



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. <sup>8</sup> 213.

Name in full Robert William Heale Age 20

Address 41 Forest Road

Married  Single  Height 5 ft 7 in Weight 120

Color Dark Hair Dark Brown Eyes Grey

Other distinguishing marks \_\_\_\_\_

Nearest relative William Heale

Address 41 Forest Road

Dependents \_\_\_\_\_

Occupation Clerk Present Wage \$90 mth

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment January 9<sup>th</sup> 1915

Heale

I, Robert William Heale

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

Robert William Heale

Declared before me this 2 day  
of Jan 1915

Eric Shyne

*Handwritten notes:*  
Robert W. Heale  
41 Forest Road  
St. John's  
Nfld

**DESCRIPTIVE REPORT ON ENLISTMENT.**

(To correspond with Entries on the Medical History Sheet.)  
Applicable to all ranks.

Reg. No. 843

Name Robert William Heale  
 Apparent age 30 years \_\_\_\_\_ months. Height 5 feet 7 inches.  
 Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
 Range of expansion \_\_\_\_\_ inches.  
 Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Grey

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin William Heale, 41 Forest Road, St. John's  
 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	Regt. 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>3/1/15</u>									
Joined at <u>St. John's</u> on <u>2nd January '15</u>									
Total Service forfeited as above ... ..									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days.									
" " " Pension _____ ( " ) _____ " _____									

**DESCRIPTIVE REPORT ON ENLISTMENT.**

(To correspond with Entries on the Medical History Sheet.)  
Applicable to all ranks.

Reg. No. 843

Name Robert William Heale  
 Apparent age 20 years        months. Height 5 feet 7 inches.  
 Chest measurement { Girth when fully expanded        inches.  
 { Range of expansion        inches.  
 Distinctive marks Color: Dark, Hair: Dark Brown, Eyes: Grey

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin William Heale, 41 Forest Road, St. John's  
 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	Regt. 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>2/1/15</u>									
Joined at <u>St. John's</u> on <u>2nd January '15</u>									
<i>D.N. 3-7-16</i>									
<i>Embarked S.S. Dominion 3 2/15 Embarked N.S. 20/8 Disembarked Hef. and</i>									
<i>entrained for Cairo 31 2/8 Embarked for Gallipoli 13 7/8. Landed Suez Bay night of</i>									
<i>19-20 September 1915 Evacuated and arrived Hef. 15 7/8 Proceeded to Suez 16 7/8</i>									
<i>Embarked Port Suez 14 7/8 Disembarked Bonville 22 3/8. Wounded 1-7-16</i>									
<i>Admitted 89 F.A. G.S.W. Rank 2-7-16</i>									
<i>Died of Wounds (87 Ambulance) 3-7-16</i>									
Total Service forfeited as above ... ..									

Total Service towards Engagement to 3-7-16 (date of discharge) 1 years 183 days.  
 " " " Pension

R. Year.

C.R. 843

P.R.

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

# MEDICAL HISTORY

Surname Seale OF Christian Name Robert

Table 1.—GENERAL TABLE.

Birthplace:—Parish.....		County.....			
		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	.....	on <u>10<sup>th</sup></u> day of <u>Dec.</u> 191 <u>6</u>	at <u>St. Johns</u>	on	day of 191
Declared Age...	.....	<u>20</u> years	days	years	days
Trade or Occupation...	.....	<u>clerk.</u>			
Height	.....	<u>5</u> feet	<u>7</u> inches	feet	inches
Weight	.....		<u>120</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded... Range of expansion..		<u>33 1/2</u> inches		inches
			<u>2 1/2</u> inches		inches
Physical Development...	.....				
Vaccination Marks	Arm	Right	Left	Right	Left
	Number				
When Vaccinated	.....	<u>1904</u>			
Vision	R.E.—V=	<u>N.</u>		R.E.—V=	
	L.E.—V=			L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	.....	<u>N.</u>		(a)	
(b) Slight defects but not sufficient to Cause Rejection	.....			(b)	
Approved by (Signature)	.....	<u>Cluny Macpherson</u>			
(Rank)	.....	<u>Capt.</u>			
	.....	Medical Officer.			Medical Officer.
Enlisted	.....	at <u>St. Johns</u>		at	
	.....	on <u>15<sup>th</sup></u> day of <u>Dec.</u> 191 <u>5</u>		on	day of 191
	.....	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	.....	<u>15<sup>th</sup> Med Regt.</u>	<u>843</u>		
Transferred to..	.....				
Became non-effective by.	.....				
(Signature)	.....	on <u>20<sup>th</sup></u> day of <u>Jan.</u> 191 <u>5</u>		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
	<p><u>T.V.</u> 2 <u>Ch.V.</u></p> <p>Vac fit for foreign service</p>

