incapacitated-
- "may be granted-
- "furlough- full stop-
- ".....

Kindly advise to enable me to reply

*Cable
2527
N.B.*

[Handwritten signature]

for Paymaster & O. i/c Rds.

May 17th 1917.

Pls. The Colonel Sec. would appear to be misinformed.

Pls. Gosage is not incapacitated. He has been slightly wounded in the hand and is fit for all duties.

These are 2349 prospect

1ST LIEUT. USAID 2349
PROSPECT
RECORD OFFICE
Ref. No. <i>2491</i>
Rec'd. MAY 18 1917
Ack'd <i>Charm</i>
Ans'd. <i>[initials]</i>
File No. <i>[initials]</i>

COMMANDING, 2nd BATT. N.F.C. REGT.
NEWTON-ON-AYR, N.B.

No.

450.

ANGLO-AMERICAN

WESTERN UNION  DIRECT UNITED STATES
CABLEGRAM

<i>Prefix</i>		<i>Code</i>		<i>At</i>		<i>For STAMPS</i>	
WORDS		CHARGE		To		By	
				VIA ANGLO.			
THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.							

21/5/17.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

On Newfoundland Government Service.

To COLSECTY,
ST. JOHN'S

(NEWFOUNDLAND).

UNBRIGHTED FILTRATED OLEOMETER AVIARIES 2549 GOSSE NOT IMPANELIVE
PROPALABIS RECEIVING FURLOUGH.

SYNOPTICAL.

Translation:	UNFRIGHTED	=	REF. YOUR TELEGRAM 13 May.
	FILTRATED	=	Following FROM
	OLEOMETER	=	O. C.
	AVIARIES	=	2ND BATTALION
	IMPANELIVE	=	INCAPACIATED
	PROPALABIS	=	NO PROSPECT OF

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

58, VICTORIA ST. S.W. 1.

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.

King Geo Hosp
Stanford St. 96.

4 Camilla Terrace
Peverell
Plymouth

Sir - Letter forwarded
26/11/17

24 Nov. 1917

Would you be so kind as to forward
this letter to ²³⁴⁹ W Goss for me who has
been wounded in the last push and
is now in Hospital. I would also
like to know the Hospital He is in
if it is not putting you to any
trouble, seeing that I know His Mother
& Sister quite well, having served
as Chief Petty Officer Gunner Mate on
Board H.M.S. Briton in the early
part of the War.

Believing me to remain
Yours Respectfully
A. Lloyd.
C.F.O.

The Paymaster in Chief
Newfoundland Regiment

84 Mess
TR-N-B^{Ks}
Dorchester

7

BRANCH
Rtd
Jh
26/11/17

17201
25 NOV 1917
Jh 26/11/17

178/1

5th January

8

Mrs. T. Harvey,

8, Eaton Road,

West Leisley, Liverpool.

5:0:0

2349, Pte. W. J. Gosse, 1st Newfoundland

Regiment.

C
7361

177/1

5th January

8

2549, Pte. W. J. Gosse,
1st Newfoundland Regt.
King George Hospital,

2 1 17 111

5: 0:0

Mrs. T. Harvey, 8, Eaton Road, West Leisley, Liverpool.

C
7/361

2/681.



Chief
THE REGIMENTAL PAYMASTER,
Newfoundland Contingents,
58, Victoria Street, S.W.1.

I beg to forward the attached application from No. 2349.

Pte. W. Gosse, 1/ Newfoundlands.

for an advance of £ 5-0-0. (Five pounds.)

to be sent to Mrs. T. Harvey,
8, Eaton Road,
West Leisley,
Liverpool;

177 / 1
178 / 1

OK H.C.
£5-0-0
4/1/18

The King George Hospital,
Stamford Street, S.E. 1.

2nd January, 1918.

G. Hoffmann Lt.-
Bt. Lt. Col.
Major, R.A.M.C.,

Adjutant and Registrar
for Officer Commanding.

NEWFOUNDLAND CONTINGENT, PAY & ACCOUNTS OFFICE.	
- 3 JAN 1918	
ACK'D 4/1/18	AMOUNT 4/1/18
NOT RECD	
[Signature]	
BRANCH	DA
Comd.	
[Signature]	
F.S.	



Ways II
Lucy House
Isleworth,
Middlesex.
Jan. 2. '17

Dear Sir,

Could you please forward
on to my aunt, Mrs Harvey,
the sum of five pounds, of my
account.

I remain
your humble servant
- 2349 The W. J. Gossel.

The above Address.
Mrs J. Harvey
8 Cator Road,
West Leasby,
Liverpool.

L. H. Stenhouse

MATRON.

1849/1

30th January

8

Mrs. T. Hawey,

8, Eaton Road,

West Derby, Liverpool.

7504 3:0:0
2349, Pte. W. J. Gosse, Royal Newfoundland

Regiment.

1543/1

30th January

8

2349, Pte. W. J. Gosse,
Royal Newfoundland Regt.
King George Hospital,

29 1 18 1051

7504

3:0:0

Mrs. T. Hawey, 8, Eaton Road, West Derby, Liverpool.

Statement of account to 30/1/18 is enclosed.

2/727.

Chief.
THE REGIMENTAL PAYMASTER,

Newfoundland Contingent
58, Victoria Street,
London S.W.1.



I beg to forward the attached application from No. 2349.

Pte W.J. Gosse, 1/ Newfoundlands.

for an advance of £ 3-0-0. (Three pounds.)

to be sent to Mrs. T. Hawey,
8, Eaton Road,
West Derby,
Liverpool.

He also asks for a statement of his accounts, to be sent to him at this hospital.

Major, R.A.M.C.,
Adjutant and Registrar
for Officer Commanding.

The King George Hospital,
Stamford Street, S.E. 1.

29th January, 1918.

NEWFOUNDLAND CONTINGENT
BY & RECEIVED
1051
30 JAN 1918
1543/1 1542/1
2/1/18

Add to reply

Print of acct. of 30/1/18 as enclosed

1542/1
1543/1



was in
 Percy House,
 Isleworth,
 Middlesex
 Jan. 27/18

2
 424

Dear Sir,

Could you please forward on to my
 Aunt the sum of £3, and also let me
 have a statement of my accounts as they
 are at present.

