



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1684 Name Peter J Hudson Corps _____

Questions to be put to the Recruit before Enlistment

- | | |
|---|---------------------------------|
| 1. What is your name? | 1. <u>Peter J Hudson</u> |
| 2. What is your full Address?..... | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>24</u> Years..... Months. |
| 5. What is your Trade or Calling?..... | 5. <u>no</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, Peter Joseph Hudson 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.

6. 6th July 15. _____ SIGNATURE OF RECRUIT.
 _____ Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, _____ 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 12 day of July 1915

 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 Peter A. Hudson

Apparent age 19 years 5 months. Height 5 feet 9 inches.

Chest measurement { Girth when fully expanded 36 inches.
 Range of expansion 8 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin James Hudson
20 Mullock St. St. Louis | Relationship Father

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									

Disc of Wounds
29 U.S. France 11.7.16



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1689 Name Peter J Hudson Corps _____

Questions to be put to the Recruit before Enlistment

- | | |
|---|------------------------------------|
| 1. What is your name? | 1. <u>Peter J Hudson</u> |
| 2. What is your full Address?..... | 2. <u>20 Mullock St. St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>19</u> Years Months. |
| 5. What is your Trade or Calling?..... | 5. <u>Sailor</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 Peter Joseph Hudson 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.

Peter J Hudson SIGNATURE OF RECRUIT.
E. 6th July 15: S. Morris Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I Peter Joseph Hudson 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 12 day of July 1915.
S. Morris 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 _____ 191 _____
Place _____ } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
† Here insert the "Corps" for which the Recruit has been enlisted.

* If so, 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) _____

Regimental Number 1689

Company E

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, 5 George V., Chapter IV.

Signed P. Hudson

Witness A. Summers
2nd Lt.

Dated at Newton on Apr.
Apr. 5th 1916

C.R. 1689

May 27th, 1919

Mr. James Hudson
20 Mullock Street

Dear Mr. Hudson:-

We are directed by the Director
General of Graves Registration and Inquiries to for-
ward to you the attached Form and Leaflet, which are
self explanatory.

Yours faithfully,

Lieut. Col.,

Chief Staff Officer

C.R. 1689

April 10th 1913.

Mr. James Hudson,
30, Hullock Street,
C I T Y.

Sir:-

Notification has been received from the Record Office, London, stating that the Gravesite of #1689 Pte. P. Hudson is- Gezaincourt Communal Cemetery Extension.

Yours faithfully,



Major,
Chief Staff Officer.

C.R. 1689

Extracy from Original Roll H214. Regt. Draft No. 4.
from 2nd Bn., Depot to 1st. Bn., H.E.F. Embarked
8/4-16.

1689 Pte. T. Hudson.

C.R. 1689

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

1689 Pte. T. Hudson.

8-4-16.

G.

85

11th November, 1916.

Dear Sir,

I have the honour to inform you that I am now in receipt from the Pay and Record Office, London, of particulars of gravesites. No. 1689, Private P. Hudson, was buried on the 1st July last by the Rev. M. King, in Gezaincourt Military Cemetery, which is situate $1\frac{1}{2}$ miles S.W. of Doullens.

Yours faithfully,

Colonial Secretary.

Mr. James Hudson,
20 Mullock Street.

M

September 1, 1916.

Dear Sir,

Following my previous letter, I beg to intimate that I have received from the Record Office, London, the following further information relating to your son, No. 1689, Private P. J. Hudson. This information was forwarded to the Record Office by Captain A. E. Clark, from the Department in charge of Infantry Records at General Headquarters per Echelon in France. Your son was admitted to the 29th Casualty Clearing Station on the 2nd July suffering from gunshot wound, but no specific information regarding the nature of such wound have been given. He died on the 4th July and was buried the same day at Gazincourt Cemetery, one and a quarter miles South West of Doullens, by the Rev. M. King.

Should further information come to hand I shall be glad to forward it to you.

Yours truly,

Colonial Secretary

Mr. J.H. Hudson,
20 Mullock St.

G.

3rd August, 1916.

Dear Sir,

I am now in receipt of a further report from the Record Office of the First Newfoundland Regiment, London, respecting No. 1689, Private Peter J. Hudson, the sad intelligence of whose death it was my painful duty to communicate to you on the 22nd July..

This report states that his death was the result of Gunshot Wounds, and that he was buried at Gazincourt Cemetery on July 4th.

Upon receipt of any further details concerning him, I shall communicate the same to you.

Yours faithfully,

Colonial Secretary.

Mr. Jas. Hudson,
20 Mullock Street,
City.

Anglo-American Telegraph Company Ltd

ESTABLISHED 1866

EIGHT ATLANTIC CABLES
AUTOMATICALLY REPEATED

AUG 2 1916

ST. JOHN'S,
NEWFOUNDLAND.



IN DIRECT TELEGRAPHIC COMMUNICATION WITH ALL PARTS OF THE WORLD.

No.
Wds.