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 Johns, Nfld	Dec 15/14	Feb 5/15			
Troopship Dominion	Feb. 5/15	" 16/15			
Edinburgh Castle	" 16/15				



A.A.C.M.G.  
20th DIVISION  
A. 398/0256  
14. 8. 16

Army Form W. 3104.



ARMY (SUSPENSION OF SENTENCES) ACT.

I.

I forward the proceedings of a Field General  
Court Martial in the case of 843 Pte. R. Heale, 1st Newfoundland Regt  
I have directed that he be not committed to prison, and I request that you  
will issue orders as to his disposal.

11th May 1916

D. E. Cayley, Brig. General,  
Commanding, 88th Inf. Brigade.  
Confirming Officer.

Omit A or B whichever does not apply

A { I direct that the sentence of one year Impr H.L. (which  
I hereby \_\_\_\_\_) be suspended.

† Here insert commutation or remission, if any.

II.

B { ~~I direct that the sentence of \_\_\_\_\_ (which~~  
~~I hereby \_\_\_\_\_) be put into execution.~~

27/5/16

R. P. Hill Capt. D.A.C.  
for General Commanding Fourth Army  
Superior Authority under the Act.

III.

The sentence will be brought forward for reconsideration on 11th  
August 1916.

D. E. Cayley Brig. Gen.  
Commanding 88th Inf. Bde.  
Competent Authority under the Act.

IV.

I have reconsidered the sentence (and hereby remit it) (and direct  
that it be brought forward for further re-consideration on \_\_\_\_\_).

Due to wounds

Competent Authority under the Act.

No 759



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

*Regt. Heale*

*843.*

I, \_\_\_\_\_, Regl. No. \_\_\_\_\_, hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>30</i>	<i>Wife</i>	<i>George Heale</i>	<i>Fort St John</i>	<i>50</i>
		Total Allotment, \$		

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

(Sig.) \_\_\_\_\_  
 \_\_\_\_\_  
 Officer Commanding  
 \_\_\_\_\_  
 Company  
 \_\_\_\_\_  
 Feb 1 1915

(Sig.) \_\_\_\_\_  
 \_\_\_\_\_  
 (Rank) \_\_\_\_\_



NEWFOUNDLAND CONTINGENT.

INVENTORY of EFFECTS of

No. 543 R.W. Steele deceased.

EXTRACT from A.F. 2090 A, dated \_\_\_\_\_ ;

CAUSE of DEATH Died of W.D.

DATE 3/7/16 PLACE Chance

WILL: (a) In Pay Book NO

(b) In Small Book \_\_\_\_\_

(c) Separate Document \_\_\_\_\_

NEXT OF KIN: Walter Steele

Relationship Father

Address 41 Street Road

St Johns

PARTICULARS.

1 Envelope

- 1 Disc
- 1 Coin (Egypt)
- 1 Stamp
- 1 Key

**FIELD SERVICE.**



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 } 1st. Newfoundland Regt. Squadron, }  
 or } Troop, Battery }  
 CORPS } or Company } C Company

Regtl. No. 843 Rank v Private

Name Heale, R.

Died { Date July 3rd. 1916.  
 Place 87th. F.A., France.  
 Cause of Death\* Died of Wounds received in Action.

*Reported by O.C. M. La Hance*

\* 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.

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

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 Paymaster at the Base (see Field Service Regulations, Part II.), 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.

*A. Clerk*

Signature of Officer in charge } Capt. for Lt. Col.,  
 of Section Adjutant-General's }  
 Office at the Base } Officer i/c Infantry Records,  
3rd. Echelon, E.E.F.

