



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2190 Name H. Thomas Grant Corps

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Henry Thomas Grant</u>       |
| 2. What is your full Address? .....  | 2. <u>Cambo</u>                    |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Labourer</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, H. Thomas Grant 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.

Thomas Grant SIGNATURE OF RECRUIT.

Edward W. Page Signature of Witness.

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

I, H. Thomas Grant 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 Cambo on this 27 day of February 1916

Edward W. Page 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 1st Regiment If enlisted by special authority, such will be attached to the original attestation.

Date.....1916 } 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).....

**DESCRIPTIVE REPORT ON ENLISTMENT**  
 Applicable to all ranks. To correspond with entries on the Medical History Sheet.

2192

Name H. Thomas Jones  
 Apparent age 23 years 8 months. Height 5 feet 10 3/4 inches  
 Chest Measurement { Girth when fully expanded 40 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

**INFORMATION SUPPLIED BY RECRUIT**

Name and Address of next of kin Mrs. Samuel Jones, 2, Bank  
 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>29-2-16</u>									
Joined at <u>M. Jones</u> on <u>February 29<sup>th</sup> 16</u>									
<i>Discharged 21/19</i>									
Embarked	<u>1st Bn. 1st Div. 1st Lt.</u>	<u>for 1st Bn. 1st Div. 1st Lt.</u>		<u>29-2-16</u>					
Joined	<u>10th Bn. 14-10-16</u>	<u>Wounded 14-11-16</u>	<u>Admitted 87th St. 45th Regt</u>	<u>14-11-16</u>					
<u>1st Lt. 1st Bn. 1st Div. 1st Lt.</u>	<u>15-11-16</u>	<u>Admitted to England 22-1-17</u>	<u>Admitted 1st Bn. 1st Div. 1st Lt.</u>	<u>23-4-17</u>					
<u>Surgeon the attached depot 28-7-17</u>	<u>Embarked for 1st Bn. 1-3-18</u>	<u>Disembarked 3-5-18</u>							
<u>Admitted 1st Lt. 1st Bn. 1st Div. 1st Lt.</u>	<u>1-3-18</u>	<u>Discharged to home depot 16-5-18</u>							
<u>Wounded 25-10-18</u>	<u>Admitted 36 COS. 26-10-18</u>	<u>Went to England 21-10-18</u>	<u>Admitted 5th Lt. 31-10-18</u>						
<u>Surgeon the attached depot 10-12-18</u>	<u>Admitted to home depot 12-12-18</u>	<u>Arrived 12-12-18</u>							
Total Service forfeited as above. <u>Demobilization 3-2-1919</u>									

Total Service towards Engagement to 3-2-1919 (date of discharge) 2 years 341 days  
 Pension \_\_\_\_\_



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2190 Name H Thomas Grant Corps

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

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Henry Thomas Grant</u>       |
| 2. What is your full Address? .....  | 2. <u>Cambo</u>                    |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Turnerman</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 .....<br>ps .....       |
| 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? ..... | II. <u>Yes</u>                     |

FOR THE DURATION OF THE WAR

I, H. Thomas Grant 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.

Thomas Grant SIGNATURE OF RECRUIT.

6 Feb 27th 1916 Edward W. Ayre Signature of Witness.

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

I, H Thomas Grant do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of February 1916

Signature of Attesting Officer Edward W. Ayre

### †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 H. Thomas Grant  
 Apparent age 23 years 8 months. Height 5 feet 10 3/4 inches  
 Chest Measurement { Girth when fully expanded 40 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Samuel Grant, Cambu  
 | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pension _____ [ " " ] _____ " _____ "									



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 *Thomas Grant*  
aged *23* conducted at *Sand Falls.*  
Date: *Feb. 26/16* Recruiting officer:

NO. OF TEST	FINDING	Recommended
1	<i>no defect.</i>	✓
2	"	✓
3	"	✓
4	"	✓
5	"	✓
6	"	✓
7	"	✓
8	"	✓
9	"	✓ <i>no-</i>
10	"	✓
11	<i>Foreign</i>	✓
12	<i>no defect</i>	✓
13	"	✓
14	"	✓
15	"	✓
16	"	✓
17	"	✓
18	"	✓
19	" <i>6/16 Both Eyes.</i>	✓
20	"	✓
21	"	✓
22	"	✓
23	"	✓
24	"	✓
25	"	✓
26	"	✓
27	"	✓
28	"	✓
29	"	✓
30	"	✓
31	"	✓
32	"	✓
33	<i>4.20. One scar left arm. 8 years ago.</i>	
34	<i>5ft. 10 3/4</i>	
35	<i>150 lbs.</i>	
36	<i>38 1/2 37-40</i>	
37	<i>5.5-0</i>	
38	<i>Father</i>	
39	<i>no one.</i>	

*2190*

*AW*

Signature of Medical Examiner: *M. B. Chamberlain*  
*St. Burden*

No. 5190 Name Mos. Grant Sq. Btry. H. A. Corps Royal Newfoundland Date of enlistment 29/2/16 G.C. Badges Service or Proficiency Pay  
 Date of last entry in Company Conduct Sheet 20/2/18 No. and date of last drunk Period not reckoning towards freedom from extra fine Sheet No. 1 Signature O.C. Company, etc. J. W. [unclear] Character V Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks

Army Form B. 192

C.R. 2190

Extract from Nominal Roll of MFLA. Regt. Draft No. 11  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked Southampton,  
3.10.16.

2190 Pte. H. Granter.

C.R. 2190

Extract from Nominal Roll of Sick and wounded  
from France to the 3rd., London General  
Hospital admitted Oct. 31st., 1918.

#2190 Pte. H.T. Grantter

G.S.W. L. THIGH.



C.R. 2190

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 21/11/18.

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TO ENGLAND.

