

**FIRST NEWFOUNDLAND REGIMENT.****ATTESTATION OF**

No. 1757 Name Moses Green Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>Moses Green</u> |
| 2. What is your full Address? | 2. <u>Salt Pond</u> |
| | <u>Burns Bay Ann</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>21</u> Years |
| | 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, Moses Green 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.

Moses Green SIGNATURE OF RECRUIT.

Moses Green Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Moses Green 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 _____ on this _____ day of _____ 1915.

Montgomery Signature of the Attesting Officer.

† Certificate of Approving Officer.

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

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

Date _____ 1915

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, the 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 Moses Green

Apparent age 21 years 5 months. Height 5 feet 5 3/4 inches.

Chest measurement { Girth when fully expanded 36 inches.
Range of expansion 2 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin William Green
Jackford | 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)
[Handwritten: Green]	[Handwritten: [illegible]]	[Handwritten: [illegible]]	[Handwritten: [illegible]]

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, 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>2-8-15</u>							[Signature]
Joined at <u>St John's</u> on <u>August 2/15</u>							
Embarked <u>St John's train to Quebec 27th 15</u>							
Embarked <u>Southampton 25th 16</u>							
<u>Haswell 26th 16</u> <u>joined 87th 16</u> <u>Wagoner 44-4-17</u> <u>Colonel 57th 16/17</u>							
<u>Went to <u>Quebec 14th 17</u></u> <u>invalided to <u>London 20-4-17</u></u> <u>Colonel <u>Handsworth 20-4-17</u></u>							
<u>Embarked <u>depot 18-6-17</u></u> <u>Embarked <u>for <u>Colt 21-7-17</u></u></u> <u>Joined <u>Bath in the field 28-8-17</u></u>							
<u>Killed in Action 9-10-17</u>							
Total Service forfeited as above							
Total Service towards Engagement to <u>9-10-17</u> (date of discharge) <u>2</u> years <u>69</u> days							
" " " Pension " " " " " " " "							

Regimental No 1757

Company "G"

The
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the
King's Forces under the following conditions,-

For the duration of the present war, or until my
discharge.

Subject to the Army Act, the King's Regulations, and
to such ordinances as may apply or may be made to apply
to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 3 George
V., Chapter IV.

signed Moses X ^{mark} Green A. Penney

Witness Maclean Brown 4th

Dated at Racecourse Apr.
June 19th 1918.

C.R. 1757

Extract from Nominal Roll of Mfld. Regt. Draft No.7, from
2nd Bn., Depot, to 1st Bn., B.E.F. Embarked Southampton
25-6-16.

1757 Pte. M. Green.

C.R. 1757

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,
B.E.F. Embarked Southampton.

1757 Pte. M. Green.

25-6-16.

FIELD SERVICE.

C.R. 1757
Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

DUPLICATE

REGIMENT OR CORPS } Newfoundland Squadron, Troop, Battery or Company } L. Coy.

Regimental No. 1757 Rank Private

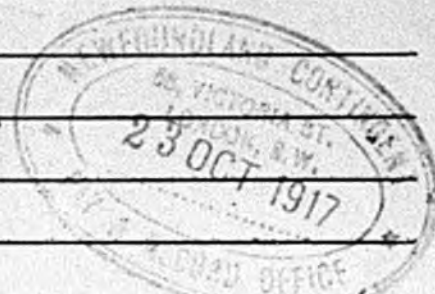
Surname Green. Christian Names M.

Died { Date 9/10/17. Place France or Belgium.

Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/12/10/17.

By whom made O.C. Unit.



* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____

By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received
(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q. 3rd. Echelon Signature of Officer in charge of Section } [Signature]
Date } 15/10/17. Adjutant-General's Office at the Base } 2nd. Lt. for Mjr.,
Officer i/o No. 1 Infantry Section.

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

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line
Number _____

Rcd _____

By _____

Sent _____

by _____

Check _____

Dated

October 20, 1917.

To

Rev. F. Ryan, P.P.,

Burin.

Regret to inform you Record Office, London,
today reports No. 1757, Private Moses Green, son
of William Green, Salt Pond, was killed in
action October ^{month} ~~eight~~ Please inform relatives.

R.A. SQUIRES

Colonial Secretary.

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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 *Wm M. Stirling* Address *London*

Line Number	Rcd	By	Sent	by	Check

Dated **October 20, 1917.**

To **Mr. William Green,**

Salt Pond,

Burin.

Regret to inform you Record Office, London,
today reports No. 1757, Private Moses Green, was
killed in action October ~~eight~~ *ninth*.

R.A. SQUIRES

Colonial Secretary.

NOTE FOR OPERATOR

This message is not to be sent until receiving office notifies that message to Rev. F. Ryan, Burin, has been delivered and acted upon.

FOR TYPEWRITER

No. 1757 Pte. Green.

Extract of casualty list received from the Pay & Record
Office, London, dated Oct. 20th.

"Killed in action, Oct 9th."

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

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(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated August 31, 1917.

To Mr. William Green,
Salt Pond,
Burin Bay Arm.

With reference to your enquiry respecting No. 1757, Private Moses Green, Record Office, London, today reports he is with the British Expeditionary Force.