Station and Date 3rd. Echelon, 10/7/16.



**FIELD SERVICE.**

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 } 1st. Newfoundland Regt. Squadron, Troop, Battery or Company } G Company

Regtl. No. 843 Rank Private

Name Heale, R.

Died { Date July 3rd, 1916.

Place Off the Base, France.

Cause of Death\* Died of wounds received in action.

*Report by D.C. D. J. H. Bruce*

\* 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.

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

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 Paymaster at the Base (see Field Service Regulations, Part II.), 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.

Signature of Officer in charge of Section Adjutant-General's Office at the Base

*all*

Capt. for Lt. Col.  
Officer i/c Infantry Records,  
3rd. Echelon, E.E.F.

Station and Date 3rd. Echelon, 10/21/16.

PAY LIST.

to 3rd July 1916. Voucher No.



**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1st Newfoundland  
 No. 843 Rank Private Name R. Deale  
 Died (a) of flu at France on the 3rd of July 1916.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 1916.

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>12. May 1916</u> .....	<u>26</u>	<u>2</u>	<u>65</u>
	Cash issues (Date of each issue to be stated)				Pay <u>52</u> days at <u>1/10</u> from <u>12/5</u> to <u>17/6</u> <u>5720</u> .....	<u>11</u>	<u>15</u>	<u>1</u>
	Proficiency, Service or good conduct pay _____ days at _____ from _____ to _____							
	Messing allowance _____ days at _____ from _____ to _____							
	Kit allowance .....							
	Amount produced by the sale of Effects from Form 2 .....							
	Amount of Savings Bank balance, including interest (if no balance, to be so stated)							
	Deferred Pay or Gratuity .....							
	<u>Eqpt. 21.2 1916</u> <u>1</u> <u>1</u> <u>6</u> <u>789</u> <u>1</u> <u>1</u> <u>6</u> <u>133</u> <u>1</u> <u>10</u> <u>0</u> <u>Transit</u> <u>1</u> <u>10</u> <u>6</u> <u>3.5</u> <u>1</u> <u>10</u> <u>6</u>		<u>3</u>	<u>10</u>				
	Allotment <u>52 days @ 50 1/2</u> <u>26</u> .....	<u>56</u>	<u>10</u>					
	Consolidated stoppage .....							
	<u>Canteen Supplies</u> <u>Sold</u> .....		<u>3</u>	<u>1</u>				
	Balance due by the Paymaster	<u>29</u>	<u>6</u>	<u>2 1/2</u> <u>106</u> <u>28</u>	Balance due to the Paymaster .....			
		<u>£ 37</u>	<u>17</u>	<u>7 1/2</u>		<u>£ 37</u>	<u>17</u>	<u>7 1/2</u>

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

Dated at \_\_\_\_\_

(ms)

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.

Seale, Robert W.

843

Ray Sept.

**PAY LIST.** to 3rd July 1916. Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **1st Newfoundland**  
 No. **843** Rank **Private** Name **R. Heale**  
 Died (s) of wounds **at France** on the **3rd of July** 191**6**.  
*Intestate*  
 Deserted at on the of 191**6**.

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 ...12/5/16.....	26	2	6½
	Cash issues (Date of each issue to be stated)				Pay 52 days at \$110 from 13/5 to 3/7/16 \$57 20	11	15	1
		£	s.	d.	Proficiency, Service or good conduct pay days at from _____ to			
Egypt	21 2 191 6	1		6	Messing allowance days at			
"	28 2 " "	1		6	from _____ to			
"	13 3 " "		10		Kit allowance .....			
France	26 6 " "		10	6	Amount produced by the sale of Effects from Form 2 .....			
		3	1	6	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
Allotment					Deferred Pay or Gratuity .....			
	Balance due by the Paymaster	29	6	2½	Balance due to the Paymaster .....			
		£37	17	7½		£37	17	7½

I hereby Certify that the above account is correct in every particular, and that the  
 is correctly chargeable against the Public<sup>(b)</sup>.



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  
 thereto, unless 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.