TO

London 14 Wds

Colonial Secretary
St John's.

1689 Hudson Sunshot
Wounds buried Engine out
Cemetery July Fourth.

Synoptical

PLEASE HAND YOUR REPLY DIRECT TO THIS OFFICE.

C.R. / 689

Extract of casualty List received from P&RO., London Dated
Aug. 1st. 1916.

The following Casualties in the Newfoundland Contingent
are reported under various dates:-

1689 Pte. P. Hudson.

Died of Wounds.

M

July 25, 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 Peter Joseph Hudson, had died of wounds at the 29th Casualty Clearing Station on the 4th instant.

Permit me to express on behalf of the Government, as well as for myself, the sincerest sympathy with you at this time. While we all sorrow at the loss of loved ones, yet it will be no doubt some consolation to you to think that your boy loyally answered the Call of King and Country, fought bravely and well and fell, with his face to the foe, in defence of the principles of Righteousness, Truth and Liberty. He has laid down the earthly weapons of warfare and now wears the Soldier's Crown of Victory. His name will be emblazoned upon the glorious Roll of Honour and be held in fragrant memory by all his fellow-countrymen. We are proud of our gallant lads and also of the noble fathers and mothers, who so unselfishly gave their boys when the Call of Duty came. When the victory has been won and Peace again reigns upon earth it will be a comfort to you to think that, in this great achievement, your gallant lad bore no small part and gave of himself even to the uttermost.

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

With the sincerest sympathy,
believe me to be,
Your obedient servant,

Mr. Jas. Hudson,
20 Mullock St.

Colonial Secretary.

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL

July 25, 1916.

Telegraph Particulars nature of wounds
death of 1689 Hudson.

C.R. 1689

Extract of Casualty List received from P.&.R.O.

July 22nd. 1916.

1689, Pte P. Hudson. ✓

Died of Wounds 4/7/16. Reptd by Q.C. 29 C.C.S. †5/7/16.

H85 ✓

M

July 22, 1916.

Dear Sir,

I regret to inform you that the Record Office of the First Newfoundland Regiment London, to-day reports that No. 1689, Private Peter Joseph Hudson, died of wounds at the 29th Casualty Clearing Station on July 4th.

Yours sympathetically,

Colonial Secretary.

Mr. James Hudson,
20 Mulleck St.

C.R. 1689

Extract from Nominal Roll of Draft proceeding to B.E.F.
on or about the 8th April 1916.

#1689 Pte. G. Hudson.

C.R. 1689

Extract from Nominal Roll, G. Co., entrained St. John's 27/10/15 for Overseas

1689 Pte. P. Hudson.

C.R. 1689

Peter J. Hudson was attested for General Service
July 5th 1915.
with the NEWFOUNDLAND REGIMENT on

Regimental No. **1689** was allotted to Pte **P.J. Hudson.**

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

P. Hudson

1689

P.R. 10

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

MEDICAL HISTORY

OF

Surname Hudson

Christian Name Peter

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County N. Hants

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left.
Examined	on <u>5</u> day of <u>July</u> 191 <u>5</u>	on	day of	191
	at <u>S^t. John's N. Hants</u>	at	at	at
Declared Age.....	<u>19</u> years	days	years	days
Trade or Occupation.....	.....		.....
Height	<u>5</u> feet	<u>9</u> inches	feet	inches
Weight	<u>135</u> lbs.		lbs.	lbs.
Chest Measurement {	Girth when fully expanded... <u>36</u> inches		inches	inches
	Range of expansion... <u>3</u> inches		inches	inches
Physical Development.....	.....		.....
Vaccination Marks {	Arm .....	.....	.....	.....
	Number	<u>1</u>	.....	.....
When Vaccinated .....	.....		.....
Vision	R. E.—V== <u>05 4/9</u>	.....	R. E.—V== .....	.....
	L. E.—V== <u>00 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>Ramona Paterson</u>		.....
(Rank)	<u>Capt</u>		.....
	Medical Officer.		Medical Officer.	
Enlisted	at <u>S^t. John's</u>	at	at	at
	on <u>6</u> day of <u>July</u> 191 <u>5</u>	on	day of	191
	Corps. <u>1st N. Hants</u>	Regtl. No. <u>1689.</u>	Corps.	Regtl. No.
Joined on Enlistment ...	.....		.....
Transferred to..	.....		.....
Became non-effective by.	.....		.....
	on	day of	191	on
	day of	191	day of	191
(Signature)	.....		.....
(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.

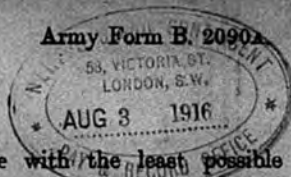
Date	Brief Details, and Signature
15.10.15.	
19. 11. 15	Vacc. R.P. Graham. L. Lamb
4. 7. 16	Died of Wounds 29 C.S. France <i>[Signature]</i>

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
<i>S't Johns Nfld</i>					

DUPLICATE.