R.A. SQUIRES
Colonial Secretary

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL**August 27, 1917.**

Report by telegraph present condition of
2413 Reid, 1757 Green, 1373 DeLacey, 3231
Blackmore, 2678 Crane, 47 Maddigan. Telegraph
whereabouts of 2286 Hipditch, 3041 Mansfield.
Telegraph whereabouts of, condition of 1178
Kenney. Report by telegraph nature of wounds of
2169 Romaine. Have you any further news of
2783 Jones. Can you ascertain condition of
prisoners of war.

Col. Sec.

FOR

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NEWFOUNDLAND POSTAL TELEGRAPHS



CABLE CONNECTION WITH ALL PARTS OF THE WORLD.

Line No. 12 Sent by GC Rec'd by S Check 9/

No. _____

Place from Salt Pond Basin

To Colonial Secretary

AUG 15 1917

Please enquire how
9757 Pte Moses Green
is progressing.

Mrs Wm Green

C.R. 1757

Extract from Nominal Roll of Draft No. 29, embarked Southampton
22/7/17 from 2/1st Newfoundland Regiment to 1/1st Newfoundland
Regiment B.C.F.

1757 Pte. Green, M.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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(NOT TRANSMITTED)

W. M. Green

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated 21st May, 1917.

To Mr. William Green,
Salt Pond, Burin Bay Arm.

Replying your enquiry report received today states No. 1757
Private Moses Green progressing favourably.

COLONIAL SECRETARY.



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 19 Sent by Saltpond Rec'd by _____ Check 9/5 No. _____
 Place from Saltpond
 To Hon. J. R. Bennett 18

Kindly enquire how
 1757. The more
 green is progressing
 Mary Green.

C.R. 1757

Extract of Casualty List received from P&R.O.,
London Dated April 29th. 1917.

The following r/b G.C. Bn 15.4.17. as "Wounded"
14.4.17. No. Previous reports.

1757 Pte. M. Green

1st. Newfoundland Regiment.

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

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(NOT TRANSMITTED)

Signature of Sender Wm. Green Address _____

Line Number	Rcd	By	Sent	Check
		<u>Wm. Green</u>	<u>Sec.</u>	

Dated April 23, 1917.

To Mr. William Green,
Salt Pond,
Burin Bay Arm.

Record Office, London, today reports No. 1757,
Private Moses Green, has now been admitted
Wandsworth

J.R. BENNETT

Colonial Secretary.

NEWFOUNDLAND POSTAL TELEGRAPHS.



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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 Lucy M. Green Address _____

Line Number _____	Rcd _____	by <u>Geo Dept Col Sec</u>	Sent _____	by _____	Check _____
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Dated April 21, 1917.

To Mr. William Green,
Salt Pond,
Burin Bay Arm
Regret to inform you that Record Office,
London, officially reports No. 1757, Private

Moses Green, was at Thirtysecond Stationary Hospital, Wimereaux, April sixteenth, and transferred to Casualty Clearing Station suffering from gunshot wound left side.

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.

C.R. 1757

Extract from Nominal Roll entrained St. John's for Overseas

27/10/15.

1757 Pte. M. Green.

C.R. 1757

Moses Green was attested for General service
with the NEWFOUNDLAND REGIMENT on .. August. 2nd. 1915
Regimental No **1757** was allotted to Pte. **Moses Green**

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

M. Green.

1757

P. R. O.

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

# MEDICAL HISTORY

OF

Surname Green

Christian Name Mr. Green



Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County St. John's Nfld

|                                                                   | SPECIAL RESERVE.                              |                                | REGULAR ARMY.             |                           |
|-------------------------------------------------------------------|-----------------------------------------------|--------------------------------|---------------------------|---------------------------|
|                                                                   | Right                                         | Left                           | Right                     | Left                      |
| Examined .....                                                    | on <u>2</u> day of <u>August</u> 191 <u>8</u> | on _____ day of _____ 191      | on _____ day of _____ 191 | on _____ day of _____ 191 |
|                                                                   | at <u>St. John's Nfld</u>                     | at _____                       | at _____                  | at _____                  |
| Declared Age.....                                                 | <u>21</u> years                               | _____ days                     | _____ years               | _____ days                |
| Trade or Occupation.....                                          | <u>Fisherman</u>                              |                                | _____                     | _____                     |
| Height .....                                                      | <u>5</u> feet                                 | <u>5 1/4</u> inches            | _____ feet                | _____ inches              |
| Weight .....                                                      | <u>133</u> lbs.                               |                                | _____ lbs.                | _____ lbs.                |
| Chest Measurement {                                               | Girth when fully expanded...                  | <u>36</u> inches               | _____ inches              | _____ inches              |
|                                                                   | Range of expansion..                          | <u>2</u> inches                | _____ inches              | _____ inches              |
| Physical Development.....                                         | _____                                         | _____                          | _____                     | _____                     |
| Vaccination Marks {                                               | Arm .....                                     | _____                          | _____                     | _____                     |
|                                                                   | Number .....                                  | _____                          | _____                     | _____                     |
| When Vaccinated .....                                             | <u>110</u>                                    |                                | _____                     | _____                     |
| Vision .....                                                      | R.E.—V=                                       | <u>6/9</u>                     | R.E.—V=                   | _____                     |
|                                                                   | L.E.—V=                                       | <u>6/6</u>                     | L.E.—V=                   | _____                     |
| (a) Marks indicating congenital peculiarities or previous disease | (a)                                           | _____                          | (a)                       | _____                     |
| (b) Slight defects but not sufficient to Cause Rejection          | (b)                                           | _____                          | (b)                       | _____                     |
| Approved by (Signature)                                           | <u>L. A. Patterson</u>                        |                                | _____                     | _____                     |
| (Rank)                                                            | <u>Capt</u>                                   |                                | _____                     | _____                     |
| Enlisted .....                                                    | at <u>St. John's</u>                          | at _____                       | at _____                  | at _____                  |
|                                                                   | on <u>20</u> day of <u>Aug</u> 191 <u>8</u>   | on _____ day of _____ 191      | on _____ day of _____ 191 | on _____ day of _____ 191 |
| Joined on Enlistment .....                                        | Corps.                                        | <u>1<sup>st</sup> Nfld Reg</u> | Corps.                    | _____                     |
|                                                                   | Regtl. No.                                    | <u>1757</u>                    | Regtl. No.                | _____                     |
| Transferred to..                                                  | <u>1<sup>st</sup> Newfoundland</u>            |                                | _____                     | _____                     |
| Became non-effective by. ....                                     | _____                                         | _____                          | _____                     | _____                     |
| (Signature)                                                       | on _____ day of _____ 191                     | on _____ day of _____ 191      | on _____ day of _____ 191 | on _____ day of _____ 191 |
| (Rank)                                                            | _____                                         | _____                          | _____                     | _____                     |