PAY LIST.

to 3rd July

1916 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 843

Rank Private

Name R. Heale

Died<sup>(a)</sup> of wounds at France

on the 3rd of July

1916.

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 ...12/5/16.....	26	2	6½
	Cash issues (Date of each issue to be stated)				Pay 52 days at \$110 from 13/5 to 3/7/16 \$57.20	11	15	1
	Egypt 21 2 191 6	1		6	Proficiency, Service or good conduct pay days at from _____ to			
	" 28 2 " "	1		6	Messing allowance days at from _____ to			
	" 13 3 " "		10		Kit allowance .....			
	France 26 6 " "		10	6	Amount produced by the sale of Effects from Form 2 .....			
	Allotment 52 days @ 50c. \$26.00	5	6	10	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage .....				Deferred Pay or Gratuity .....			
	Canteen Supplies SUVIA		3	1	Balance due to the Paymaster .....			
	Balance due by the Paymaster	29	6	2½				
		£37	17	7½		£37	17	7½

I hereby Certify that the above account is correct in every particular, and that the  
 is correctly chargeable against the Public<sup>(b)</sup>.



Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed  
 and sent to War Office with Army Form B. 2090 or Army Form O. 1615.

(b) Words in italics to be struck out when there is no debtor balance.

**PAY LIST.**

to **3rd July**

**1916** Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **1st Newfoundland**

No. **843**

Rank **Private**

Name **R. Heale**

Died<sup>(\*)</sup> of wounds *Intestate* at **France**

on the **3rd** of **July**

**1916**.

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.	£			Cr.	£		
		s.	d.	s.		d.		
	Balance Dr. last month .....				Balance Cr. last month ... <b>12/5/16</b> .....	<b>26</b>	<b>2</b>	<b>8½</b>
	Cash issues (Date of each issue to be stated)				Pay <b>52</b> days at <b>£110</b> from <b>13/5</b> to <b>3/7/16</b>			
	<b>Egypt</b> 21 2 191 6	1	6		Proficiency, Service or good conduct pay <b>£57 20</b>	<b>11</b>	<b>15</b>	<b>1</b>
	" 28 2 " "	1	6		days at _____ from _____ to _____			
	" 13 3 " "	10			Messing allowance _____ days at _____			
	<b>France</b> 26 6 " "	10	6	3 1	from _____ to _____			
	<b>Allotment</b> .....				Balance due to the Paymaster .....			
					Produced by the sale of Effects from _____			
					in 2 .....			
					of Savings Bank balance, including _____			
					Interest (if no balance, to be so stated) .....			
					Pay or Gratuity .....			
					Balance due by the Paymaster <b>29</b> 6			
					Balance due to the Paymaster .....			
						<b>£37</b>	<b>17</b>	<b>7½</b>
						<b>£37</b>	<b>17</b>	<b>7½</b>

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

I hereby Certify that the above account is correct in every particular, and that the is correctly chargeable against the Public<sup>(2)</sup>.



191

Paymaster

<sup>(\*)</sup> Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be submitted to the War Office, and a copy sent to War Office with Army Form B. 2099 or Army Form O. 1618.

<sup>(2)</sup> This should be struck out when there is no debtor balance.



**FIELD SERVICE.**

*copy*  
**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 } 1st Newfoundland Regiment Squadron, } C Company  
 or } Troop, Battery }  
 CORPS } or Company }

Regtl. No. 843 Rank Private

Name Heale, R.



Died { Date July 3rd 1916.

Place 87th F.A., France.

Cause of Death\* Died of Wounds received in action.

Nature and Date of Report \_\_\_\_\_

By whom made O.C., 87th F.A., France.

\* 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 to hand.

(b) in Small Book (if at Base) Not to hand.

(c) as a separate document Not to hand.

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.

Signature of Officer in charge  
 of Section Adjutant-General's  
 Office at the Base

*for all*

Capt. for Lt.Col.,  
 Officer i/c Infantry Records,  
 3rd Echelon, B.E.F.

Station and Date 3rd Echelon, 10/7/16

## Casualty Form—Active Service.

COPY.