I am

Sir,

Your Humble Servant
 W. J. Gasse
 2349 The W. J. Gasse

The above Address

Mrs J. Hawey

18 Eaton Road,

West Derby

Liverpool.

OK £3-0-0

AW 20-1-18

J. B. Sturges

MATRON.

To Chief Paymaster & Officer in Charge Records
Newfoundland Contingent
58 Victoria Street
London S.W.

Please remit to me to sum of (£1)
one pound on account of any balance
that may be due to me.

2349

Cte W. G. Gorse
RSM, Capt. Ret.
Approved & on behalf of Lt. Col.

2nd London General Hospital
1/3/18

OK

£1.0.0

DRB 1/3/18

Receipt No.
5899.



[Handwritten signature]

Records

420 sent.

Essex Red Cross Hospital
Essex,
Surrey.
Mar 24th 1918

Dear Sir,

Could you please oblige me, by sending a cable to Mrs A. Gosse, telling her to send on some money to the (Bank of Montreal Threadneedle St. London E.C.) also saying I will be coming out of hospital in short.

The above address

Mrs A. Gosse

74 New Tower St.

St. John's

Newfoundland.

I remain
Sir,

Your obedient Servant,

Mrs A. Gosse

NEW BRITAIN PATENT	
PAY & RECORD OFFICE	
Ref. Nos. in 2802	
Rec'd 25 MAR 1918	
Ack'd	APR 11
Ref. Nos. 001	
ACTION	
BRANCH	DATE
Comd.	
P & A.	
R & C.	
B & E.	
P.S.	

7

OC.

Esler Pay for Hospital

Esler Purvey

4701

Reference passed & approved
Promoted for your approval
please

Edith Maitland
Commandant

NEWFOUNDLAND CONTINGENT.

J. F. H. M. ...
CHIEF PAYMASTER & OFFICER I/C RECORDS.



W. J. ...



OK. £ 4.0.0 To Chief Baymaster
Newfoundland Docking wh.
By the Cash Office
58 Victoria St.
6/3/11
Receipt No. 6311
M.P. 3078

Please remit to Mr. P. G. Gosse
the sum of £4, on account of
any balance that may be
due me.

Paul Martin
Commandant
March 29-1918

23.49 P. G. Gosse



5063/118

3rd London Gen. Hospital,
Wandsworth.

3rd April

8

2349, Pte. W. Goss

✓
B968

31 3 18

Pay to 2349 Goss £5:0:0

See No 2 of

[Handwritten signature]

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

Ref. Nos IN 3330

Rec'd 11 APR 1918

Ack'd Ans'd

Ref. Nos. 001

B.G.F.

8/4/18

ACCEPTED UPON	
BRANCH	BY
Comd	
P & F	
R & C	
B & P	
P.S.	

with a letter containing
sent to Pt. W. J. Gosse
It has been opened by Gosse
& he finds that he is not the Soldier
in question; ~~at least~~. Presumably
it is Pt. W. J. Gosse who was
wounded on the 5th July & has now
returned home. Please forward
same to W. J. Gosse who has returned
to Nfld.

I have the honour
Yours truly
J. B. S.

Your obediently
Esticks Lt

TO.

1st Royal Nfld. Regt

2349
Gosse

To Major A. C. Finnewell
c/o Pay & Record Office
58 Victoria St
London E.C. 1

5779/2/c.

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

2349, Pte. Wm. Gosse,
Royal Nfld Regt.,
3rd London G. Hospital,
Wandsworth, S.W. 18.

12/4/18

MONEY ORDER.

Will you please inform me if you have an uncle living in Rossland, B.C., and what his name is?

A money order was sent to a "Private W.J. Goss" and was delivered to the wrong man. I am now endeavouring to find the rightful owner.

Major,

Chief Paymaster & Officer i/c Records.

HA/JC

ward 3.
3rd London General Hosp.
Wandsworth.
April 13, 18

Dear Sir,

With reference to your
letter of the 12th inst. I have an
Uncle in Fossland B.C. His name
is Mr John Lynch.

Where the trouble is he did not
spell my name with an E. when
I joined the Army my name was
spelled with an E.


I remain

Sir

Yours Obedient Servant

2349 The W. J. Fosse

NEWFORELAND CONTINGENT, PAY & RECORD OFFICE,
Ref. No. 3422
Rec'd 15 APR 1918
Ack'd
Ref. Nos. 001
PA.
Crmd
P & C
R & C
B & F
P S.



5839/3/R. & C. OFFICER I.C. RECORDS.
NEWFOUNDLAND CO. H. GENT.
53, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

15/4/18.

2349, Pte. W.J. Gosse,
Royal Newfoundland R.,
3rd London G. Hospital,
Wandsworth, S.W. 18.

MONEY ORDER.

In reply to your letter of 13/4/18
(3422): I enclose herewith the letter from
your uncle containing the Money Order for
five dollars. Kindly acknowledge to this
Office, and please explain the circumstances
to your uncle when you write. He should be
asked to quote your regimental number in
future. Your letter was opened by 963, Pte.
W.J. Gosse, who is now with the B.E.F.

Major,

Chief Paymaster & Officer i/c Records.

HA/JC

5838/1/R.

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

15/4/18

Lieut. G. Hicks,
Transport Officer,
1st Battalion,
Royal Newfoundland R.,
B. E. F.

2349, PTE. W.J. GOSSE.

With reference to your letter of 8/4/18 (3330): letter containing Money Order for five dollars has been forwarded to 2349, Pte. W.J. Gosse, who is now at the 3rd London General Hospital, and to whom, it has been established, it rightly belongs.

Major,
Chief Paymaster & Officer i/c Records.