#2190 Pte. T. Granter.

31/10/18.

C.R. 2190

Extract from Orders by Lieut. Col., B. J. Barton, D.S.O. Officer  
Commanding 2nd., Battalion of the Royal Newfoundland Regiment dated  
10-12-18.

The undernoted having reported back from the 1st., Battalion is  
taken on the strength and posted to "H" Co., ~~1st.~~ ~~Bn.~~

#2190 Pte. T. Granter.

C.R. 2190

Extract from War Office List No. H. A. 31004.

Admitted 2nd., Aust. Gen. Hospital Boulogne  
27th., October 1918.

#2190 Pte. H. T. Granter

C.R. 2190

Extract from Daily Orders part II, Depot St. John's  
dated February 5th., 1919.

The discharge of the undernoted on demobilization have  
been CONFIRMED by Officer i/c Records 3-2-19

<sup>2190</sup>  
#2120 Pte. Thos. Granter.

C.R! 2190

Extract from Daily Orders Depot St. John's (Part 11)

Jan. 20th, 1919.

The Discharges of the undernoted on Demobilization  
have been APPROVED by C.G. Discharge Depot. From Noted dates.

2190 Pte. T. Granter.

19-1-19.

C.R. 2190

Extract from Daily Orders part 11, Depot St. John's dated Jan. 20/1919.

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The discharge of the undernoted on Demobilization have been  
APPROVED by O. C. Discharge Depot from noted dates. 19-1-19 .

#2190 Pte. I. Granter.

C.R. 2190

Extract from Medical Board held Monday Jan. 13th, 1919.

2190 Pte, T. Granter.

Recommended Discharge as permanently Unfit.

C.R. 2190

Extract from Daily Orders part 11, Depot  
St. John's dated December 23rd., 1918.

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

#2190 Pte. H. T. Grante.

BC.



C.R.

2190

Extract from Nominal Roll discharged from 3rd L.S.R. on  
7-12-18 and sent to 2nd Batta. Winchester for immediate  
repatriation in accordance with arrangements made by  
Major Finewell. 17 Dec. 1918.

2190 Pte. H.T. Granter.

C.R. 2190

Extract from from Nominal Roll of Repatriation draft No. 79 per S. COR-  
SICAN, which embarked at Tilbury Docks 12/12/18.  
from 2nd., Battalion of the Newfoundland Regiment.

#2190 Pte. H. T. Granter.

C.R. 2190

Nov. 15th 19.

Mr. Samuel Granter,

Gambo.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that your son No. 2190, Pte. H. Thomas Granter, is now progressing favourably.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer.

C.R. 2190

Extract from War Office List No. C. 1727 dated 8/11/18.

WOUNDED 25/10-18.

#2190 Pte. T. Granter.

## NEWFOUNDLAND POSTAL TELEGRAPHS.



CR 2190

**Cable Connection with all the World**

**All Messages Sent are Subject to the Following Conditions:**

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

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

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

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_

Address *Dept of Militia.*

Line Number	Rcd	By	Sent	by	Check

*Dated* **Nov. 4th 1918**

*To* **Samuel Grant, Gamba B.B.**

Regret to inform you that Record Office, London,  
officially reports **No. 2190, Private Thomas H. Granter**  
**at 3rd London General Hospital Wandsworth suffering from**  
**G.S.W. left thigh**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J.R. Bennett**

**Chge Dept of Militia.**

Minister of Militia.

**FOR TYPEWRITER**

C.R. 2190

7  
Extra t of Daily Orders part 11, from Unit The Royal  
Nfld. Regt. In the field. dated 26-5-18.

#2190 Pte. H. Granter.

Admitted Hospital Venereal 12-3-18 dis. 16-5-18

C.R. 2190

## SICK AND WOUNDED N. C. O.'s and MEN OF THE EXPEDITIONARY FORCE - FRANCE



NO. 1 RECORD OFFICE SHREWSBURY

LIST NO. H. A. 23577

10925 L/C Tonks S.	1 K.S.L.I.	V.D.S. Mild.	. . . . .	.Adm 1 Sty.H.Rouen 16 May/18.
10952 Pte Smith E.E.	10 K.S.L.I.	V.D.G. Mild.	. . . . .	.Adm 1 Sty.H.Rouen 16 May/18.
220225 Pte Williams L.L.	24 Welsh R.	V.D.G. Mild.	. . . . .	.Adm 1 Sty.H.Rouen 16 May/18.
11096 Pte Harris F.	19 Welsh R.			.Dis to Base Dep.ex 1 Sty.H.Rouen 16 May/18.
46475 Pte Tunstall J.	12 S.W.B.	P.U.O.(Tr.Fever)Mild	. . . . .	.Adm 3 Sty.H.Rouen 14 May/18.
229885 Pte Thomas I.	10 S.W.B.	Bursitis Leg.R.Mild	. . . . .	.Adm 3 Sty.H.Rouen 14 May/18.
44584 Pte Clarke A.E.	2 S.W.B.	*W*Gas Pois'ng Mild	. . . . .	.Adm 7 Sty.H.Boulogne 16 May/18.
41886 Pte Lett C.	2 S.W.B.	*W* Gas Pois'ng Mild	. . . . .	.Adm 7 Sty.H.Boulogne 16 May/18.
266441 Pte Boshen G.	1/2 Mons.R.	*W* Gas Pois'ng Mild	. . . . .	.Adm 7 Sty.H.Boulogne 16 May/18.
16521 Pte Langley W.	2 S.W.B.	*W* Gas Pois'ng Mild	. . . . .	.Adm 7 Sty.H.Boulogne 16 May/18.
230279 Pte Lee T.C.	1 Mons.	Diarrhoea Mild	. . . . .	.Adm 14 Sty.H.Wimereux 16 May/18.
24056 Pte Watts R.	2 S.W.B.	P.U.O.Mild.	. . . . .	.Adm 14 Sty.H.Wimereux 16 May/18.