Regiment or Corps NewfoundlandRegimental No. 843 Rank Pte Name R. HealeEnlisted (a) 2.1.15 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

Date of promotion to present rank } \_\_\_\_\_ Date of appointment to lance rank } \_\_\_\_\_ Numerical position on roll of N.C.Os. } \_\_\_\_\_

Extended \_\_\_\_\_ Re-engaged 15.8.15 Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embtk'd St John Nfld		3.2.15	
		Disembtk'd Alexandria		1.9.15	
		Embtk'd for Gallipoli		13.9.15	
		Embtk'd Pt Suez		14.3.16	
		Disembtk'd Marseilles		22.3.16	
87 Fa.	allm G.S.W Backpart		France	2.7.16	E.D. 11875
	Leads of Wds		87 Fa. (amb)	3.7.16	E.D. 11875
			A. E. Clerk		Cope for Lt Col O/c Infantry Records 3rd Echelon 13.8.17

(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, Shoosmith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

*Robt. Heale* *843.*

I, *Robt. Heale*, Regl. No. *843.*  
hereby agree, until further notification by me, and in similar official form to make an Allotment of *8* Dollars and *00* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz. :

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
		<i>John Heale</i>	<i>St. John's</i>	<i>50</i>
			Total Allotment, \$	<i>50</i>

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

(Sig.) *Robt Heale Capt*

Officer Commanding  
Company *191*

(Sig.) *Robt Heale*  
(Rank) *Capt*

The Department of Militia  
begs to forward a Photograph  
of the Grave of

Rank 843, Pte.

Name R. Heale,

1<sup>st</sup> Bn. The Royal Newfoundland  
Regiment.

Position of Grave Leuven,  
Court Cemetery

Nearest Railway Station

Doullens

All communications respecting this Photo-  
graph should quote number ( G. 62 )  
and be addressed to :

DG.R. & E (Newfoundland Contingent)  
c/o Department of Militia,  
St. John's.



The Department of Militia  
begs to forward a Photograph  
of the Grave of  
Rank 843, Pte.

Name R. Heale.  
17<sup>th</sup> Bn. The Royal Newfoundland  
Regiment.

Position of Grave Lower  
Court Cemetery

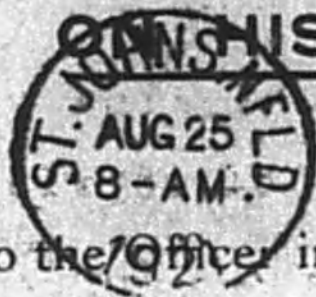
Nearest Railway Station

Doullens

All communications respecting this Photo-  
graph should quote number ( G.62 )  
and be addressed to :

DG.R. & E (Newfoundland Contingent)  
c/o Department of Militia,  
St. John's.





HIS MAJESTY'S SERVICE

MADE IN  
NEWFOUNDLAND  
GOODS

To the Officer in Charge of Goods,

*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED

Dept. of Militia,  
St. John's.

.. August 20<sup>th</sup> .. 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. 843 .. Rank ..  
Name .. R. H. Seale ..  
Royal Newfoundland Regt.

..... W. G. Seale ..... (Sgd.)

..... Parent ..... Relationship.

Address .. H. Forest Road ..



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



Sept 6th 1921.

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

Mr. Wm. Heale (Father)

in respect of his service as No. 843 Rank Pte.

Name R. W. Heale (Dec.) Royal Nfld. Regt.  
~~# 114 Forest Road~~

Receipt of the same should be acknowledged hereon.

Received <sup>Victory & British War</sup> ~~Medals~~ <sup>Medals (3)</sup>  
September 14 / 21

Signature W. G. Heale

Date Sept. 19/21

Address #1, Forest Road

[P.T.O.]

CR 843  
August 12th, 1920

Mr. W.R. Heale,  
Forest Road

Dear Sir:-

I am forward herewith photograph of the grave of No. 843 Pte. R. Heale which has been received from the Director of Graves Registration and Enquiries for transmission. <sup>to you</sup> I should be glad if you will acknowledge receipt.