HA/JC

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

MEDICAL HISTORY

Surname Gesse Christian Name William E2

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.	REGULAR ARMY
Examined	on <u>28th</u> day of <u>March</u> 19 <u>16</u> at <u>Saint John's Nfld</u>	on _____ day of _____ 19 <u>1</u> at _____
Declared Age....	<u>18</u> years <u>10</u> mos <u>00</u> days	_____ days
Trade or Occupation		
Height	<u>5</u> feet <u>6</u> inches	_____ inches
Weight	<u>121</u> lbs.	_____ lbs.
Chest Measurement {	Girth when fully expanded... <u>35</u> inches	_____ inches
	Range of expansion... <u>4 1/2</u> inches	_____ inches
Physical Development....		
Vaccination Marks {	Right	Left
	Arm	_____
Number	<u>1</u>	_____
When Vaccinated	<u>3 yrs ago</u>	_____
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>L. J. Paterson</u>	
(Rank)	<u>Capt</u>	
	Medical Officer.	
at	<u>S. John</u>	at
Enlisted	on <u>26th</u> day of <u>March</u> 19 <u>16</u>	on _____ day of _____ 19 <u>1</u>
	Corps. _____ Regtl. No. _____	Corps. _____ Regtl. No. _____
Joined on Enlistment....	<u>15th Feb Reg 2349</u>	
Transferred to	<u>Newfoundland</u>	
Became non-effective by	on _____ day of _____ 19 <u>1</u>	on _____ day of _____ 19 <u>1</u>
(Signature)		
(Rank)		

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W.
15 APR 1917
PAY & RECORD OFFICE

COPY SENT TO
O.C. H.Q.
ST. JOHN'S, N.F.L.D.
6/22/38
No. _____
22 APR 1918
BIRTHED _____ Left

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W.
9 1917
PAY & RECORD OFFICE

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W.
9 - NOV 1917
PAY & RECORD OFFICE

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further 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				
3rd LONDON GENERAL HOSPITAL WANDSWORTH.	8	2	17	26	3	17	G.S.W. VIII. 1. Rhum	46	wounded 27 Jan 1917, wound of Rhum. It removed from palm - Furlough	W. S. P. [Signature] Capt. [Signature]
THE KING GEORGE HOSPITAL No. _____ Date _____ STAMFORD ST. L.	11	7	10	2	18	G.S.W. L. Ann VIII-1 Franco Injury to Median Nerve	96	9 Oct. 14. Wounded France On admission. A small healed wound below & lateral to Elbow joint (Entry) Median Nerve damage. No evidence of fracture. 13. 11. 14. A.T.S 500 units, 3 rd Injections 16. 11. 14. Trans to Aux Hosp 10. 2. 18. Trans. to 3rd London	[Signature] BT: LT. COL. R.A.M.C.	
5rd London General Hospital, WANDSWORTH, SW2 18						G.S.W. L. Ann Fractured blue		Board held - see over leaf Sightability - Fractured blue repair Cause - [Signature] Capacity - been a boiler hood lessened by 80%	[Signature] 3rd London General Hospital, WANDSWORTH, S.W.	

Goose W. J.

2349

Pay Dep-

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

- Christian name *William J. Goss*: 2. Surname.....
3. Rank... *Sergeant* 4. Regt. No. *23rd 9*.....
5. Address in full to which future payments of gratuity are to ~~be~~ forwarded... *14 New Gower St. St. John's Newfoundland*.....
6. Date of enlistment in the Regiment... *29. 3. 16*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *Mrs. Anas Lalia Goss* *YES*.....
8. Relationship of such dependents... *Mother*.....
9. Address in full of such dependent... *14 New Gower St. St. John's Newfoundland*.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No*.....
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Not Applicable*.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *from 29. 3. 16 to 19. 3. 19*.....

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

Not Applicable

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

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

Demobilized

20. Did you at any time serve at the front in an actual theatre of war? If so give particulars of places, and days of such service.....

From 30.9.16 to 21.1.17 in France and from 1.8.17 to 9.10.17 in Belgium

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

(b). If so, are you in receipt of full pay and allowances from that Committee.....

Not Applicable

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

Signature of Applicant:

William J. Goss

Place of Residence:

74 New Dover St, St John's, Nfld

Declared before me at:

St John's, Newfoundland.

This

28

day of

Aug

19*57*

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

[Handwritten Signature]

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

COPY

Space to be left blank for the Chelsea Number.



Proceedings on Discharge.



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

No. <u>2349</u>	Army Rank <u>Private</u>
Name <u>Cassell William John</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>	
Battalion, Battery, Company, Depot, &c. <small>(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.)</small>	
Date of discharge _____	
Place of discharge _____	
1. <u>Description at the time of discharge.</u>	
Age <u>18</u> years <u>10</u> months	Descriptive marks. <u>Stiff Left Forearm</u> <u>Scar Right Eyebrow.</u>
Height <u>5</u> feet <u>7</u> inches	
Chest measurement { girth when fully expanded <u>35</u> ins. range of expansion <u>4 1/4</u> ins.	
Complexion <u>Fresh</u>	
Eyes <u>Light Blue</u>	
Hair <u>Brown</u>	
Trade _____	
Intended place of residence (To be given as fully as practicable) <u>St Johns Newfoundland</u>	
<small>(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.)</small>	
2. The above-named man is discharged in consequence of <u>Wounds received in Action.</u>	
<small>(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.)</small>	
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. 2087* and that Army Form D. 489 was awarded in this case.	
Initials of Commanding Officer. _____	
Army Form B. 2088 has been issued to* _____	

1918

To be filled in on the soldier quitting the Colours.

* Strikes out if not applicable.

COPY

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 i/c 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.1.

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

A Name in full Gosse William John
 Regiment from which discharged ROYAL NEWFOUNDLAND REGIMENT.
 Regimental Number 2349
 Where born (Parish, Town and County), and when St. John's 12.5-1899
 Intended address St. John's N.F.
 Height on discharge Five Feet Seven Inches
 Colour of Hair on discharge Brown Colour of Eyes Light Blue
 Descriptive marks St. J. N.F. Sea & Eye-brn Complexion Flesh.
 Figure on discharge Medium
 Christian name of Father James
 Christian name of Mother Anastasia
 Wife's Maiden name in full }
 Date and Place of Marriage } Nil
 Christian names of Children }
 Nature and locality of civil employment desired Clerical Work St. John N.F.



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) Gosse William John
 Station Wandsworth (Rank) Plt
 Date 10-4-18

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.

