



EGR

7B

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5878 Name William Gould Corps RC.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>William J. Gould</u> |
| 2. What is your full Address? | 2. <u>Bay Du Nord Brook 7B</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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 J. Gould 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 J. Gould SIGNATURE OF RECRUIT.

30-7-15

Wm. A. Moulton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William J. Gould 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 30 day of July 1915

Signature of Attesting Officer C. B. Dickson

† 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

5878

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

Name William Gould

Apparent age 18 years 11 months. Height 5 feet 6 3/4 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Thomas Gould
Bay Du Nord Bank 7 B, Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve, not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>30-7-18</u>									
Joined at <u>St. John's</u> on <u>July 30 1918</u>									
<u>Discharged August 7 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 22-9-18</u>									
<u>To be employed for demobilization 24-6-1919</u>									
<u>Arrived to employment 1-7-1919</u>									
<u>Demobilization St. John's 7-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>7-8-1919</u> (date of discharge) <u>1</u> years <u>9</u> days									
Pensions " " " " " " " " " " " "									

2

then and it not worth your
while to count a order so
little as three Dollars if
to two a figer you do send
to man that is offer loaning
all his summe in money
us for as the other few

Dollars that hes getting will
only get him out in boating
and boat for fishing
that is up to the prices
that we people get for
those very and if the
government cant forward the
full amount now it is very
poor prospects of passing
election this fall

RECEIVED
1919
ANSWERED
Sept 23 1919
J. D. Clark
Brook
Fortune
Hwy
#1
680
C.R. 5878

then for with reference to
the Order that you send
this fine is cut down to
the sum of three Dollars
and 50 cents and I want
to know the cause of you
doing so when the others
Orders is not cut Parrill
Barger isn't he got the full
order and I want the same
as you see all the fine when
the rest of the order is got
there may be you done in it
in a mistake if so I want the
amount when the others orders

That is all I got to say

Just this time and if I
finds out the rights about
these orders

Happy and Obige
To her from you
9/12 Thomas Gault

A. E. Heckman
Bunker Militia

5878 James
Gault District 7/8/19
Allot \$50
Thomas Gault Walker
Final payment \$3.50

The payment of \$3.50 represents
balance due on account of 2000
allotment to date of this in 1919
7/8/19

Let me know
particulars of this

John D. ...

C.R. 5878

Nov 15th., 1919

Mr. Thomas Gould

Bay du Nord Brook,

F.B.

Dear Sir:-

I am directed to acknowledge receipt of your letter of 23rd September relative to the allotment cheque on account of your son, No. 5878, Pte. Wm. Gould, forwarded to you for August. I have to inform you that your son, was discharged on August 7th which meant that the balance of allotment due you at 50¢ per day was \$3.50.

Yours faithfully,

Lieut-Col.,

Chief Staff Officer

C.R. 5878

Extract from Daily Orders Part 11 Unit The Royal Rifles Regt.
St. John's, Ang. 16th, 1919.

The discharge of the unstrapped has been CONFIRMED by
officer i/c Records from 7-8-19.

5878 Pte. W.J. Gould.

C.R. 5878

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, July 15th, 1919.

The discharge of the undernoted conscription has been
APPROVED by C.O. Discharge Depot with effect from 24-7-19.

5878 Pte. W. Gould.

C.R. 5-878

Extract from Daily Orders Part III Unit The Royal Field. Regt.
St. John's, July 2nd 1919.

5878 Pte. A. Gould.

Reported at Headquarters 1-7-19 on "Cassandra" which sailed
Glasgow 24th June, 1919.



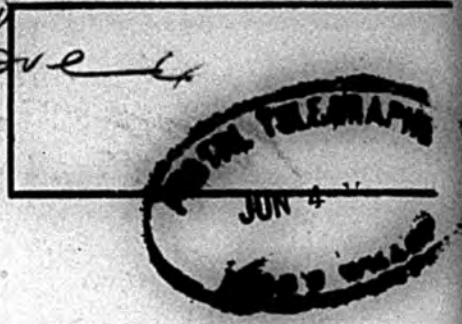
NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

No. 10

Line No. 7 Sent by Bay du Nord Rec'd by Nord Check 7

Place from via Pools Cove
Dept Militia



Is no 5878 the William
Gould arrived by Corsican
Reply.

Mrs Thomas Gould.

no

C.R.