The cross shown in the photograph is the permanent one erected by the Imperial War Graves Commission, and is the first of its kind to be erected over the grave of a Newfoundland soldier. A picture of Louvencourt Cemetery wherein this soldier is buried will shortly be displayed in Messrs. Ayre window, water St. on which is indicated by an arrow the grave of Pte. Heale, which lies directly in front of the Cross of Remembrance.

If you require another photograph similar to the one herewith, I shall be glad to forward it to you upon your request for same.

Yours faithfully

Lieut.-Col.,

CHIEF STAFF OFFICER

C.R. 843

August 10th, 1920

Mr. R.W. Heale  
41 Forest Rd

Dear Sir:-

The attached photograph of the headstone erected over the grave of No. 823 Pte. R.W. Heale in France, was handed in to the office of the High Commissioner, London by Mr. W.H.R. Steele of 273 Fulham Road, London, S.W.10 to be forwarded to the soldier's relatives. In view of the fact that it was an act of kindness on the part of Mr. Steele to offer this photo which came into his hands, to you, I would suggest that you write direct to him and acknowledge receipt of the photograph.

Yours faithfully,

Lieut.-Col.,  
Chief Staff Officer.

C.R. 843

August 10th, 1920

Secretary  
To the High Commissioner for Newfoundland  
58 Victoria Street,  
London, S.W.1

Sir:-

I beg to acknowledge receipt of your letter of 27th July enclosing photograph of headstone erected over the grave of No. 813 Pte. R.W. Heale, which was handed to you by Mr. W.M.R. Steele of 275 Fulham Rd. London, for despatch to the next of kin.

I have forwarded this photograph to this soldier's relatives and explained the circumstances of our receiving it, and asked them to communicate direct with Mr. Steele acknowledging receipt.

I have the honour to be  
Sir  
Your obedient servant

Lieut.-Col.,  
Chief Staff Officer.

DOMINION OF NEWFOUNDLAND



C.R. 843

HIGH COMMISSIONER'S OFFICES,

58, Victoria Street.  
Westminster, S.W.1.

CABLE ADDRESS,  
"RURALITY"  
TELEPHONE,  
VICTORIA 2302 *by*

27th July, 1920.

Sir,

I am directed to enclose herewith a photograph shewing grave-stone erected over the grave in France of Pte. No. 81<sup>4</sup>3 R.W. Heale of the Royal Newfoundland Regiment. This photograph has been handed in at these offices by Mr. W.H.R. Steele of 273 Fulham Road, London, S.W.10, to be forwarded to the relatives of the deceased soldier.

In view of the fact that it was a gratuitous act of kindness on the part of Mr. Steele to offer this photograph which has come into his hands, to the relatives of Pte. Heale, perhaps the recipients might be asked to acknowledge the receipt to him direct at the address above stated.

I have the honour to be,

Sir,

Your obedient servant,

Encl.  
Chief Staff Officer,  
Newfoundland Contingent,  
St. John's, NFLD.

*W. H. R. Steele*  
Secretary.

G/W

Duplicate

C.R. 843

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

for. No 843 Name Pte. Robert W. Horale

Witness. Wm. G. Heale

Date May 27/20

Place St Johns. Bfld.

m. p.

G.

76  
23rd February, 1917.

Dear Sir,

I beg to inform you that information, with respect to the gravesite of Private R. Heale, has now been received from the Pay and Record Office of the First Newfoundland Regiment, London.

Private Heale was buried in Louvencourt Military Cemetery.

Yours faithfully,

Colonial Secretary.

Mr. William Heale,  
41 Forest Road.

M

July 20, 1916.

Dear Sir,

It was with the greatest regret that the Government received a cablegram from the Record Office, London, intimating that your son, Private Robert William Heale, had died of wounds at the Third Echelon Hospital on the 3rd instant.

Permit me to express to you on behalf of the Government, as well as for myself, the sincerest sympathy in this time of sorrow. We feel the loss of our loved ones, but no doubt it will be some consolation to you to think that your brave boy early answered the call of King and Country, did his part nobly and fell, facing the foe, in defence of the principles of Righteousness, Truth and Liberty. We are proud of our gallant boys and also of the noble fathers and mothers who so willingly gave their sons when the Call of Duty came. Though your boy has laid down the earthly weapons of warfare, he now wears the Soldier's Crown of Victory and his name will be inscribed upon the glorious Roll of Honour and be held in fragrant memory by all his fellow-countrymen. When the victory is won and Peace again reigns upon this earth, it will be a comforting thought to you that in this glorious achievement he bore no small part.