3rd London General Hospital Gosse William John Medical Officer i/c
 Station Wandsworth SW Date 10-4-18 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
 Wounds, and Actions in which received

Medals

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.

S E C O N D B O A R D .

Form Z179 N. M. D.

Report of Medical Board.

Station	St. John's, Nfld.	Date	August 14/19.
No. and Rank	2349 Pte.	Age	19.
Name	Gesse Wm J.	Height	5'7".
Unit	Royal Newfoundland	Complexion	Fresh
Address		Eyes	L. Blue
Former Trade	Student	Hair	Brown.
Enlisted at	St. John's. On 29/3/16.	(The Board will please note how the soldier's appearance corresponds with above description).	
Disease or Disability	Original	GUN SHOT WOUND L. HUMERUS. FRACTURED ULNA.	
	Subsequent		

Present Condition (Compare with previous Board)

Wds. soundly healed has good movement at Elbow. Cannot supinate the arm. Has fair grasp. Not likely to improve much more.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: ~~15%~~ What extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his 'disability due to or incurred during service?

Recommendation of Medical Board

15%.

Members of Board

Discharge permanently unfit.

(SGD) CLUNY MACPHERSON. MAJOR.

Approving Medical Officer

(SGD) N.S. FRASER.

" **J.S. TAIT.**

" **L. PATTERSON. MAJOR.**



Report of Medical Board.

Station **St. JOHN'S NFLD.** Date **MAY 10th., 1918**
 No. and Rank **2349 - PRIVATE** Age **18** Height **5'7"**
 Name **GOSSE, WM. J.** Complexion **FRESH**
 Unit **ROYAL NFLD.** Eyes **LIGHT BLUE** Hair **BROWN**
 Address
 Former Trade **STUDENT**
 Enlisted at **ST. JOHN'S** On **23/3/16** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability · Original **GUN SHOT WOUND LEFT ARM. FRACTURED ULNA**

Subsequent

Present Condition (Compare with previous Board)

*Small scar over knuckle of index finger left hand
 no disability.
 Scar below left elbow. Scar below long fractured
 radius below involving muscle. Has fair
 motion in arm & wrist*

Has he been employed, and by whom?

Average Weekly Earnings

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

60% six months

Recommendation of Medical Board

Fit for duty

Members of Board

[Signature]
[Signature]
[Signature]

Approving Medical Officer

Chas. Macpherson
Major

D. M. S. NEWFOUNDLAND.



Medical Report on an Invalid.

Station

3rd London General Hospital
Wandsworth SW

Date

16-4-18.1. Unit ROYAL NEWFOUNDLAND REGIMENT.7. Former Trade }
or Occupation }Student.2. Regimental No. 2349

7A. If with previous service in Army, state—

3. Rank Private.

(a) Former Unit;

4. Name Gosse, William John

(b) Regimental No.;

5. Age last birthday 18

(c) Date of Discharge;

6. Enlisted

on 29-3-16
at St John's Rfd.(d) Cause of Discharge. } Nil.

8. Disability in respect of which invaliding is Proposed.

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

Y.S.W. Left Arm. Fractured Ulna.

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.

9th October 1917

10. Place of origin of disability.

Belgium

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

He received 7 or 8 wounds of left forearm, just below the elbow. Ulna is said to have been fractured & the Median Nerve damaged. He had two operations. One in France where the wound was cleaned & the Brachial Artery washed (2) In England at Epsworth where a piece of dead bone was removed. Wounds now healed.

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).

Y.S.W.Active Service

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

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

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.

Wounds healed, one on inner side of elbow has a puckered scar. Wasting of muscles of hand and forearm. Limitation of movement at Elbow.

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

(a) In action?

(b) On field service?

(c) On duty?

(d) Off duty?

Yes
Yes
Yes
—

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

Yes two (1) Fracture of Brachial Arterial (2) Ischemic Nerve of Ulna

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

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

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

20. Do you recommend—

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

Permanently Unfit

Sgt. D. Davies CB

Officer in medical charge of case.

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

except† 3rd London General Hospital
Station Wandsworth SW

Sgt. H. E. Spicer Porter
Officer in charge of Hospital.

Date 16-4-18

Comdg. 3rd Lon. Gen. Hospital.

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

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

Opinion of the Medical Board.

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

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

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

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

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

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

(i.) Service during the present war; Yes

(ii.) Climate; Yes

(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? GSW left arm fracture of ulna

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

23. Is the disability permanent? Yes

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? 80

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

26. If an operation was advised and declined, was the refusal unreasonable? Vide 16

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England? Yes return to Newfoundland

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

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended. Yes massage as outpatient

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

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

Station London General Genl. McDam Capt R.M.C.T. President.
Wandsworth SW Capt. H. Morrison Davies Capt R.M.C.T. Members.

Date 17-4-18

Approved London General
 Station Wandsworth SW Genl. McDam Capt R.M.C.T. Administrative Medical Officer.

Date 17-4-18

COPY.

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^A to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Lassle Christian Name William

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

Examined ... { on 23rd day of March 1916
 at Saint Johns A.F.

Declared Age ... 18 years 10mos days

Trade or Occupation ... _____

Height ... 5 feet, 6 inches.

Weight ... 121 lbs.

Chest Measurement { Girth when fully Expanded. 35 inches.
 Range of Expansion 4 3/4 inches.

Physical Development ... _____

Vaccination Marks { Arm ... _____ Right _____ Left _____
 Number _____

When Vaccinated ... 3 years ago

Vision ... { R.E. - V = 6/6
 L.E. - V = 6/6

(a) Marks indicating congenital peculiarities or previous disease ... _____

(b) Slight defects but not sufficient to cause rejection ... _____

Approved by (Signature) Ed. Lambert Peterson
 (Rank) Capt Medical Officer.