## MACHINE GUN CORPS

LIST NO. H. A. 23577

130217 Pte Bright A.	32 MG Btn.	P.U.O.Mild.	. . . . .	.Adm 3 Sty.H.Rouen 14 May/18.
108896 L/C Allen J.	Tank Cpe.J.Bn.	Tonsillitis Mild.	. . . . .	.Adm 3 Sty.H.Rouen 14 May/18.
17185 Sgt Drummond R.	2 MG Bn.	W.Gas.Shell Sev	. . . . .	.Adm 3 Sty.H.Rouen 14 May/18.
117176 Pte Holmes G.	2 MG Bn.	W.Gas.Shell Sev	. . . . .	.Adm 3 Sty.H.Rouen 14 May/18.
15987 Pte Higginson W.	62 MG Bn.	P.U.O.Sev	. . . . .	.Adm 3 Sty.H.Rouen 14 May/18.
27644 Pte Nixon B.	31 Bn.MGC.	Tonsillitis Mild	. . . . .	.Adm 7 Sty.H.Boulogne 16 May/18.
127022 Pte Davies R.	9 Bn.MGC.	Tr.Fever Mild.	. . . . .	.Adm 7 Sty.H.Boulogne 16 May/18.
50068 Pte Carlisle S.	41 Bn.MGC.	Scald Foot L.(Acc)Mild.	. . . . .	.Adm 7 Sty.H.Boulogne 16 May/18.

## NEWFOUNDLAND EXPEDITIONARY FORCE

LIST NO. H. A. 23577

2190 Pte Granter H.T.	2 R.N'flds.			.Dis to Base Dep.ex 1 Sty.H.Rouen 16 May/18.
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C.R. 2190

Extract from Casualties received from Pay & Record Office,  
London, dated Maych 19th, 1918.

#2190 Pte. H. T. Granter.

V.D.G. Mild.....Admitted 1st Stationary Hospital, Rouen  
ex 7th Con. Depot. 11th March 1918



C.R. 2190

Extract from Hospital Roll of Draft No. 39. 50 other  
Banks from 2nd Bn. Royal Newfoundland Regiment, to 1st  
Bn. Royal Newfoundland Regiment, B.L.F.

Departed Southampton 1/3/16.

2190 Pte. H.T. Granter.

C.R. 2190

Extract of Casualty List received from Post O. London Dated April. 29<sup>th</sup>  
1917.

The following r/b O.S. Unit as "Wounded" 14.4.17. Report dated  
15.4.17. No. previous reports.

2190 Pte. T. Granter

1st. Hfld. Regt.

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

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

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

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

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

**(NOT TRANSMITTED)**

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated

April 25, 1917.

To

Mr. Samuel Granter,

Gambo.

Record Office, London, today reports  
No. 2190, Private H. T. Granter, has now  
been admitted to Wandsworth.

J. R. BENNETT

Colonial Secretary

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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

(NOT TRANSMITTED)

Signature of Sender

Address

Line Number	Rcd	By	Sent	by	Check

Dated

April 21, 1917.

To

Mr. Samuel Granter,

Gambo, B.B.

Regret to inform you that Record Office,

London, officially reports No. 2190, Private

H. T. Granter, was admitted to Sixth Stationary Hospital, Frevent, and transferred to train ambulance April fifteenth, suffering from mild gunshot wound in the wrist

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2190

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

2190 Pte. Granter H.T.

J. Granton

2190

P. + R. O.

Nov

His paymaster 22.11.18  
The Newfoundland Land Regt  
58 Victoria St

Please permit to me  
the sum of one pound on account of  
any balance that may be due to me

at 8.

no 2190 of the H of Granter  
of Royal W of I R  
Regt

OK P  
10-0  
Regt 2190  
22/11/18

Approved  
Signature



P.P.S.

242a, LAVENDER HILL, S.W.

And opposite 59, Mossbury Road.

London, S.W.

Dec 6<sup>th</sup>

1918

(H)

H. J. Grantley Nfld Regt 2190

Dr. to

J

JOSEPH BECK

MILITARY TAILOR and  
COLONIAL OUTFITTER.

Uniform complete

Boots

Rates

£

5 10

1 15

£ 7 11 6  
7 16 6

Receipt No 10193



To, Paymaster

Nov 19/18

OK 1-0-0  
Regia 4858  
Ch. 19/18

NOV 1918

R Kempnolland

Regt

applied  
longer  
my name

489 Victoria St

Please Remit to me  
the some of one pound  
an Account of any  
Balance may be due to me

AL

No 2190

To the Grantor

P.P.S.

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No 2190 Rank Plt

Name A.T. Grant.

Pay	F. Alice Working	Total
100	10	110
Less Allotment		55
Net Rate		55

Date 1917	DEBITS	£ s d			CREDITS	£ s d		
	Balance	1						
	<u>P.M. ADVANCES:</u>							
	A.B. 64.							
	Acquittance Rolls	7	7	7				
	Hospital Advances	2	4	6				
	<u>STOPPAGES:</u>							
	Hospital dys @ =							
	Forfeited Pay dys @							
	Miscellaneous							
	Cables							
	<u>P. &amp; R.O. PAYMENTS:</u>							
	Cash <i>Cash 17/7/17</i>	21	10	0				
					Balance	7	6	3
					<u>Pay @ Net Rate:</u>			
					23/1/16 to 17/7/17 = 207 days.			
					@ 55 = \$ 113.85	23	7	11
					17/7/17 to 26/7/17 = 10 days.			
					@ 2/ = \$ Rate	1	0	0
					1/1 to 1/1 = days.			
					@ = \$			