I trust that you may have the Grace and consolation of the Great Father of us all at this time.

With sincere sympathy,

Believe me to be,

Your obedient servant,

Mr. William Heale,  
41 Forest Rd.,  
City.

Colonial Secretary.



H(76)

M

July 14, 1916.

Dear Sir,

I regret to inform you that the  
Record Office of the First Newfoundland Regiment,  
London, to-day reports that your son, No. 843,  
Private Robert William Heale, died of wounds on  
July third at Third Echelon Hospital.

Yours sympathetically,

Colonial Secretary.

Mr. William Heale,  
41 Forest Rd.

H 76

July 14th, 1916.

Dear Sir,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day reports that No. 843, Private Robert William Heale, son of Mr. William Heale, 41 Forest Road, died of wounds, on July 3rd, at the Third Echelon Hospital.

Kindly inform the relatives as soon as possible.

Yours faithfully,

Colonial Secretary.

*843 Heale*

Rev. W. E. R. Cracknell,  
Forest Road.

C.R. 843.

NEWFOUNDLAND CONTINGENT.

Extract of Casualty List received from P.&R.O.  
July 14th. 1916.

Extract from Daily Orders, Part 3 No. 24 B. 3rd Echelon  
dated July 8th. 1916. Received in London July 14, 1916

843, Pte R. Heale. ✓

DEED OF WOUNDS.

3 / 7 / 16.

C.R.

843

Extract from Nominal Roll of Co. 1st Bn. Nfld. Regt.  
Embarked at Devenport for Active Service 20-8-15.

843 Pte. R. Heale.

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

C.R. 843

Extract from Medal Roll Embarked per S.S. "Dimitrios"  
"G" Company Feb. 2nd, 1916.

843 Pte. Heale R.

C.N. 843

Robt.W.Heale was attested for General Service  
with the NEWFOUNDLAND REGIMENT on .January.2nd.1915  
Regimental No. 843 was allotted to Pte Robt.W.Heale

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

Casualty Form Active Service.

Regiment or Corps Newfoundland

Regimental No. CR 543 Rank Pte Name R. Heale

Enlisted (a) 2/1/15 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended \_\_\_\_\_ Re-engaged 15/8/15 Qualification (b) \_\_\_\_\_



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

Embarked St. John's, NFLD. 3.2.15

Disembarked Alexandria 1.9.15

Embarked for Gallipoli 13.9.15

Embk'd Port Suez 14.3.16

Disembk'd MARSEILLE S 22.3.16

87 F.A. Admitted G.S.W. France 2.7.16 E.O. 11875.  
Backport.

Disembk'd 87 F.A. 3.7.16 E.O. 11875  
87 F.A. (87 F. Ambulance)

*Int*

*all work done for the Col  
Office of Infantry Records  
3rd October 1915*

(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. P.T.O.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
[533] W18871/604 400m 3/15R-1 S3 56

Forms  
B. 121.  
39.

Number of Sheet First

Regiment of 1st. Newfoundland.

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>543</u> <u>Keale R.</u>	Age on	<u>19</u> years - months	<u>Clerk.</u>	
Joined	Date	Place and Date of Enlistment	<u>St. Johns 8/1/15</u>	Religion	
Joined	Date			<u>C of E.</u>	
Joined	Date	Period of	{ with Colours <u>1 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined	Date			<u>Newfoundland</u>	

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>Aldershot.</u>	<u>1915</u> <u>10-8</u>	<u>Pte.</u>		<u>Talking in Rank while at attention.</u>	<u>Lieut Ross.</u>	<u>3 Days C.B.</u>	<u>1915</u> <u>11-8</u>	<u>Capt. E. Bernard.</u>	<u>ff.</u>
				<u>Died of Wounds</u>					<u>3 7/16</u>

To be carried over

Army Form B. 121.