Enlisted ... { at S. Johns
 on 23rd day of March 1916

Corps.	Regtl. No.
ROYAL NEWFOUNDLAND REGIMENT.	<u>2349</u>

Joined on Enlistment ... _____

Transferred to ... _____

Became non-effective by _____

on _____ day of _____ 1916

(Signature) _____

(Rank) _____



Table II.—Only for Admissions to Hospital or to the Sick L

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks
	Day	Month	Year	Day	Month	Year			
3rd London General Hospital Wandsworth SW	8	2	17	26	3	17	Gen. VIII, A hand	46	
King George Hospital London SE	6	11	17	10	2	18	Gen. L Arm VIII, Injury to to Median Nerve	96	
3rd London General Hospital Wandsworth SW	10	2	18				Gen. L Arm Fractured Ulna		

at in the case of Warrant Officers treated in quarters.

bearing on the cause, nature, or treatment of the case, likely to be of interest or of future
 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
 shown in the special syphilis case sheet.

Signature of Medical Officer

Wounded 27-1-17 Wound of hand IB
 removed from palm. Lough.

(Sgd) E.A. Bingley
 Capt R.M.C.T

9/10/17 Wounded France. On admission a
 small healed wound below & external to
 Elbow joint (Entry) Median Nerve damage
 No evidence of fracture

(Sgd) J.L. Pamy
 Lt Col R.M.C.T

13-11-17 400's 500 units 3rd Injection
 16-11-17 Trans to Aux Hosp
 10-2-18 Trans to Bid London

Board held - see overleaf
 Disability - Fractured Ulna Left arm
 wasting of muscles limitation of movement
 Cause - G.S.W
 Capacity - I earn a livelihood lessened
 by 80%

(Sgd) W. Pagan
 Capt R.M.C.T
 Bid London Gen. Hpl
 Wandsworth SW

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

Date	Brief details, and signature
1-7-16	1st Inoculation H.
10-7-16	2nd " " H.
14-8-16	Successful Vaccination H.W.
22-9-16	3rd Inoculation Para T H.W.
29-9-16	Fit for Foreign Service H.W.
17-4-18	Board held.
	Finding.—Permanently Unfit
	Board approved 17-4-18
	(Sgd) J. Hagan Capt R.A.M.C.
	2nd London Genl Hospital
	Wandsworth SW

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation



DEPARTMENT OF MILITIA

 STATEMENT OF ACCOUNT OF 2349 Pte W. Gosse

 FROM 11/5/18

 TO 28/5/18

(both days inclusive)

 LEDGER FOLIO NO. 142

Date	Particulars	No. of Days	Rate per Day	Amount	
				Dr.	Cr.
	CR.				
	Pay	28	100		2800
	Field Allowances	28			280
	Other "				
	Balances from previous paybook				
	<i>alloc.</i> DR.	28	50	1400	
	Forfeited Pay				
	Fines				
	Clothing and Necessaries				
	Arms and Accoutrements				
	Casual Payments				
	1st Payment				
	2nd "				
	3rd "				
<i>Open Bof 18</i>	Balance from previous paybook				579
	Final Cash Payment				
	Totals			1979	3080
	Debit Balance				
	Credit Balance				
	Checked by <i>[Signature]</i>			1101	3080

MAY 28 1918

LAST PAY CERTIFICATE

DUPLICATE
MAIL COPY
Posted 4-Mar

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

Regtl No. 2549 Rank Private Name V. Gosse Unit Royal Field Regt. who was Repatriated
to Newfoundland on 24 / 4 / 15 Authority A.F.B. 179 Cause Repatriated

STATEMENT OF ACCOUNT

DR.					CR.				
PARTICULARS					PARTICULARS				
	£	s	d			£	s	d	
Balance Dr. from				Balance Cr. from	21/12/19	15	10	10	Balance Cr.
Allotment 124 days @ 50¢	62	00		Pay 124 days @ \$ 1.00		124	00		Pay 124 days
Cash Payments: P. & R.O.			27	Field Allow 124 days @ \$.10		12	40		Field Allow
Cable to F.M.I.				Other Allowances days @ \$					Other Allow
Hospital Advances			2	Other Credits:					Other Cr.
			17	Ration Allowance					
Other Debits:				19/4/19-24/4/19, 6 days @ 1/9				10	6
				Total Credits		44	1	10	Total Credits
Total Debits			42	Balance due to Paymaster					Balance due
			18						
Balance due by Paymaster			1			44	1	10	
			5						
			1						
			44						
			1						
			10						

PERIOD: FROM 22/12/17 TO 24/4/18

CHECKED
23/4/18

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

(Place) _____ (Date) 191 _____ (Place) _____ (Date) O.C. " _____ Company.

Made up/Checked in accordance with information received in the Pay & Record Office with London, S.W. on 23/4/18 and is therefore subject to amendment if and as may be found necessary.

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

23-4



The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 2349 Rank Sgt Name Gosse W J
 Date of Enlistment 28-3-16 Address 74 New Queen St District N 1/2 John
 Occupation Student Classification for Discharge B Medical Category E
 Recommendation S.M.B. _____ Disability Rating 15 0/0

Passed to Demobilization Officer with following documents:—

N.F. P36	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 16-8-19

R R Cooper Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. W Gosse

Particulars passed to Vocational Officer for information and action.

Date 18-8-19

2. Clothing.

Certified that Clothing Regulations have been complied with

(a) Clothing Allowance payable

(b) Clothing Supplied

Date 18-8-19

O. I. c. Re-clothing.

3. Transportation and Release Certificate.

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

44. *John G. ...* Release Certificate No. 3809 issued.

Date 18-8-19 *J.A. ...*
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 17-19

Date 18-8-19 *L.P. ...*
Depot Paymaster

Discharge approved for 18-8-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 18-8-19 *J.A. ...*
Demobilization Officer

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date AUG 18 1919

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

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To take up Commercial Course.

W. G. Park

Signature of Man.

Reg. No. 20119

L. Campbell

Signature of the Vocational Officer or his Representative.

Place

Gravelle Hall

Date

Aug 19, 1919

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9-8-19

Regimental No. 2349

Name

William J. Hoss. Serjt.

Address

Present Medical Category

E

Recommended for:—

(a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board

for *R. Lodge Capt*
O.C. Discharge Depot.

Watson
Senior Medical Officer

Geo Burden
M.O. Depot

LAST PAY CERTIFICATE ORIGINAL

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. 2349 Rank Private Name W. Gosse Unit Royal Nfld. Regt. who was Repatriated
to Newfoundland on 24/4/15 Authority A.F.B. 179 Cause Class A.