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

| Date       | Brief Details, and Signature                        |
|------------|-----------------------------------------------------|
| 15. 10. 15 | 1 <sup>st</sup> Inoculation                         |
| 19. 11. 15 | Vacc R.P. Graham Lt Col. C.                         |
| 24. 5. 16  | 2 <sup>nd</sup> Inoculation Dr M. Intyre Capt. Romo |
| 19. 6. 16  | Fit for Foreign Service A.H.W.                      |

**TABLE IV.—SERVICE TABLE.**

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|----------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
| St John Wild         |                                |                                      |                      |                                |                                     |





29th May,

8

8426/3/P.W.

Messrs. American Express Co.,

Prisoners of War Packing Dept.,

44-45 Rathbone Place, Oxford St. W.1.

GB/JC

1757 L/C. P.G. SMITH, P. of W., 1st Bn.,  
R. Newfald Regt.

With reference to your letter of 22/5/18 (4702) with enclosed postcard from the above-named N.C.O., of The Royal Newfoundland Regt.: the articles specified are in order. More complete issues have been sent to him since. Postcard is returned herewith, please.

Major,  
Chief Paymaster & O. i/c Records.

ESTABLISHED 1841.

CAPITAL \$18,000,000.

# AMERICAN EXPRESS COMPANY.

FOREIGN DEPARTMENT.

TELEGRAPHIC ADDRESSES:—

TELEGRAMS: CICATRIX, CHARLES. LONDON.

TELEPHONE: 1203 (3 LINES) GERRARD.

NEW YORK: 65 BROADWAY.

LONDON... { 6 HAYMARKET, S.W. 1.  
11, EBURY ST., S.W. 1.  
84 QUEEN STREET, E.C. 4.  
LIVERPOOL.....31 JAMES STREET.  
SOUTHAMPTON.....25 OXFORD STREET.  
GLASGOW.....3 WEST NILE STREET.  
GENOA.....17 PIAZZA NUNZIATA.  
NAPLES.....PIAZZA DEI MARTIRI.  
ROME.....PIAZZA DI SPAGNA.  
ROTTERDAM.....26A ZUIDBLAAK.

PARIS..... { 11 RUE SCRIBE.  
54 RUE DES PETITES ECURIES.  
HAVRE.....43 QUAI D'ORLEANS.  
MARSEILLES.....9 RUE BEAUVAU.  
BORDEAUX.....3 COURS DE GOURGUE.  
ANTWERP.....7 QUAI VAN DYCK.  
COPENHAGEN.....8 HOLMENS KANAL.  
CHRISTIANIA.....2 DRONNINGENS GADE.  
STOCKHOLM.....9 BLASIEHOLMSTORG.

PETROGRAD.

BUENOS AYRES. HONG KONG. MANILA.

Shipping and Banking Correspondents at all principal Cities and Ports of the Commercial World.

GENERAL FOREIGN AGENTS FOR

NEW YORK CENTRAL RAILROAD COMPANY.

CHICAGO & NORTH WESTERN RAILWAY.

UNION PACIFIC RAILWAY SYSTEM.

PLEASE ADDRESS REPLY TO—

PRISONERS OF WAR PACKAGE DEPARTMENT.

44 & 45 RATHBONE PLACE,

OXFORD STREET, LONDON, W. 1.

REFERENCE G/E

22nd May, 1918.

The Secretary,  
Newfoundland War Association,  
58, Victoria Street,  
S.W.1.

Dear Sir,

We enclose for your inspection a post card from L/c  
P.G. Smith, 253195, 1st. Newfoundlands, Heilsberg. Please re-  
turn with any remarks you may have to make, and oblige,

Yours very truly,

AMERICAN EXPRESS COMPANY.

*[Handwritten Signature]*

|                          |
|--------------------------|
| NEWFOUNDLAND CONTINGENT. |
| PAY & PROVISION OFFICE.  |
| NO. 44702                |
| MAY 24 1918              |
| ACK'D                    |
| Ref. Nos. 001            |
| 8426/3                   |
| BY                       |
| RECEIVED                 |
| P.W.                     |
| R. & C. ✓                |
| P.O.                     |

*[Handwritten Signature]*

Temporary.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Esreen Christian Name M.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 ,  
at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet \_\_\_\_\_ inches.