*M.A.B.*

No. 2190 Rank Pte Name Granter J

Pay	F.A.	Wkg	Total	N.W. 1/73
100	10		110	
Less Allotment			55	
Net Rate			55	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
						From	To							
Balance					Balance	15.3.15								
Acquittance Rolls		7	19	0	Pay @ Net Rate	16.3.15	6.12.15	266	55	146	30	30	1 3	31.10.4
Hospital Advances		8	2	9										
A.B. 64.		7	7	0										
P.&.R.O. Payments		2	0	0										
18-9-9 <i>Other stop</i>			1	0										
28-9-9 <i>cash</i>	6-12-15	10	0	0										
" 10199	6.12.15	3	0	0										

*mk6/15*      *Bal*      ~~3-0-7~~

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 consider 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 New Zealand*
2. Regt. No. *2190* 3. Rank.....
4. Name *Grant*  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade }  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regt. Nos. (b) Date of Discharge ;  
(c) Cause of Discharge.
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 (b) Where (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."  
*G. S. W. Smith*

11. Date of origin of disability.
12. Place of origin of disability.
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.  
*First wound Monehy Regt  
wound. Bullets removed &  
discharged A Category.  
Second wound Contrai left thigh simple flesh  
+ D. removed progress satisfactory discharged  
for Repatriation*

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

14. State whether the disabilities are
- |   |           |                     |       |                   |       |
|---|-----------|---------------------|-------|-------------------|-------|
| (i) Service during the present war                      | .. .. .   | (a) attributable to | ..... | (b) aggravated by | ..... |
| (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, discharges, 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.)

*Scar 2" long over lower end ulna. Scar painful complain of tingling along little finger, ho weakness muscles of hand. Power of grip weak. The wound healed complain of swelling after walking must.*

21. Give diagnosis and particulars of:—  
(a) Any disability claimed or discovered.  
(b) The present condition thereof.

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?

22. 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 part of the soldier | .. .. .             | .....             |
- Give details:

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.

*Re-patriation*  
*MAR 27*  
*Adams.*  
ROYAL NEW ZEALAND REG.

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .  
23. Is the disability in a final stationary condition? If not  
(a) How long is the present degree of disability likely to last?  
(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Station .. .. .  
Date .. .. . 15 DEC 1919

\* 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

No. 2190 Name Granter Tho Sqn., Batty., or Company } "A" Corps 1<sup>st</sup> Newfoundland (Date of enlistment) Feb 29/16 G.C. Badges }  
 Date of last entry in } No. and date } Period not reckoning towards } Sheet No. } Signature O.C. } Service or }  
 Company Conduct Sheet } of last drunk } freedom from extra-dut } One } J. J. ... } Proficiency Pay }  
 Character } V. Good.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>In the field</u>	<u>6.10.16</u>	<u>N6</u>		<u>Loss of ground sheet</u>	<u>Supt. Sec.</u>	<u>pay for same</u>	<u>7.11.16</u>	<u>Major John ...</u>	<u>R. 113</u>

Army Form B. 192

Wounded  
 11-7-16

Transferred to ...  
 11.1.22



LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./1926/5/17. Private Granter H. Royal Nfld. Regt. repatriated

Regt No. 2190 Rank Private Name Granter H. Draft No. 79 Unit Royal Nfld. Regt. who was repatriated  
to Newfoundland on 18 / 12 / 19 Authority                      Cause                     

DR. STATEMENT OF ACCOUNT

CR.

PARTICULARS / 12/18		\$	¢	£	s	d	PARTICULARS		\$	¢	£	s	d	
12/13/18 To	Balance Dr. from	55		2	75	11	3	Balance Cr. from 1.00			5	00		
	Allotment days @							Pay days @ \$	.10			50		
	Cash Payments:							Field Alice days @ \$			5	50	1	2
	V.7105					3	6	Other Allces days @ \$						
	Other Debits							Other Credits:						
									<i>H. J. P. 55-305/7</i>					
									<i>Sent to Lt. Z. A. Johnic</i>					
								<i>7/1/19</i>						
	Total Debits					1	11	11	Total Credits				1	2
	Balance due by Paymaster					1	11	11	Balance due to Paymaster				1	11

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

(Place)

(Date)

191

London

Company

2 1 19

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

Pay & Record Office, London, 191

Chief Paymaster & O. i/c Records.

CHECKED

2-1-19

PERIOD: FROM 12/13/18 TO 3/13/19



W  
Hunter, T.

2190

August

RECEIVED  
BOARD  
PROCESSES  
February 2nd., 1919

#2190 Pte. Thomas Granter,

Gambo, B.B.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 814."

Yours truly,

Captain,  
Paymaster & O.i/c Records

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. *2190* Rank *Pvt* Name *Thomas Grant*  
 Intended place of residence *Sambo CB*

2. Occupation *Seaman*  
 Classification of soldier *B* Medical Category *PA*

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

**ELIGIBLE for POST DISCHARGE PAY**

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

Place ..... *Attesty Capt*

Date *JAN 16 1919* Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection, *subject to my personal leaving of my effects.*

Place and date *St John's 16-1-19* Signature of soldier *Thomas Grant*

Signature of witness *C. S. Dick's Capt*

Signature of witness

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

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

Place and Date *Jan 16<sup>th</sup> 1919* Signature of soldier *H Grant*

**ST. JOHN'S.**

Signature of witness *J. Dawson Sgt*

Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service *26. 2. 16* No of days on Military

Discharged from service *19. 1. 19 plus 14 Days* Service *1073 Days*

## APPROVAL OF DISCHARGE

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

Place *ST. JOHN'S.* Officer Commanding Discharge Depot *R. H. Lait Capt*  
 The Royal Newfoundland Regiment.