STATEMENT OF ACCOUNT

DR.	PARTICULARS					£	s	d	PARTICULARS					£	s	d	CR.
	£	s	d	£	s				d								
	Balance Dr. from								Balance Cr. from 21/12/15				15	10	10		
	Allotment 124 days @ 50¢	82	00	12	14	9			Pay 124 days @ \$1.00	124	00						
	Cash Payments: P. & R.O.			27	0	0			Field Allow 124 days @ \$.10	12	40						
	Cable to Nfld.				7	0			Other Allowes days @ \$	136	40	28	0	6			
	Hospital Advances			2	17	0			Other Credits:								
	Other Debits:								Ration Allowance				10	6			
									19/4/18-24/4/18, 6 days @ 1/9								
	Total Debits			42	18	9			Total Credits			44	1	10			
	Balance due by Paymaster			1	3	1			Balance due to Paymaster			44	1	10			
				44	1	10						44	1	10			

PERIOD: From 22/12/17 to 24/4/18

CHECKED
[Signature]
23/4/18

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

191

(Place) _____ (Date) _____ O.C. " " Company.

Made up/Checked in accordance with information received in the Pay & Record Office London, S.W. to 23/4/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

23-14-1918

[Signature]
Chief Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2349 Rank Sgt Name George W. Jones
 Intended place of residence 74 New Lower St - St John's
2. Occupation Shoemaker
 Classification of soldier B Medical Category E
3. The above named man is discharged in consequence of _____

DEMobilIZATION Eligible for War Service Gratuity

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

Place, ST. JOHN'S

Date Aug 18th 1919for A R Cooper 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, ST. JOHN'S

Date 18-8-19W. Jones
Signature of soldierA. Knowlton
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am ^{not} in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 18-8-19W. Jones
Signature of soldierJames G. Newman
Signature of witness
SP.

STATEMENT OF SERVICE

7. Enlisted for service 28-3-16 No. of days on Military
 Discharged from service 18-8-19 Plus 14 days Service 1254
1253

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date AUG 18 1919R. H. East Major
Officer in Charge Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date September 1/1919M. Howley Capt.
Officer in Charge
The Royal Newfoundland Regiment

AD B 2079/3809

6251

74 New Gower St.,
St John's,
August 31, 1919.

Dear Sir:-

I beg to make application
for separation allowance from the
29th March 1916. the date of my enlist-
ment, to November 1917.

I have been receiving separation
allowance from November 1917 to
the date of my discharge August 18th
1919. Trusting you will give this due
consideration.

I am, Sir,
Your Obedient Servant,
2249. Sergeant W. J. Goss.

Sept.1,1919

#2349 Sgt.william Gesse
#74 New Gewer St.,
CITY.

Dear Sir:-

Please find enclosed Discharge Certificate #3809.

Yours truly,

Captain & Paymaster.

List of Anastasia Goss's Children

	Years	"
Private Willie Goss	18	"
Annie	17	"
Mary	16	"
Sauwita	13	"
Jean	12	"

The adopted children of the
late David & Johanna Goss

	Years	"
Mary	20	"
Ellen	19	"
Francis	15	"

Anastasia Goss To the Gosses

SEPARATION ALLOWANCE.

Claimant..... *Annastatia Gosse (Mother)*
On account of *Wm Gosse* No. *2349* Rank *Sgt*.....

Decision..... *approved*
.....
.....

A E Newman

J M Rowley Major

Date..... *Oct. 4/1919*

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

Alotment of *50¢* per *day* payable to *Mrs James Gosse*
his *mother* from *11/7/18* to *1/9/19*
Discontinued on account of *being disch'd*

L. C. Staff Sgt

2623

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

1MOTHER.

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. Regt. No.
William J. Goss *Sgt* *Newfoundland* *2349*
2. Age of soldier. Married or Single.
Sixteen years *single*
3. Name in full of mother. Age. Occupation. Permanent Address.
Anastasia Goss *52 years* *Sgt* *74 New Found St*
Super
4. Give name of your husband. Age. Occupation Where Employed.
Husband dead twelve years
5. If your husband is not supporting you state the reason.
Dead
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 had been totally incapacitated, and for how long incapacity is likely to continue.) *Dead*
7. If you are a widow, state date and place of death of your husband.
Dead at St. Johns. September 13th 1907
8. Have you married again since death of above mentioned husband?
no.
9. Names of your other children. Address in full. Age. Occupation Married or Single.
Nancy Goss *74 New Found St.* *19 years* *single*
Mary Goss *15* *"*
Louise Goss *14* *"*
Jean Goss *13* *"*

10. State amount earned by (a) Yourself
(b) Your husband.
-
11. State amount and source of any other income. *None*
-
12. State value of real property belonging to you and your husband. *No*
-
13. State value of personal property belonging to you and your husband. *None*
-
14. If husband is dead state value of real and personal property left by him. *Nothing left by him.*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *Nothing. School boy*
-
16. Was this amount contributed weekly or monthly. *None*
-
17. Did this amount include payment of soldier's board, etc. *None*
-
18. State your son's trade or occupation prior to enlistment. *School boy*
-
19. State amount of his wages per week. *None*
-
20. State name and address of his last employer. *None*
-
21. State amount of monthly support from son since enlistment. *None*
-
22. State amount of allotment received by you from son since enlistment. *15 dollars a month*
-
23. State from what date did you receive allotment? *May 1916*
-
24. Actual amount contributed by other children. Weekly Monthly. *None*
-
25. Are any of these children in the employ of you or your husband? *No.*

- 26. If not receiving support from other children, state cause. Explain fully. *No*

- 27. With whom are you residing at present? *Keeping a shop. 74 New Gower St*

- 28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *Yes. Since Feb. 1918*

- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *Yes Since Feb. 1918*

- 30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No*

- 31. Was the soldier at the time of his enlistment an employee of the H.M. Government. *No*

- 32. In what capacity and in what place? *No*

- 33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *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. *Amadeo L. Garcia*
 Place of Residence. *74 New Gower St.*
 Declared and subscribed before me at. *St. John's*
 this. *15th* day of. *September* 191*9*
 Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *L. C. Valley*

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

Signature of Clergyman. *Rev. E. J. Wilson, Rector, St. John's, Nfld.*
 Signature of member of the Patriotic Fund Committee. *F. J. ...*

Oct.14,1919

Mrs.Anastatia Gesse,
#74 New Gower St.,
City.