Weight ... lbs. \_\_\_\_\_

Chest Measurement { Girth when fully Expanded \_\_\_\_\_ inches.  
Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right Left  
Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... (a) \_\_\_\_\_

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

Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_  
Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Joined on Enlistment ... { Corps. Regtl. No.  
1. Med 1757.

Transferred to ... \_\_\_\_\_

Became non-effective by ...  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

| Name of Hospital                                       | Admitted to Hospital |       |      | Discharged from Hospital |       |      | Disease                       | Number of days in Hospital | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer                                                                                 |
|--------------------------------------------------------|----------------------|-------|------|--------------------------|-------|------|-------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|                                                        | Day                  | Month | Year | Day                      | Month | Year |                               |                            |                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |
| 3 <sup>RD</sup> LONDON GENERAL HOSPITAL<br>WANDSWORTH. | 20                   | 4     | 17.  | - 5                      | MAY   | 1911 | Chw. IV. H. L. side of Chest. | 15.                        | Wounded in France 14. 4. 17. perforation wound of L. side of Chest with fracture rib transferred to Grove Mil Hosp. Tooting                                                                                                                                                                                                             | <i>S. H. Huxley</i><br>Capt RAME.                                                                            |
|                                                        | 5                    | 5     | 14   | 9                        | 6     | 14.  | "                             | 35                         | Healed in 3 Days                                                                                                                                                                                                                                                                                                                        | <i>W. A. L. L. L.</i><br>MAJOR R. A. M. O. (F)<br>REGISTRAR GROVE MILITARY HOSPITAL,<br>TOOTING GROVE, S. W. |



Office Copy

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON EFFECTIVE ACCOUNT.

Regiment or corps

No. 1757

Rank

Private

Name

Giecy, J.

Died (a)

Intestate

at

France

on the

9<sup>th</sup> of

October

191

7

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr.                                              | £        | s.        | d.        | Cr.                                                                                    | £        | s.        | d.        |
|------|--------------------------------------------------|----------|-----------|-----------|----------------------------------------------------------------------------------------|----------|-----------|-----------|
|      | Balance Dr. last month .....                     |          |           |           | Balance Cr. last month <i>9<sup>10</sup>/<sub>100</sub></i> .....                      | <i>4</i> | <i>10</i> | <i>3</i>  |
|      | Cash issues<br>(Date of each issue to be stated) |          |           |           | Pay days at _____ from _____ to _____                                                  |          |           |           |
|      |                                                  | £        | s.        | d.        | Proficiency, Service or good conduct pay<br>days at _____ from _____ to _____          |          |           |           |
| 191  |                                                  |          |           |           | Messing allowance days at _____ from _____ to _____                                    |          |           |           |
| "    |                                                  |          |           |           | Kit allowance .....                                                                    |          |           |           |
| "    |                                                  |          |           |           | Amount produced by the sale of Effects from<br>Form 2 .....                            |          |           |           |
| "    |                                                  |          |           |           | Amount of Savings Bank balance, including<br>interest (if no balance, to be so stated) |          |           |           |
|      | Consolidated stoppage .....                      |          |           |           | Deferred Pay or Gratuity .....                                                         |          |           |           |
|      | Balance due by the Paymaster                     | <i>4</i> | <i>10</i> | <i>3</i>  | Balance due to the Paymaster .....                                                     | <i>4</i> | <i>10</i> | <i>3</i>  |
|      |                                                  | <i>£</i> | <i>4</i>  | <i>10</i> |                                                                                        | <i>£</i> | <i>4</i>  | <i>10</i> |
|      |                                                  |          |           | <i>3</i>  |                                                                                        |          |           | <i>3</i>  |

CHECKED. 86. 4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 \_\_\_\_\_ Paymaster.

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815. (b) Words in Italics to be struck out when there is no debtor balance.

Any farther letter on this subject should be addressed to—

The Director of  
Graves Registration and Enquiries,  
War Office,

Winchester House,  
St. James's Square,  
London, S.W.1,

and the number below quoted.

C.C.M/37/29141.

The Officer in Charge  
Newfoundland Records,  
58 Victoria Street,  
S.W.1.

## WAR OFFICE,

NEWFOUNDLAND CONTINGENT,  
PAY & RECORD OFFICE.

NO. 4889  
JUL 1919

ACKD AUG 1919

Ref. Nos. 001

I have received an enquiry for the location of the  
grave of 1757 Private Moses Greene, of  
Newfoundland Regiment,  
who is stated to have been killed 9th October, 1917.

The grave has not been registered in this office, and  
I shall be much obliged if you can give me any informa-  
tion (if possible, a map reference) which might assist in  
locating it, or failing this a map reference of the place  
where he was last seen, as I understand the  
records of the above Btn. are in your  
possession.  
~~For the event of this Battalion not having buried him,  
it will assist if you can say by what Unit it was relieved,  
or by what Unit the burial may have been effected, and  
obtain from them any available information.~~

*M. S. Bradley*

Major

for Major-General,

Director-General of Graves Registration and Enquiries.

NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Regtl No. 1757 Rank Pt

Name Greene H.

| Pay            | F. Allice | Working | Total |
|----------------|-----------|---------|-------|
| 1              | 10        |         | 110   |
| Less Allotment |           |         | 60    |
| Net Rate       |           |         | 50    |

| Date<br>1917 | DEBITS                         | £ s d |   |   | CREDITS                        | £ s d |    |   |
|--------------|--------------------------------|-------|---|---|--------------------------------|-------|----|---|
|              |                                |       |   |   |                                |       |    |   |
|              | Balance                        | 1     | 1 |   | Balance                        | 22    | 11 | 4 |
|              | <u>P.M. ADVANCES:</u>          |       |   |   | <u>Pay @ Net Rate:</u>         |       |    |   |
|              | A.B. 64.                       |       |   |   | 3/21/16 to 9/16/17 = 169 days. |       |    |   |
|              | Acquittance Rolls              | 7     | 0 | 6 | @ 50 = \$ 84.50                | 17    | 9  | 2 |
|              | Hospital Advances              | 1     | 4 | 9 | 9/16/17 to 10/6/17 = 10 days.  |       |    |   |
|              | <u>STOPPAGES:</u>              |       |   |   | @ 1/2 = \$ R. Allice           | 1     | 0  | 0 |
|              | Hospital dys @ =               |       |   |   | 1/1 to 1/1 = days              | 28    | 19 | 7 |
|              | Forfeited Pay dys @            |       |   |   | @ = \$                         |       |    |   |
|              | Miscellaneous                  |       |   |   | OK/1/10                        |       |    |   |
|              | Cables                         |       |   |   |                                |       |    |   |
|              | <u>P. &amp; R.O. PAYMENTS:</u> | 8     | 5 | 3 |                                |       |    |   |
|              | Sundry Bills                   |       |   |   |                                |       |    |   |
|              | Cash                           | 20    | 0 | 0 |                                |       |    |   |
|              | Cash 9/6/17                    |       |   |   |                                |       |    |   |



Green, hoses

1757

Hay Sept

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**  
 No. **1457.** Rank **Private** Name **Green, M.**  
 Died (a) **Intestate** at **France** on the **9<sup>th</sup>** of **October** 191**7.**  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr.                                             | £          | s.        | d.       | Cr.                                                         | £          | s.        | d.       |
|------|-------------------------------------------------|------------|-----------|----------|-------------------------------------------------------------|------------|-----------|----------|
|      | Balance Dr. last month .....                    |            |           |          | Balance Cr. last month <b>9.10.17</b> .....                 | <b>4</b>   | <b>10</b> | <b>3</b> |
|      | Cash issue<br>(Date of each issue to be stated) |            |           |          | Pay days at from to                                         |            |           |          |
|      |                                                 | £          | s.        | d.       | Proficiency, Service or good conduct pay<br>days at from to |            |           |          |
|      | 101                                             |            |           |          | Messing allowance days at                                   |            |           |          |
|      | "                                               |            |           |          | from to                                                     |            |           |          |
|      | "                                               |            |           |          | Kit allowance .....                                         |            |           |          |
|      | "                                               |            |           |          | Amount produced by the sale of Effects from<br>Form 2 ..... |            |           |          |
|      | Consolidated stoppage .....                     |            |           |          |                                                             |            |           |          |
|      | Balance due by the Paymaster                    | <b>4</b>   | <b>10</b> | <b>3</b> | Balance due to the Paymaster .....                          |            |           |          |
|      |                                                 | <b>£ 4</b> | <b>10</b> | <b>3</b> |                                                             | <b>£ 4</b> | <b>10</b> | <b>3</b> |

This account is in accordance with advices received at the Pay & Record Office to **5/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

4/9/18.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £

Dated at

this

day of



191

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps ROYAL NEWFOUNDLAND REGIMENT.

No. 1457 Rank Private

Name Green. M.

Died (a) Intestate at France

on the 9<sup>th</sup> of October 1917.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr.                                              | £ | s. | d. | Cr.                                                               | £ | s. | d. |   |
|------|--------------------------------------------------|---|----|----|-------------------------------------------------------------------|---|----|----|---|
|      | Balance Dr. last month .....                     |   |    |    | Balance Cr. last month .. 9.10.17 .....                           | 4 | 10 | 3  |   |
|      | Cash issues<br>(Date of each issue to be stated) |   |    |    | Pay days at from to .....                                         |   |    |    |   |
|      |                                                  | £ | s. | d. | Proficiency, Service or good conduct pay<br>days at from to ..... |   |    |    |   |
|      | 191                                              |   |    |    | Messing allowance days at<br>from to .....                        |   |    |    |   |
|      | "                                                |   |    |    | Kit allowance .....                                               |   |    |    |   |
|      | "                                                |   |    |    | Amount produced by the sale of Effects from<br>Form 2 .....       |   |    |    |   |
|      | Consolidated stoppage .....                      |   |    |    |                                                                   |   |    |    |   |
|      | Balance due by the Paymaster                     | 4 | 10 | 3  | Balance due to the Paymaster .....                                |   |    |    |   |
|      |                                                  | £ | 4  | 10 |                                                                   | £ | 4  | 10 | 3 |

This account is in accordance with advices received at the Pay & Record Office to 31/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correct and chargeable against the Public.

Dated at

this

day of



191

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

**ORIGINAL.**

Army Form O. 1625.