Date *JAN 19 1919*

## CONFIRMATION OF DISCHARGE

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

Place *St John's, Nfld* Officer in Charge of Records *M. Bowley, Capt*  
 The Royal Newfoundland Regiment

Date *February 21, 1919.*

*CB 797814*

1  
31  
30  
31  
30  
31  
31  
30  
31  
30  
31  
31  
2  
0

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2190 Rank. PLC Name Frank Thomas  
 Date of Enlistment 26.7.14 Address Garbo District St. John's  
 Occupation Labourer Classification for Discharge B Medical Category F  
 Recommendation S.M.B. Privately profitable Disability Rating 20%  
 Passed to Demobilization Officer with following documents:—

N.F. P136	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 16.1.19

*W. H. King Capt.*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**1. Civil Re-Establishment.**

I am not in a position to resume civilian occupation.

*W. H. King*

Particulars passed to Vocational Officer for information and action.

Date .....

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$6.00  
 (b) Clothing Supplied *Joseph H. Snow*

Date 16-1-19

O i.c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 508 R to his home  
 at Pauls and Release Certificate No. 822 issued.

Date 16-1-19

CB Druks Capt  
 Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection  
 therewith settled. He has received pay and allowances to 2-2-19

Date 16-1-19

W. H. M. Capt  
 Depot Paymaster.

Discharge approved for 19.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	John B.
F 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. 1. 19

CB Druks Capt  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Records.  
 Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

JAN 19 1919

Date .....

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

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

Date .....

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

# MEDICAL HISTORY

OF

Surname Grants Christian Name J. H. Grants



Table L.—GENERAL TABLE.

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

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>26</u> day of <u>February</u> 191 <u>6</u> at <u>St. Johns, Nfld.</u>		on _____ day of _____	191 _____
Declared Age	<u>23</u> years		_____ years	_____ days
Trade or Occupation	_____		_____	_____
Height	<u>5</u> feet	<u>10<math>\frac{3}{4}</math></u> inches	_____ feet	_____ inches
Weight	<u>150</u> lbs.		_____ lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded... <u>40</u> inches Range of expansion... <u>3</u> inches		_____ inches	_____ inches
Physical Development	_____		_____	_____
Vaccination Marks	Arm _____ Number _____	_____	Right _____ Left _____	_____
When Vaccinated	_____		_____	_____
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= _____ L.E.—V= _____	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	_____
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	_____
Approved by (Signature)	<u>Samuel Paterson</u>		_____	_____
(Rank)	<u>Capt</u> Medical Officer.		_____	Medical Officer.
Enlisted	at <u>St. Johns</u> on <u>26</u> day of <u>Feb'y</u> 191 <u>6</u>		at _____ day of _____	191 _____
Joined on Enlistment	Corps. <u>1<sup>st</sup> Nfld. Reg.</u>	Regtl. No. <u>2190</u>	Corps. _____	Regtl. No. _____
Transferred to	<u>Newfoundland</u>		_____	_____
Became non-effective by	on _____ day of _____ 191 _____		on _____ day of _____	191 _____
(Signature)	_____		_____	_____
(Rank)	_____		_____	_____



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 readmissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	24	4	14	14	3	14	G.S.W. (VIII) R. wrist.	84	Wounded in France 14/4/14. Knell removed from R. wrist. Genua.	St. W. H. G. Capt. FRANKS
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	31	10	18	7	12	18	S. SW. Left thigh simple flex.	37	Wounded in France 26. 10. 18. Wound excised. Skin & foreign body removed. Salubrious progress.	St. W. H. G. Capt. FRANKS





## 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 work as Machinist*

*H. J. Grant*

Signature of Man.

*A. B. Dick's Off*

Reg. No. *2190*

Signature of the Vocational Officer or his Representative.

Place

**ST. JOHN'S.**

Date

*16/1/19.*

191

## Medical Report on an Invalid.

Station Hayley Downham  
Date 8-12-18

- |  |   |
|--|---|
| <p>1. Unit <u>Royal</u></p> <p>2. Regimental No. <u>2,90</u></p> <p>3. Rank <u>Pte</u></p> <p>4. Name <u>Granter</u></p> <p>5. Age last birthday</p> <p>6. Enlisted <span style="font-size: 2em;">{</span> on<br/>at</p> | <p>7. Former Trade }<br/>or Occupation }</p> <p>7A. II with previous service, in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|--|---|

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

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

G.S.W. Wrist

#### Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

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

*1st wound Monchy right wrist. Bullet removed & discharged "A" category*

*2nd wound Boutrai left thigh simple flesh & B. removed*

*Progress satisfactory discharged for Repatriation*

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.

13. What is his present condition?

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

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

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

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

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

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

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

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

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

20. Do you recommend—

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

*Repatriation*  
*W.A. C.A.M.O.*

ROYAL NEWFOUNDLAND REG.

\_\_\_\_\_  
Officer in medical charge of case.

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

Station \_\_\_\_\_

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

Date \_\_\_\_\_

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

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

Opinion of the Medical Board.

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

21. (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?

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

23. Is the disability permanent?

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

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

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

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

27. Do the Board recommend—

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

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

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

29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?

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

*See Sect 20*

*Wound of arm wrist healed, Carpal fully close the fingers, wrist graft wound in thigh healed no disability*

*G.S.W.*

*20%*

*yes*

Signatures:—

Station St Johns

Date Jan 13/19

APPROVED BY THE DIRECTOR OF MEDICAL SERVICES.

Station JAN 13 1919

Date No.

Date NEWFOUNDLAND.

[Signature] President.

[Signature]  
[Signature] Members.

[Signature] Administrative Medical Officer.