5878

Counter No. _____

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

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

NOT TRANSMITTED)

Signature of Sender _____

Address _____

Militia Dep.

Number	Rcd	By	Sent	by	Check

dated **June 5th. 1919.**To **Mrs. Thos. Gould. Bay du Nord.****BEG TO INFORM YOU THAT 5878 WILLIAM GOULD DID NOT ARRIVE****BY CORSICAN.****A. S. HICKMAN****MINISTER OF MILITIA.****CHARGE TO DEPT. OF MILITIA.****FOR TYPEWRITER**

C.R. 5878

Extract of Orders By MAJOR H.S. SULLIVAN,
COMMANDING NEWFOUNDLAND FORESTRY COMPANIES.

19/11/18.

The undermentioned having arrived from the 2nd Battalion
Royal Newfoundland Regiment is attached to the strength
from this date and posted to the following Company.

#5878 Pte. W. Gould.

"A" Company.

C.R. 5878

Extract from Orders by Lt. Col., B.J.BARTON, Commanding
2nd., Battalion the Newfoundland Regiment, dated
November 10th., 1918.

The undermentioned will proceed to join the Newfoundland
Forestry Corps on Monday 18th., November 1918.

45878 Pte. U. GOULD.

BC.

C.R. 5878

Extract from Nominal Roll Entained St. John's for Overseas,
Sept. 23, 1916. "G"

5878 Pte. Gould William J.

C.R. 5878

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's dated August 17th, 1918.

5878 Pte. W. Gould.

Granted leave from 17-8-18 to 26-8-18.

C.R. 5878

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated August 1, 1918.

#5878 Pte. William J. Gould.

Attested for General Service with the Royal Hfld. Regt.
from 30-7-18

W. J. Gould

C.R. 5878

S. J. C.

FORM K

No. 6704



THE ROYAL NEWFOUNDLAND REGIMENT

I, W. G. Gould 5879 Regl. No.

hereby agree, until further notification by me, and on similar official form to make an Allotment of _____ Dollars and _____ Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz: September 1st 1918.

Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6704	Father	Thomas Gould	Bay de Nordbrook H.B.	50
Total Allotment, £				50

RECEIVED BY PAYROLL OFFICER NUM. ROLL ALLOT. INDEX REGISTER EXAMINED

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

(Sig.) W. G. James 2/Lieut

Officer Commanding Company
St John's
August 2nd 1918

(Sig.) William F. Gould
(Rank)



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, W. G. Gould, Regl. No. 5878

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz: September 1st 1918

Allotment begins

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6704	Father	Thomas Gould	Bay de Nord West H.B.	50
Total Allotment, \$				50

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

(Sig.) H. G. James 2/Lieut

Officer Commanding
Company

St John's
August 2nd 1918

(Sig.) William F. Gould
(Rank)

No 5839/851

N.F.F. / 70.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regt.
Winchester.



Handwritten: 5899 W.A. Gould W.J.

14th April 1919

April 16th 1919

5878 58 Gould W.J.

With reference to the following telegram from the Minister of Militia / / (132

Receipt hereunder.

Handwritten signature: E. Kern

LIEUT. COLONEL.

COMMANDING 2ND BATT. ROYAL NEWFOUNDLAND REGT.

"Pay to 5878 Gould W.J.
£.2. 0. 0.

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

Received the sum of £2.0.0 Two pounds in respect of telegraphic remittance from the Minister of Militia.

Handwritten signature: A.A. Minus
Chief Paymaster & O. i/c Records.

W.F. Gault
No. 5878 Rank PLS
Witness See below

Yould, W^d

5878

Ray i sept.

August 7th 1919.

#5878, Pte. W. J. Gould,
Bay du Nord,

Dear Sir:

Enclosed please find Discharge Certificate
3574.

Yours truly,

Capt. &
Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5878 Rank Pte Name Gould W J
 Intended place of residence Bay St Marks
 2. Occupation Fisherman
 Classification of soldier E Medical Category AI

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 JUL 10 1919

[Signature]
 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 JUL 10 1919

William Gould
 Signature of soldier
[Signature]
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date 10-7-19

William Gould
 Signature of soldier
[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 30-7-18 No. of days on Military
 Discharged from service... 24-7-19 Plus 14 days Service... 374

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 JUL 24 1919

[Signature]
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 7/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

Aug 13 20 1919 / 2514

The Royal Newfoundland Regiment

Class for Demobilization: *96*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

8.7.19

Regimental No. *5878*

Name

Sould. Jm

Address

Bay - du - Nord

Present Medical Category

A1

Recommended for:— { (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board {

R.H. Lat Major
O.C. Discharge Depot.