**PAY LIST.**

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **1457.**

Rank **Private**

Name **Green. M.**

Died (a) **Intestate** at **France**

on the **9<sup>th</sup>** of **October** 191**7.**

Deserted at


on the \_\_\_\_\_ of 191 **.**

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
{ *Commanding Squadron, Troop,  
Battery or Company.*

**STATEMENT OF ACCOUNT.**

[Form I.]

| Date | Dr.                                                                                                   | £          | s.        | d.       | Cr.                                                                           | £          | s.        | d.       |
|------|-------------------------------------------------------------------------------------------------------|------------|-----------|----------|-------------------------------------------------------------------------------|------------|-----------|----------|
|      | Balance Dr. last month .....                                                                          |            |           |          | Balance Cr. last month <b>9.10.17</b> .....                                   | <b>4</b>   | <b>10</b> | <b>3</b> |
|      | Cash issues<br>(Date of each issue to be stated)                                                      |            |           |          | Pay days at _____ from _____ to _____                                         |            |           |          |
|      | £ s. d.                                                                                               |            |           |          | Proficiency, Service or good conduct pay<br>days at _____ from _____ to _____ |            |           |          |
|      | 191                                                                                                   |            |           |          | Messing allowance days at _____<br>from _____ to _____                        |            |           |          |
|      | "                                                                                                     |            |           |          | Kit allowance .....                                                           |            |           |          |
|      | "                                                                                                     |            |           |          | Amount produced by the sale of Effects from<br>Form 2 .....                   |            |           |          |
|      | "                                                                                                     |            |           |          | Savings Bank balance, including<br>(if no balance, to be so stated)           |            |           |          |
|      | Consolidated sto.  |            |           |          | or Gratuity .....                                                             |            |           |          |
|      | Balance due by the Paymaster                                                                          | <b>4</b>   | <b>10</b> | <b>3</b> | Balance due to the Paymaster .....                                            |            |           |          |
|      |                                                                                                       | <b>£ 4</b> | <b>10</b> | <b>3</b> |                                                                               | <b>£ 4</b> | <b>10</b> | <b>3</b> |

**CHECKED.**  
*SL*  
**4/9/18**

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is ~~to be repaid~~ **NEWFOUNDLAND CONTINGENT** ~~chargeable against the Public.~~

Dated at

this

day of

**NEWFOUNDLAND CONTINGENT**  
58, VICTORIA ST.  
LONDON, S.W. 1  
**4 - SEP 1918**  
REGARD OFFICE

191

**CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.**  
*Paymaster*

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

# DUPLICATE MAIL COPY

Army Form O. 1625.

**PAY LIST.**

to 191 . Voucher No. 191  
 Posted NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. 1454 Rank Private

Name Green, M.

Died (a) Intestate at France

on the 9<sup>th</sup> of October 1917.

Deserted at

on the \_\_\_\_\_ of \_\_\_\_\_ 1917.

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 { Commanding Squadron, Troop,  
 Battery or Company.

## STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr.                                              | £          | s.        | d.       | Cr.                                                                           | £          | s.        | d.       |
|------|--------------------------------------------------|------------|-----------|----------|-------------------------------------------------------------------------------|------------|-----------|----------|
|      | Balance Dr. last month .....                     |            |           |          | Balance Cr. last month <u>9.10.14</u> .....                                   | <u>4</u>   | <u>10</u> | <u>3</u> |
|      | Cash issues<br>(Date of each issue to be stated) |            |           |          | Pay days at _____ from _____ to _____                                         |            |           |          |
|      | £ s. d.                                          |            |           |          | Proficiency, Service or good conduct pay<br>days at _____ from _____ to _____ |            |           |          |
|      | 191                                              |            |           |          | Messing allowance _____ days at _____                                         |            |           |          |
|      | "                                                |            |           |          | from _____ to _____                                                           |            |           |          |
|      | "                                                |            |           |          | Kit allowance .....                                                           |            |           |          |
|      | "                                                |            |           |          | Amount produced by the sale of Effects from<br>Form 2 .....                   |            |           |          |
|      | Consolidated stoppage .....                      |            |           |          |                                                                               |            |           |          |
|      | Balance due by the Paymaster                     | <u>4</u>   | <u>10</u> | <u>3</u> | Balance due to the Paymaster .....                                            |            |           |          |
|      |                                                  | <u>£ 4</u> | <u>10</u> | <u>3</u> |                                                                               | <u>£ 4</u> | <u>10</u> | <u>3</u> |

This account is in accordance with advices received at the Pay & Record Office to 5/7/17 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

**CHECKED.**

*Ab.*  
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correct and chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at

this

day of



191

**CHIEF PAYMASTER & OFFICER I/C RECORDS.**

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

# DUPLICATE MAIL COPY

Army Form O. 1625.

**PAY LIST.**

to 191 . Voucher No.  
~~Posted~~  
**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. 1454 Rank Private

Name Green, M.

Died (a) Intestate at France

on the 9<sup>th</sup> of October 1917.

Deserted at

on the \_\_\_\_\_ of \_\_\_\_\_ 191  .

I Certify to the correctness of above in every particular.

( \_\_\_\_\_ )  
 { Commanding Squadron, Troop,  
 Battery or Company.

## STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr.                                              | £   | s. | d. | Cr.                                                                           | £   | s. | d. |
|------|--------------------------------------------------|-----|----|----|-------------------------------------------------------------------------------|-----|----|----|
|      | Balance Dr. last month .....                     |     |    |    | Balance Cr. <del>last month</del> <u>9.10.17</u> .....                        | 4   | 10 | 3  |
|      | Cash issues<br>(Date of each issue to be stated) |     |    |    | Pay days at _____ from _____ to _____                                         |     |    |    |
|      | £ s. d.                                          |     |    |    | Proficiency, Service or good conduct pay<br>days at _____ from _____ to _____ |     |    |    |
|      | 191                                              |     |    |    | Messing allowance _____ days at _____<br>from _____ to _____                  |     |    |    |
|      | "                                                |     |    |    | Kit allowance .....                                                           |     |    |    |
|      | "                                                |     |    |    | Amount produced by the sale of Effects from<br>Form 2 .....                   |     |    |    |
|      | "                                                |     |    |    | Savings Bank balance, including<br>st (if no balance, to be so stated)        |     |    |    |
|      | Consolidated stc                                 |     |    |    | y or Gratuity .....                                                           |     |    |    |
|      |                                                  |     |    |    |                                                                               |     |    |    |
|      | Balance due by the Paymaster                     | 4   | 10 | 3  | Balance due to the Paymaster .....                                            |     |    |    |
|      |                                                  | £ 4 | 10 | 3  |                                                                               | £ 4 | 10 | 3  |

**CHECKED.**  
*[Signature]*  
4/9/18

I hereby Certify that the above account is correct in every particular, ~~and that the debtor balance of £~~ is correct and chargeable against the Public. **NEWFOUNDLAND CONTINGENT.**



Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191  . **CHIEF PAYMASTER & OFFICER I/C RECORDS.**

- (a) Here state whether the soldier ~~died~~ died ~~intestate~~ intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office on Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

# DUPLICATE MAIL COPY

Army Form O. 1625.

**PAY LIST.**

to 191 Voucher No. 191  
 Posted NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**  
 No. 1454 Rank Private Name Green, M.  
 Died (a) Intestate at France on the 9<sup>th</sup> of October 1917.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191  .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 { Commanding Squadron, Troop,  
 Battery or Company.

## STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr.                                              | £ | s. | d. | Cr.                                                                           | £ | s. | d. |
|------|--------------------------------------------------|---|----|----|-------------------------------------------------------------------------------|---|----|----|
|      | Balance Dr. last month .....                     |   |    |    | Balance Cr. <del>last month</del> <u>9.10.14</u> .....                        | 4 | 10 | 3  |
|      | Cash issues<br>(Date of each issue to be stated) |   |    |    | Pay days at _____ from _____ to _____                                         |   |    |    |
|      | £ s. d.                                          |   |    |    | Proficiency, Service or good conduct pay<br>days at _____ from _____ to _____ |   |    |    |
|      | 191                                              |   |    |    | Messing allowance days at _____                                               |   |    |    |
|      | "                                                |   |    |    | from _____ to _____                                                           |   |    |    |
|      | "                                                |   |    |    | Kit allowance .....                                                           |   |    |    |
|      | "                                                |   |    |    | Amount produced by the sale of Effects from<br>Form 2 .....                   |   |    |    |
|      | Consolidated stoppage .....                      |   |    |    |                                                                               |   |    |    |
|      | Balance due by the Paymaster                     | 4 | 10 | 3  | Balance due to the Paymaster .....                                            |   |    |    |
|      |                                                  | £ | 4  | 10 |                                                                               | 4 | 10 | 3  |

This account is in accordance with advices received at the Pay & Record Office to 519118 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

**CHECKED.**

*4/9/18*

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191  



*[Signature]*  
 CHIEF PAYMASTER & OFFICER I/C RECORDS

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

Nov 22 1919

The Paymaster & Officer i/c Records  
St. John's Nfld.

Sir:-

No. 1727  
Rank Pte.  
Name M. Green

I have the honour by direction, to advise you that the claim for pension on account of the Marginally noted has been considered by the Board, and it has been ordered that if there is an allotment, Separation allowance, or Patriotic Fund allowance, being paid on his account, that it should be cancelled from Nov 1st 1919

Kindly govern yourself accordingly, and advise me of the amount paid by your Det., on this account.

I have the honour to be.,

Sir,

Your obedient servant,

*C. C. [Signature]*  
Asst. Secretary.

B.N.C. Form 11.

Discount

31/10/19

Bureau P.B

Mary Green



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 52 <sup>90</sup>/<sub>100</sub>

Apr 5. 19 19

Received from the First Newfoundland Regiment  
the sum of fifty two <sup>90</sup>/<sub>100</sub> Dollars.  
~~on account~~ of Pay. Estate.  
balance

|                  |                       |
|------------------|-----------------------|
| Ch. No. 15539    | Initials... <i>EW</i> |
| Pay Ledger. 163  | Initials... <i>EW</i> |
| Gen. Ledger..... | Initials.....         |

*A. C. D.*  
Regtl. No. \_\_\_\_\_ Rank \_\_\_\_\_

No. 1757

Rank *Plt*

Name

*M Green*

April 15, 1919

William Green, Esq.,  
Salt Pond, Burin,  
Nfld.

*A. C. R.*

Dear Sir:

I enclose cheque for  
\$52.90, being amount of balance due estate  
of late Pte. M. Green, to you as Administrator.

I also enclose Letters  
of Administration.