## 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 *Grant, Harry*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2190*

Intended address *Hamble*

Height on discharge *5 Feet "*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Deep Lip slight Left wrist.*

Figure on discharge

Christian name of Father *Samuel*

Christian name of Mother *Elizabeth*

Wife's maiden name in full *—*

Date and place of marriage

Christian names of children *—*

Place and date of soldier's birth *Hamble 21-6-1897*

Nature and locality of civil employment required

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

(Soldier's signature in full)

Station

Date

(Rank)

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

Station

Date

Medical Officer of Hospital,  
Unit, or Command Depot



**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland*  
 Rank *Pvt* Surname *Grant* Christian Name *Thomas*  
 Religion *Salvation Army* Age on Enlistment *23* years *8* months  
 Enlisted (a) *St. John's* Terms of Service (a) *Duration* Service reckons from (a) *29-2-16*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended  Re-engaged  Qualification (b)   
 or Corps Trade and Rate   
 Occupation *Lumberman* *James Maca* Signature of Officer.

Date	From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.103, 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.211, Army Form A. 26, or other official documents.
			Embarked ...	1 MAR 1918	
			Disembarked...	3 MAR 1918	
				4 Aug 18	A 9207
				11-3-18	A 20538
				23/8/18	
				2/10/18	
				24/10/18	A 20538
				27-10-18	A 31004
				21-10-18	A 20538

For Officer 1/e No 1 Infantry Section  
 General Headquarters

(4) 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.  
 (5) Signaller, Shooing-Smith, & Co. W. 1124-M116 100001 1/17 (2727) S.P.E. Co. Ltd. Forms B.103/4 B.134. [P.T.O.]



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.

Regt No. 2190 Rank Private Name Granter H. Unit Royal Nfld. Regt. who was repatriated  
to Newfoundland on 12/12/18 Authority Draft No. 79. Cause \_\_\_\_\_

STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	CR.	
PERIOD: FROM 8/12/18 TO 12/12/18	Balance Dr. from 7/12/18				17	2	Balance Cr. from							
	Allotment 5 days @ 55	2	75		11	3	Pay 5 days @ \$ 1.00	5	00					
	Cash Payments:						Field Allow 5 days @ \$.10		50					
	V.7105				3	6	Other Allowes days @ \$	5	50	1	2	7		
	Other Debits						Other Credits:							
	Total Debits				1	11	11	Total Credits			1	2	7	
	Balance due by Paymaster							Balance due to Paymaster				9	4	
					1	11	11				1	11	11	

CHECKED  
*[Signature]*

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 to 2/1/19  
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,  
2 / 1 / 1919

*[Signature]*  
Chief Paymaster & O. i/c Records.



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. 2190 Rank Private Name Granter H. Unit Royal Mfld. Regt. who was repatriated to Newfoundland on 12/12/18 Authority Draft No. 79. Cause MAIL COPY

STATEMENT OF ACCOUNT

DR.	PARTICULARS					P	D	PARTICULARS					P	D	CR.
PERIOD: From 8/12/18 to 12/12/18	Balance Dr. from 7/12/18			17	2			Balance Cr. from							
	Allotment 5 days @ 55	2	75	11	3			Pay 5 days @ \$ 1.00	5	00					
	Cash Payments:							Field Allow 5 days @ \$ .10		50					
	V. 7105			3	6			Other Allowes days @ \$	5	50	1	2	7		
	Other Debits							Other Credits:							
	Total Debits			1	11	11		Total Credits			1	2	7		
	Balance due by Paymaster							Balance due to Paymaster				9	4		
				1	11	11					1	11	11		

CHECKED.

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

191

(Place) \_\_\_\_\_ (Date) \_\_\_\_\_ U.C. " " Company \_\_\_\_\_  
 Made up/Checked in accordance with information received in the Pay & Record Office London to 2/1/19  
 and is therefore subject to amendment if and as may be found necessary.  
 Pay & Record Office, London, *A. D. Maxwell Maj.*  
 Chief Paymaster & O. i/c Records.  
 2 / 1 / 1919

2508. Amiel Collins, the  
man referred to in the  
letter has been over-  
paid from 1/2/19 to  
30/4/19 £3 40 he did not  
appear on his list for  
March 1919

4253 4052 Perry Becu  
payable to Paul

5243

Garbo May

28

Mr J W Benet

1919

Dear Sir

Receiving your letter saying  
that ~~there~~ that there was  
no more allotment continued  
to me you said that if  
I know any persons that  
get there allotment to let  
me know so I am sitting  
to tell you well there is a  
young man name Samuel  
Ballins that was discharge  
they same time as I was  
and in matter have got 16  
allotments since Feb 5 and  
I am the only Dependence

my father got and i ~~and~~  
haven't got none and his  
mother got lots of more  
down to Depew and and  
my father his is not well  
all time and i am the only  
Depew he have to Depew  
up and also the Depew  
money that alloted to my  
father that they windows  
get well there is lots of  
women that get the Depew  
money that don't need  
it as bad as my father do  
I am the only one that  
my father got so think  
it is a ~~long time~~ wrong  
thing down myself for  
women that have 3 sons

to work for them and  
my father got no money  
only myself to work for  
him and i am the only  
Depew he got I am  
yours truly

2190 Mr Thomas Grant  
Garbo

The man was blessed  
3/2/19

April 22nd, 1919

#2190 Pte. Thomas Granter,

Dark Cove,

Gambo.

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

Paymaster & O.i/c Records  
Captain,

10718

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 *Thomas* ..... 2. Surname *Granter* .....

3. Rank *Private* ..... 4. Regt. No. *2190* .....

5. Address in full to which future payments of gratuity are to be forwarded... *Bank Lane* .....

6. Date of enlistment in the Regiment... *20 July 1916* .....

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

8. Relationship of such dependents.. *Not applicable* .....

9. Address in full of such dependents..... *Not applicable* .....

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 field, if so, give dates and particulars of such service..... *To the front* .....