J.P. Paterson
Senior Medical Officer

J.W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5878 Rank ptr Name Gould, W. J.
 Date of Enlistment 30-7-18 Address Beyle Road District Fortune
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S.M.B. Disability Rating

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 8-7-19

O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William Gould

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance paid #60.00

(b) Clothing Supplied [Signature]

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P2369 to his home at my de road and Release Certificate No. 3388 issued.

Date 10-7-19

J.A. Sawloff
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 7-8-19

Date 10-7-19

J.A. Sawloff
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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		

2 Form B

Date 10-7-19

J.A. Sawloff
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 JUL 24 1919

L.P. Cooper Cabot
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 resume former Occupation.

William Gould

Signature of Man.

J. H. Snowcraft

Signature of the Vocational Officer or his Representative.

Reg. No. *3878*

Place

St. Johns

Date

10-7-19.

191

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

MEDICAL HISTORY

Surname Gould OF William J Christian Name

Table I.—GENERAL TABLE

Birthplace:—Parish Bay de Nord County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	30	July		191
	at <u>St Johns</u>		at	
Declared Age	18 years 11 months		years	days
Trade or Occupation	<u>Fisherman</u>			
Height	5 feet	6 3/4 inches	feet	inches
Weight		130 lbs.		lbs.
Chest Measurement	Girth when fully expanded		30 1/2 inches	inches
	Range of Expansion		4 inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Number		Number	
When Vaccinated				
Vision	R.E.—V=	6/9	R.E.—V=	
	L.E.—V=	6/9	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>Lammell Peterson</u>			
(Rank)	Medical Officer		Medical Officer	
Enlisted	at	<u>St Johns</u>	at	
	on	30 day of July	on	day of 191
Joined on Enlistment	Corps	<u>Royal</u>	Corps	
	Regtl. No.	<u>5878</u>	Regtl. No.	
Transferred to	<u>1st Bn</u>			
	<u>Regt</u>			
Became non-effective by	on	day of	on	day of
(Signature)		191		191
(Rank)				

Table III—Boards: Courts of Inquiry, Vaccination, Incubation, Foreign Service, Extension, Re-employment or Retention of Service, Issue of Discharge, etc.

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

Grand Appearances; Particulars of Dental Treatment, etc.
Signature of Medical Officer

On duty

CS Mivian CAPT., R.A.M.C.

1918
1919
1920



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

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

Name in full *Gould, William*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5578*
Intended address *Bay St. Lewis*

Height on discharge *5* Feet *8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *None*

Figure on discharge *Thin*

Christian name of Father *Thomas*

Christian name of Mother *Mary*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Bay St. Lewis. 17 Aug. 1899.*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *William Gould*

(Rank) *Pvt.*

Station **ST. JOHN'S.**

Date *5-7-19.*

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



Medical Officer i/c Hospital Unit, or Command Depot.

Station

Date

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

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

1. Unit and Corps..... *Royal Newfoundland* 7. Former Trade or Occupation } *Gate-man*
2. Regtl. No. *5878* 3. Rank..... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Gould* *William J* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *19*.....
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | | |
| (ii.) Previous active service | | |
| (iii.) Climate in pre-war service | | |
| (iv.) Ordinary military service before the war | | |
| (v.) Serious negligence or misconduct on the man's part. } | | |

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

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

15. What is his present condition?
 * (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no disability

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

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

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

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

Repatriation

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

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

W.S. Proctor, Capt R.A.M.C.
 Medical Officer in charge of case.

Station *Lozley Down*

Date *9/4/19*

* 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

August 15, 1919

Mr. W. J. Gould,
Bay du Nord, F.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the war Service Gratuity.

Yours truly,

Captain & Paymaster.

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 questions 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..... *W* 2. Surname..... *Goued*
3. Rank..... *Pvt* 4. Regtl. No..... *5878*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bay du nord Fortuere Bon*
6. Date of enlistment in the Regiment..... *August 1st 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *No*
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Eleven months*
- 1.2

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

no

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

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

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

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.

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

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

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

no
July 24/19
August 7/19
Demobilization

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

England

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.