Dear Sir:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for Two hundred and eighty dollars (\$280.00) in payment of same.

Yours truly

Major
Paymaster.

NOTICE

FIRST DEFENDANT RESIDENTS,
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 TAXMASTER,
Separation Allowance Branch,
St. John's, Bld.

1. Name in full of Soldier.	Rank	Reg't. or Unit.	Reg't. No.
William John Gosse	Private	2/1 Newfoundland Regt.	2349.

2. Age of soldier	Married or Single.
18 (May 12 th 1917)	Single.

3. Name in full of Mother of Soldier.	Age	Occupation	Permanent Address.
Ameliana Gosse	50.	Shopkeeper	74 New Lower Street.

4. Give name of your husband	Age	Occupation	Where employed.

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 invalidity. (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.

Husband, James Gosse died at 74 New Lower Street, St. John's September 13th 1907.

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

No J.M.A.

9. Names of your other children.	Address in Full	Age	Occupation	Married or Single
Anne Gosse	74 New Lower St.	17	Schoolgirl	single
Mary Gosse	"	15	"	"
Louise Gosse	"	13	"	"
Lea Gosse	"	12	"	"

(Note. The following names Molly Gosse (20) Bella Gosse (19) & one nephew, Francis Gosse (11) are also in the care of the applicant, (the niece helping in house & shop):

10. State amount earned by (2) yourself (a) *About \$500 per year from*
 (b) ~~your husband~~ (b) *Shop.*
-
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~~. *about \$400 (Furniture etc):*
-
14. If husband is dead state value of Real and Personal Property left by him? *Nil.*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *nothing. Was at school.*
-
16. Was this amount contributed weekly or monthly. *—*
-
17. Did this amount include payment of son's Board etc? *—*
-
18. State your son's trade or occupation prior to enlistment. *Schoolboy.*
-
19. State amount of his wages per week. *nil.*
-
20. State name & address of his last employer. *None*
-
21. State amount of support monthly, from son since enlistment. *No support, except allotment of \$15 a month since found overseas:*
-
22. State amount of Allotment received by you from son monthly. */*
-
23. From what date did, you receive Allotment. *About August 7th 1916*
-
24. Actual amount contributed by } *weekly Monthly.*
 other children *Nil Nil.*
-
25. Are any of these children in the employ of you or husband? *No* *No*
-
26. If not receiving support from other children state cause. Explain fully. *Children attending school.*
-
27. With whom are you residing at present. *Keep own house*
-
28. Have you made a previous claim for Separation Allowance? If not, why? Give particulars. *Have not made previous applications, - only recently introduced.*
-
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? *None*
31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government? *No*
32. In what capacity and in what place? *See previous answers*
33. Is he in receipt of a salary as such while serving in the 1st. Mil. Reg't? If so, how much? *None*

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..... *Augustine Gosse*

Place of Residence *74 New Queen Street*

Declared and subscribed before me at..... *Saint John's*

this *eight* day of *November* 1917

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

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.

Signature of Clergyman..... *Jos. F. P. Murphy, C.C.*

Signature of Member of Patriotic Fund Committee..... *John P. Hume*

Approved 15/1/18

W.F.R.
[Signature]

ST. JOHN'S, FEB 28 1919

Royal Newfoundland Regiment.

Billeting Account,

To Sgt. W. Gorse

Billeting Soldiers as undermentioned

from Feb 21st /19 to Feb 28th /19

<u>2349 - Sgt. W. Gorse</u>	<u>7 20</u>
-----------------------------	-------------

Certified correct for \$ 7. 20

A.S. Joseph A. Snow
Billeting Officer

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ $\frac{15}{100}$ 00
100

May 8 1918

Received from the First Newfoundland Regiment
the sum of Fifteen Dollars.
on account of Pay.
balance

Ck. No.	6443	Initials	EW
Pay Ledger	175	Initials	RP
Gen. Ledger	200	Initials	RP

Regtl. No. 3349

Rank

The Lt. Col. Pass

RP

Reg. No. 2309 Rank. 1st Name. George W. J.
 Attested Address. 742 W. James St.
 Allotment..... Allottee ..
 Date of Allotment..... Returned from Overseas. 7.5.14.
 Returned on S S..... Cause.....

10.5.18 Rec. Class 3.

12.5.18 Reported to Hdqrs for duty

4.12.18 To be acting Sergeant

1.8.19 Approved for Staff pay from 28.11.19.

5.8.19 2nd Lt

Rec discharge from the Army

C.R. 2349

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of
2 inches of Riband of Victory Medal-1914-1919.

NO. 2349 NAME W. J. Howe

DATE Jan 15 1920

PLACE St John's MeS

RECEIPT.

C.R. 2349

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British Victory Medal-1914-1919.

DATE *June 14* 19*19*.....

PLACE *St. Louis*.....

NO. *7349*.....NAME *H. J. Goss*.....

Receipt for Army Book 64

No. 2349 Name Gosse

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

Date July 11 1920

Place St. John's APO

Name W. J. Garrison

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

7

Regiment or Corps *1st Newfoundland*
 Rank *Lance Corporal* Surname *Gosse* Christian Name *Wm. J.* *-1628*
 Religion *RC.* Age on Enlistment *18* years *10* months.
 Enlisted (a) *Mar. 29/16* Terms of Service (a) *Duration of War* Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.