Yours truly,

Capt.  
Paymaster & O i/C Records

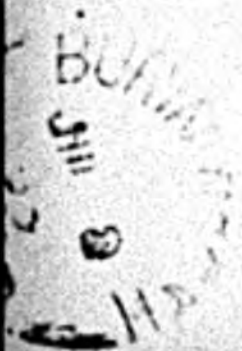
DM/ -

Encl. 2

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,  
DEPARTMENT OF MILITIA,  
ST., JOHN'S, Nfld.



1757

1757 540197

684

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

Mrs William Green +

(2249) Wt. 21551/AP6599 10/19 900M (20) D.St.

Burin Day  
Burin Day

Jan. 23th. 1920

Mrs. William Green,  
Salt Pond,  
Buxin Bay Arm

Dear Madam:-

I have to acknowledge receipt of your  
letter of Jan. 18th.

As this Department cannot help you,  
I have passed your letter to the Board of Pension  
Commissioners and have requested them to go into your  
case, and reply to you direct.

Yours faithfully,

Lieut.-Col

Chief Staff Officer

CR

1757

Jan. 26th, 1921

Secretary

Board of Pension Commissioners.

Dear Sir:-

Herewith, please, is a letter from Mrs. William Green, of Salt Pond, Burin Bay Arm, whose case does not come under the purview of this Department. Will you please give the letter your attention and let Mrs. Green know if the Pensions Board can help her case.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

THE BOARD OF  
PENSION COMMISSIONERS  
FOR NEWFOUNDLAND

J. A. CLIFT, K. C. C. B. E. CHAIRMAN  
MAJOR W. H. PARSONS, M. C.  
R. A. M. C. MEDICAL ADVISER  
LIEUT. C. C. OKE, SECRETARY



Your pension No. is

-----

*St. John's,*

June 6th/22.

C.R. 1757

Lt. Col. W. F. Rendell,  
Chief Staff Officer,  
Militia Dept.

Dear Sir:-

I beg to acknowledge receipt of your communication of the 3rd inst. with letter enclosed from Mrs. William Green, Salt Pond, Burin, and to state that we are writing Mrs. Green direct.

Yours faithfully,

  
Secretary.

F. E. D.



C.R. 1757

June 3rd, 2

Secretary

Board of Pension Commissioners.

Dear Sir:-

Herewith, please, letter from Mrs. William Green of Salt Pond, Burin, relative to pension in respect of her son, Pte. Moses Green, for your attention.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer

C.R. 1757

June 2nd, 1928

Mrs. Wm. Greep,  
Salt Pond,  
Burin.

Dear Madam:-

Your letter of May 29th has been received and passed to the Board of Pension Commissioners for attention. Reply will be sent to you direct from them.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer



FIELD SERVICE.

CR/757  
Army Form B. 2030A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS } Newfoundland Squadron, Troop, Battery or Company } D. Coy.

Regimental No. 1757 Rank Private

Surname Green. Christian Names M.

Died { Date 9/10/17. Place France or Belgium.

Cause of Death\* Killed in Action.

Nature and Date of Report B 213 d/12/10/17.

By whom made O.C. Unit.

\* Specialty state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place \_\_\_\_\_ Date \_\_\_\_\_

{ By whom reported \_\_\_\_\_

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received (c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

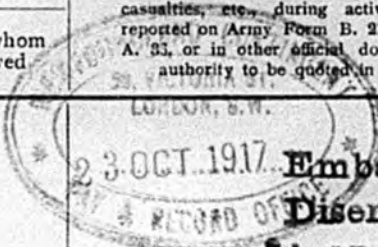

Station and Date | J.H.Q. 3rd. Echelon | Signature of Officer in charge of Section | [Signature] | 2nd. Lt. for Mjr.,  
Date | 15/10/17. | Adjutant-General's Office at the Base | Officer i/c No.1 Infantry Section.





Casualty Form Active Service

Regiment or Corps 2<sup>nd</sup> Newfoundland  
 Regimental No. 1757 Rank Pte Name Green Moses  
 Enlisted (a) 28/15/17 Terms of Service (a) One year Service reckons from (a) 2.8.17  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_ Numerical position on roll of N.C.Os. \_\_\_\_\_  
 Extended Duration War Re-engaged 19.6.16 Qualification (b) \_\_\_\_\_

| Report |                                                                                    | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 93, or in other official documents. The authority to be quoted in each case.                                                                                                   | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 96, or other official documents.                 |
|--------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------|----------------------------------------------------------------------------------------------------|
| Date   | From whom received                                                                 |                                                                                                                                                                                                                                                                                                                    |       |      |                                                                                                    |
|        |                                                                                    |  <p>Embarked <u>Shampton</u> 22.7.17<br/>                     Disembarked <u>Roden</u> 24.7.17<br/>                     Joined Battalion<br/>                     28 AUG 1917 B 213<br/>                     9 OCT 1917 B 213</p> |       |      |                                                                                                    |
|        | <u>12/10/17 O.C. Unit</u>                                                          | <b>Killed in Action</b>                                                                                                                                                                                                                                                                                            |       |      |                                                                                                    |
|        |  |                                                                                                                                                                                                                                                                                                                    |       |      |                                                                                                    |
|        |                                                                                    |                                                                                                                                                                                                                                                                                                                    |       |      | P. J. Boyd<br>Officer i/c<br>General Headquarters, 3rd Echelon.<br>MAJOR<br>Infantry Section No. 4 |

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