12. Give total length of time which you served on active service, whether in field or on garrisons. *5 yrs. 10 mos. 1914 to 3rd Feb 1919*  
*at 27th 8th 1914* .....

*2 years & 340 days*

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

*Not applicable*

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

*Not applicable*

15. Have you been issued with a War Service Badge? *No*

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

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

*Not applicable*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

(b) If so, was such reversion in consequence of Misconduct or inefficiency? *Not applicable*

19. Are you now serving in the Res. *No* ... If not give? - (a) Date of discharge *3rd July 1919*. (b) Reason for discharge.

*Medically unfit*

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

*France 12 Oct - 1916  
Belgium 22 Sept - 1918*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*Not applicable*

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



Signature of Applicant: *Thomas Grant*  
 Place of Residence: *Dark Cove Gumbo*  
 Declared before me at: *Gumbo*  
 This *19* day of *April* 19*19*.....

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

*A. B. Crawford*  
*Commissioner*

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

SEPARATION ALLOWANCE.

Claimant. *Samuel Grantes (Father)*

On account of *Henry Thomas Grantes* No. *2190* Rank. *Pvt.*

Decision. *Refused*

Date *Jan. 17/1920* *W. H. Keenan Lieut. Col.*  
*W. H. Dowley Major*

Instructions.

Allotment of *55* per day payable to *Samuel Grantes*  
his *Father* from *1/8/16* to *3/2/19*

Discontinued on account of *being Disch'd*  
*L. Pike S. Sgt.*

2089

Royal Newfoundland Regiment  
(Separation Allowance Branch)

NOTICE

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

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

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

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

*Henry Thomas Prov. 10<sup>th</sup> Kfed Reg. 2190*

2. Age of soldier. Married or single.

*26 Single*

3. Name in full of father of soldier. Age. Occupation. Permanent address

*Samuel Gaute 57 Lumberman Dock Cove Gault*

4. If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document stating from what date applicant has been totally incapacitated, and for how long incapacitation is likely to continue.)

*Not incapacitated*

5. Names of your other children. Address in full. Occupation. Married or Single.

*Henry Thomas 8th None*

6. State amount earned by yourself per month.

*Earning per year \$2000*

7. State date and place of death of your wife.

*my first wife died 1890 Dock Cove (Gault)*

8. State amount and source of any other income.

*None*

9. What is the value of your real property.

*Two Hundred dollars*

10. State actual amount contributed by soldier during year prior to enlistment. *Nothing*
11. Was this amount contributed weekly or monthly.
12. Did this amount include payment of son's board, etc.
13. State your son's trade or occupation prior to enlistment. *Lumberman*
14. State amount of his wages per week. *\$12.00*
15. State name and address of his last employer. *U. S. Air Force*
16. State amount of support monthly from son since enlistment. *\$17.05 up to date of discharge*
17. State amount of "assigned pay" received by you from son monthly. *17.05*
18. From what date have you received "assigned pay" *June 1916*
19. Actual amount contributed by  Weekly  monthly, other children.
20. If not receiving support from other children, state cause. *Answer fully. I have no other children*
21. Are any of these children in your employ.
22. Have you made a previous claim for Separation Allowance? If not why, Give particulars. *No*
23. What is the value of your personal property? *See question 9*
24. With whom do you reside at present? *My wife & son*

25. Are you already in receipt of Separation Allowance from any source. If so, how much?

NO

26. Are you in receipt of assistance from any Patriotic Fund, if so, how much.

NO

27. Was the soldier at the time of enlistment an employee of the Hfld. Government.

NO

28. In what capacity and in what place.

29. Is he in receipt of a salary as such while serving in the Royal Hfld. Reg't. If so, how much?

NO

30. 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.....

*In Grants*  
*L. A. Grant*

Place of residence.....

*Port Cook (Grants)*

*Mark*

Declared and subscribed before me at.....

*Grants*

this.....

*17*

*Dec*.....1919

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

*W. Bradford*  
*Commissioner*

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 mentioned is the sole support of the applicant.

Signature of clergyman.....

*Advt L. N. Simmons*

Signature of member of Patriotic Fund Committee.....

*Mrs George Young*

Jan.29/20

Mr. Samuel Grantz,  
Dark Cove,  
Gambia.

Dear Sir:-

Referring to your application for Separation Allowance, I have been directed to state that same cannot be granted to you, because you are not incapacitated, and consequently you cannot be considered to be totally dependent upon your son, as there is nothing in your application to show that you are not capable of supporting yourself.

Yours truly

Major

Pajmaster.



March 22nd. 1919

Mr. Samuel Granter,  
DARK COVE.

Dear Sir:

With reference to your letter of March 12th. enclosing your allotment cheque for \$1.65, I may say that your cheque is only this amount, because of the fact that #2190 Thos. H. Granter was discharged on February 3/'19, and his allotment is 55¢ per day, therefore 3 days @ 55¢ per day, is \$1.65.

Yours truly,

Lieut.  
For Paymaster



Atique Envelope  
No 45211. 1.65

Dark Green  
Gambos  
March 12/19

Mr Howley Paymaster,  
St John's,

Dear Sir, Please explain  
why the allotment paid  
to Samuel Grant <sup>allotment 2/2/19</sup>  
only \$ 1.65. <sup>Grant's charge \$ 6.54</sup>  
I am with receipt of the  
allotment for March 1/19  
\$ 1.65 for the amount.

Please explain your report for  
\$ 1.65

Samuel Grant  
Bank Lane  
Gambos 12.13.