Report	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form R. 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 _____				
	Em Disembarked Southampton <i>3</i>		<i>3</i>	<i>OCT 1916</i>
	Disembarked ROUEN <i>4</i>		<i>4</i>	<i>OCT 1916</i>
	Joined Battalion	Disembarked ROUEN	14 OCT 1916	
<i>6C Mil</i>	<i>Defined lance Staff & awarded 14 Days P.N. France</i>		<i>10/12/16</i>	<i>6180 S.O.B.</i>
		WILD BATT. 28. I. 17		
<i>89 I.A.</i>	<i>Admitted 1st Hand. transf CCL</i>		<i>28/1/17</i>	<i>C.D. 9583</i>
<i>1 Aust. by Army Adm.</i>	<i>1st Hand. Rouen</i>		<i>2/2/17</i>	<i>HA 6453</i>
<i>HS 4th Patrick</i>	<i>Included to England</i>		<i>4/2/17</i>	<i>W 3083</i>
		Barthell		
		CAPTAIN		
		Officer i/c No. 1 Regular Infantry Section		
		General Headquarters, 3rd Echelon		

COPY SENT TO
 O.C. H.Q.
 ST. JOHN'S, N.F.L.D.
 P. 38. No. *6272/38*
23 APR 1918
 DATED _____

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shooting Smith, &c.

Casualty Form - Active Service.

Regiment or Corps *Newfoundland*
 Rank *Pte* Surname *Grice* Christian Name *John*
 Religion *Roman Catholic* Age on Enlistment *18* years *10* months.
 Enlisted (at) *St. John's* Terms of Service (at) *Duration* Service reckons from (at) *27/8/16*
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____
 Signature of Officer. *James Capt*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 26, 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. 26, or other official documents
Date	From whom received				
			Embarked <i>Hampton</i>	<i>5.8.17</i>	
			Disembarked... <i>Rouen</i>	<i>7.8.17</i>	
			Joined Battalion	<i>28 AUG 1917</i>	<i>B 213</i>
	<i>of Unit</i>	Wounded in Action		<i>9 OCT 1917</i>	<i>B 213</i>
<i>9-10-17</i>	<i>89 F A</i>	<i>ld SW femoral (fracture) trans</i>	<i>61 Bk S</i>	<i>9-10-17</i>	<i>827933</i>
	<i>2nd Bn</i>	"	<i>L Hospital</i>	<i>11-10-17</i>	<i>44 15058</i>
	<i>1st Bn</i>	<i>Wounded in Action</i>	<i>England</i>	<i>5/17</i>	<i>47 2002</i>

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS. N.F.L.D.
 F.P.38. NO. *1224/18*
83 APR 1918



James *2nd Lt*
 MAJOR
 Co. 1st Bn. 1 Infantry Section
 G.H.Q., 3rd Echelon

(NOTE) If a case of a man who has re-engaged or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (1) Signaller, Shipping Office, etc.

2349

Casualty Form—Active Service **C.R.**

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT

Rank *Pvt.* Surname *Gault* Christian Name *Wm J*Religion *Roman Catholic* Age on Enlistment *18* years *10* monthsEnlisted (a) *1916* Terms of Service (a) *Duration* Service reckons from (a) *29/3/16*

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

Extended (.....) Re-engaged (.....) Qualification (b).....
or Corps Trade and Rate.....Occupation *Capt. R. W. March Capt.* Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 103, 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. 103, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked	<i>St. John's</i>	<i>5-8-17</i>
			Disembarked	<i>Rouen</i>	<i>7-8-17</i>
			Joined	<i>Battalion</i>	<i>28-8-17 B213</i>
	<i>1/c Unit</i>	<i>Wounded in Action</i>			<i>9-10-17 B213 14/10/17</i>
<i>9-10-17</i>	<i>897th</i>	<i>Ad SW forearm (fracture) trans</i>	<i>61 CCS</i>	<i>9-10-17</i>	<i>ED 1933</i>
	<i>2 Cav Gen App</i>	<i>" do "</i>	<i>Sub-report</i>	<i>11-10-17</i>	<i>Ad 15058</i>
	<i>M's Grantully Castle</i>	<i>Invalided to England</i>		<i>5/11/17</i>	<i>W 3083</i>



(Sgd) L. Heavy
for Major
of the 2nd
2nd Echelon

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Colish & Sons Ltd., Printers, Old Bailey, E.C.
 (1914) W50117/2124 1000m 6/15m 63 5G

Number of Sheet One

Regiment of 1st Newfoundland

Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>1349 Grosse Pointe</u>	Age on	<u>18</u> years <u>10</u> months	<u>Student</u>	
Joined	Date	Place and Date of Enlistment	<u>St. Johns</u>	Religion	
Joined	Date	Period of	<u>Mar. 29/16</u>	<u>R.C.</u>	
Joined	Date		{ with Colours <u>3 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	



Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order (Specifying with trial)	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>1</u>				
					<u>9</u>				

COPY SENT TO
 O. C. H. Q.
 ST. JOHNS, N.F.L.D.
 No. 6222/38
 DATED 23 APR. 1918

To be carried over

Army Form B. 121.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home at 74, New Queen St. N. York and Release Certificate No. 3829 issued.

Date 17-8-19 J.A. [Signature]
Demobilization Officer

4. Pay and Allowances.

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

Date 18-8-19 [Signature]
Depot Paymaster.

Discharge approved for 18-8-19

Forwarded with following documents to O.C Discharge Depot.

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	2	
B 179	D 400B		Form L	do 3rd	" 4		from B
B 179a	D 400C		Form K	do 4th	" 5		
B 179b	B 103		ME 2		" 6		
B 179c	B 120		M 93				

Date 17-8-19 J.A. [Signature]
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date AUG 18 1919 R.H. [Signature] MAJOR
O. C. Discharge Depot.

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

Date Aug 25/19 [Signature]

The Royal Newfoundland Regiment

2349

DEMOBILIZATION OF

Reg. No. 2349 Rank Serjt Name Gasse W. J.
 Date of Enlistment 28-3-16 Address 74 New Corn St District N. H. John
 Occupation Student Classification for Discharge B Medical Category E
 Recommendation S.M.B. _____ Disability Rating 15 0/0

Passed to Demobilization Officer with following documents:—

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

Date 16-8-19

L. R. Cooper Capt
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. W. Gasser

Particulars passed to Vocational Officer for information and action.

Date 18-8-19

J. A. Snowcroft

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) ~~Clothing~~ supplied

J. A. Snowcroft

Date 18-8-19

O. C. Re-clothing