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 Gould*
 Place of Residence: *Bay du Nord, Fortune Bay*
 Declared before me at: *St John's used*
 This 10 day of *July* 19.19....

Signature of Barrister of the *John M. Carthy*
 Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
Certified correct.				Paymaster

Thomas Gould By Du North
Brook 21 1919
162 of 96 Thimsett

Dear Sir

I am now applying
to know the
cause of the orders
to been but down
to fourteen dollars I
have got three separate
orders and I want to
know the reason that
the bank come the one
account of \$15.00 not some
fifteen and more fourteen
I am only a poor fisherman
got to file hard for my
bread I have lost it
since the boy went
away in September

Apparently he has
50% of day
evidently forgets
many days in Feb.
the sum of three hundred
dollars on his name
owing to him going away
in that date and now
his orders is but down
to fourteen I can't see
under stand the cause
of them been but any
I want to know the
reason of of them been
but and if I don't
get more ^{information} from you
I will write to
some one else to get
it

Yours sincerely

Thomas Gould
By Du North Brook

162 J 18 Bennett

5878 W. J. Gould
Thomas Gould allotted
50[¢] per day for Feb
month ^{1/4}
L.P.

mm.

5878 Gould

Please make one pay.

W. S. G.

14/7/19

[Handwritten signature]

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

July 14 1919

Received from the First Newfoundland Regiment
the sum of Seventy _____ Dollars.
on account of Pay. W. S. G.
~~balance~~

W Gould

Ch. No. 2934	Initials. EW
Pay Ledger 192	Initials. W
Gen. Ledger.....	Initials.....

Regtl. No.

A. C. Rank

No. 5875

Rank

Pf

Name

Gould - W.

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S, Nfld.

Fold Here

OCT 15 1921 1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to 934 Rue de la Ville Brue

William J. Gould

in respect of his service as No. 5878 Rank Pte.

Name W. J. Gould Royal Nfld. Regt.
~~Nfld. Fusiliers Corps~~

Receipt of the same should be acknowledged hereon.

Received 24 October 1921.

Signature William James Gould

Date 1921 24 October

Address 934 Rue de la Ville Brue, Fortune Bay
Nfld.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland

Number of Sheet One
Signature of O. C. Company W. S. Dickson Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>William J Gould</u>	Age on	<u>18</u> years <u>11</u> months	<u>Fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>St Johns</u>	<u>RC</u>	
Joined		Date	Period of	Place of Birth	
Joined		Date	with Colours <u>1⁹/₃₆₅</u> years. with Reserve <u>365</u> years.	<u>Bay de Nord Bank</u>	

Place	Date of Offence	Rank	Cases of Discretion	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 7⁸/₁₉</u>					

To be carried over.

Army Form B. 121.

C.R. 5878

Army Form B. 179A

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

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

1. Unit and Corps... *Royal Newfoundland Coy* } Former Trade or Occupation } *Fisherman*
2. Regtl. No. *5878* 3. Rank... *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Gould* } *William J.* }
 (Surname) } (Christian Names)
5. Age last birthday... *19*
6. Posted for duty on..... at.....
 in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | — | |
| (ii.) Previous active service.. .. . | — | |
| (iii.) Climate in pre-war service | — | |
| (iv.) Ordinary military service before the war | — | |
| (v.) Serious negligence or misconduct on the man's part. } | — | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

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

No Complaints of no disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Repatriation

W.S. Proctor *Capt*
Rame

Station *Hoyeley Cross*

Date *9/14/19*

Medical Officer in charge of case.

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5878 Rank ptr Name Gould, W. J.
 Date of Enlistment 30-7-18 Address Bayde Road District Fortune
 Occupation Submarine Classification for Discharge E1 Medical Category A1
 Recommendation S.M.B. Disability Rating

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 8-7-19

R. O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

William Gould

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 10-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 192369 to his home at Bay de Nord and Release Certificate No. 3388 issued.

Date 10-7-19 *J.A. Sawcraft*
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 7-8-19

Date 16-7-19 *H. M. [unclear]*
Depot Paymaster.

Discharge approved for 24-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
R 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		

2 Four B

Date 10-7-19 *J.A. Sawcraft*
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 JUL 24 1919 *N.P. Cooper Capt.*
O. C. Discharge Depot.

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

Date July 31 1919 *[Signature]*