2190  
Thomas Smathers  
Wichita Dec 31st / 19  
allot 50 4793

Went One

Yambo

Went 24

Dear Sir,

Will you please so  
kind in sending me  
a favor in informing  
me what is my ~~last~~  
was stop on 28<sup>th</sup>  
January and my Chumbo  
that was discharged  
on the same date  
and is this keeping  
the allotment and  
if you would be  
so kind in sending  
out for me because  
I think I am entitled to

it as much as any other  
young soldier could  
My father have no  
other dependance but  
me. I had \$1<sup>00</sup> 68 - Come  
and saying it was my  
back about that  
This is a sincere & real  
in some one but  
and I think my service  
was as faithful to  
My Country as any  
other. So I remain  
your obedient  
servant  
Ex. P. Thomas Grant  
Said Cove  
Gamble.

Gambro <sup>th</sup>  
Wark Cove 9/3/191

Dear Sir

I am written  
to see if you would  
send for my forms  
for a wood licence to  
get them at home  
written in before and  
I haven't heard from  
you so I would like  
to get a answer from

this letter  
yours truly

2190  
Thomas Grant

CG

Grand <sup>Sept</sup> 25/1919  
Halls

6764

Dear Sir

I am  
Sending to ask  
you if you would  
be willing send  
my (Widow)  
Had I havent  
reciev'd either  
one yet you  
will be oblig'd  
by so done  
Yours truly  
H. J. Grant

St. John's, Jan 6<sup>th</sup> / 19

# Royal Newfoundland Regiment.

Billeting Account,

To W. H. Grant

Billeting Soldiers as undermentioned

from Dec 23<sup>rd</sup> / 18 to Jan 5<sup>th</sup> / 19

2190 - W. H. Grant 14 40

ACCOUNT	13 Jan	
CHK NO	795	EW
TRD EDG		
PAY LOG		
GLN LEDGER		

Certified correct for \$ 14 40

A-7 Joseph H. Snow  
Billeting Officer.  
W. H. Grant

Reg. No. 2190 Rank *Al* Name *Graham H. Y.*  
Attested ..... Address *Gambro.*  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas *21-12-18*  
Embarked for Overseas ..... Cause *Discharge*

*G. leave from 21-12-18 to 1-1-19.*

*13-1-19. Rec. Dis. Permanently unfit.*

*16-1-19* PASSED TO ..... DILIZATION OFFICER

*19-1-19.* DISCHARGE APPROVED ON DEMOBILIZATION.

C.R. 2190

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name *2190 Pte H J Grant*

Date *Nov 15*

Place *Gambo*



RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

C.R. 2190

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

2190 NO. *It.*.....NAME *H. J. Gwenter*

DATE.....

PLACE.....

*January 9/19/20*  
*Lambic Park Lane*

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

GAMBO  
JUL 14  
1918

ST. JOHN'S  
21  
1918

June 30th., 1921

The accompanying King's Certificate, on his discharge,

(No. 793), is forwarded herewith to

Private Thomas Granter

in respect of his service as No. 2190 Rank Pvte.

Name Thos. Granter Corps Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received

July 11<sup>th</sup> 1921

*[Signature]*

Signature

Thos. Granter

Date

July 13<sup>th</sup>

Address

Dark Cove Hambo.

Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***



---

21311 010.1



Sept. 1 1921.

The accompanying **Victory Medal** and/or **British War Medal**  
is/are forwarded herewith to

**Pte. H. T. Grant**

in respect of his service as No. **2190** Rank **Pte.**

Name **H. T. Grant** <sup>T</sup> **Royal Nfld. Regt.**  
**Nfld. Forestry Corps.**

Receipt of the same should be acknowledged hereon.

Received Victory and British War Medals

Signature H. Thos Grant

Date Sept 9<sup>th</sup> /21

Address Dank Cove Gambia.

[P.T.O.]

Receipt for Army Book 64

No. 2196 Name Grants


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

Date August 2

Place Gambo

Name H. J. Grants

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





# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 2190 Rank PLT Name Granter Thomas  
 Date of Enlistment 26.7.16 Address Yambo District Conamata  
 Occupation Fisherman Classification for Discharge B Medical Category E  
 Recommendation S.M.B. Parently unfit Disability Rating 25%  
 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	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	E 108	ME 2		" 6	
B 179c	B 120	M 93			

Date 16.1.19

*W. H. ... Capt*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

**1. Civil Re-Establishment.**

I am ..... in a position to resume civilian occupation.

*y Granter*

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 Group 6 & know full

Date 16-1-19

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 508 R to his home at Ganda and Release Certificate No. 822 issued.

Date 16-1-19

Q. B. Dicks Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 2-2-19

Date 16-1-19

W. Bailey Capt.  
Depot Paymaster.

Discharge approved for 19.1.19

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
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		

*Handwritten notes: Form B, 2/11, 2/12, checkmarks*

Date 16. 1. 19

Q. B. Dicks Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**ELIGIBLE for POST DISCHARGE PAY**

JAN 19 1919

Date

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

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

Date Jan 21/1919

Geo. Fielding  
Ben. O. K. ...

Department of Veterans Affairs

Ottawa 4,

19

TO Supervisor,  
War Service Records, Ottawa.

Mark Your Reply:

For attention of

For attention of

SUBJECT

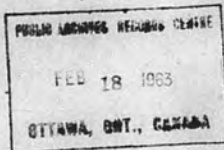
File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

Departmental Secretary.

- (1) Service number 2190
- (2) Surname GRANTER
- (3) Christian names Henry Thomas
- (4) Date of Birth 21 June 1892
- (5) Religion Salvation Army
- (6) Unit of enlistment Royal Newfoundland Regt.
- (6a) Highest corresp. rank pte
- (7) Units overseas pte.
- (7a) Highest corresp. ranks Royal Newfoundland Regt. 2
- (8) Rank on day of discharge pte.
- (8a) Corresp. unit \_\_\_\_\_
- (9) Military honours nil



(2)

Departmental Secretary,  
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date .....

for Supervisor, War Service Records.