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, } ~~Reinforcement.~~
or } Troop, Battery }
CORPS } or Company }

Regtl. No. 1889 Rank Private

Name Dudson, P.

Died { Date July 4th., 1916.
Place France.
Cause of Death * Died of Wounds received in Action.

Nature and Date of Report A 36, 4/7/16.

By whom made O.C., 29th. C.C.S.

* 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 Gazaincourt Cemetery, 1 1/2 miles S.W. of Doullens.
Date July 5th., 1916.
By whom reported Rev. H. King, att. 29th., C.C.S.

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) No.
(b) in Small Book (if at Base) Not to hand.
(c) as a separate document do

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 } *all* Capt. for Lt. Col.,
officer i/o Infantry Section,
3rd. Echelon, B. E. F.

Station and Date 31/7/16.

ORIGINAL.

FIELD SERVICE.

Army Form B. 2090A.

LONDON, S.W.
AUG 5 1916

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 } Reinforcement.
CORPS } or Company }

Regtl. No. 1889 Rank Private

Name Hudson, P.

Died { Date July 4th., 1916.
Place France.
Cause of Death* Died of Wounds received in Action.

Nature and Date of Report A 36, 4/7/16.

By whom made O.C., 29th. C.C.S.

* 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 Gazaincourt Gemetry, 1 1/2 miles S.W. of Doullens.
Date July 5th., 1916.
By whom reported Rev. M. King, att. 29th., C.C.S.

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) No.
(b) in Small Book (if at Base) Not to hand.
(c) as a separate document do

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.

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

Station and Date 31/7/16.

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NEWFOUNDLAND CONTINGENT

INVENTORY of EFFECTS of

No. 1689 M. J. Hudson deceased.

EXTRACT from A.F. B.2090A, dated 3/1/16 :

CAUSE of DEATH Died of Wounds.

DATE 4/1/16 PLACE France

- WILL: (a) in Pay Book _____
 (b) in Small Book _____
 (c) Separate document _____

NEXT of KIN: Jane Hudson
 Relationship Father
 Address 2, Mullick St
St. John's N.F.

Particulars

- 1 Rosary.
- 1 Prayer Book
- 1 New Testament
- 1 Religion Book "Key of Heaven"
- 1 Envelope St. John's
- 1 Comb
- 1 Razor.
- Letters - Post Cards
- 1 Letter Bag.



No. 1689

Name Hudson, P. }
 Sqn., Batty., }
 or Company }

B. Corps 1st Newfoundland

Date of enlistment } 23-6-15 }
 G.C. Badges }

Service or Proficiency Pay }

Date of last entry in }
 Company Conduct Sheet }

No. and date }
 of last drunk }

Period not reckoning towards }
 freedom from extra fine }

Sheet No. 1

Signature O.C. }
 Company, etc. }

J. H. ... }
 Character }
Capt. }

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
		Pte.							

No.

388/99

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES
CABLEGRAM

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

2/8/16.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

Casualty Cablegram.

To W.S.U. COLONIAL SECRETARY
ST. JOHNS (NEWFOUNDLAND)

1899 HUDSON GUNSHOT WOUNDS, BURIED GAZINCOURT CEMETERY.
JULY FOURTH.

SYNOPTICAL.

**NOT TO BE
TELEGRAPHED.**

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____

Address _____

58, Victoria St., S.W.

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

CABLEGRAM

No. _____



THE COMMERCIAL CABLE CO.

TELEPHONE

No. of Message

20

Date,

25 JUL 1916

4153 VICTORIA,

34 VICTORIA STREET.

M "Via Commercial Cables,"

The following CABLEGRAM received, at

6.5 pm

From

St Johnsn f

No. of Words, 10

To

Synoptical Ln
 Palebando trametoid
 darkminded sixteen
 eighty nine hudson
 Co.

BY

Colonial Secretary

DATE

telegraph particulars - nature of wounds -
 death of - 1689 Hudson

151 N. WASHINGTON ST. WASHINGTON, D. C.
 PAY & RECORD

Ref. No. 2610
 Rec'd. JUL 25 1916
 Ack'd.

No Inquiry respecting this Message can be attended to without the production of this paper. Repetitions of doubtful words should be obtained through Company's Offices, and not by direct application to the Sender.

30 JUL REC'D

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 3053/8.

From

PAY & RECORD OFFICE.

58, VICTORIA STREET,

LONDON, S.W.

28, July, 1916.

H.A./N.M.

To

D. A. G.,
Infantry Records,
G. H. Q.,
3rd. Echelon,
B. E. F.

SUBJECT: NO. 1689, LATE PTE. P. J. HUDSON,
1/1 NEWFOUNDLAND REGIMENT.

REPLY

Reference Nos.

Dated

July 31 1916

A cable enquiry has been received from the Colonial Secretary, Newfoundland, to this effect:-

"Telegraph particulars- nature of wounds- death of- 1689- Hudson."

Can you give me any information to supply an answer, please?

H. A. Anderson
for Paymaster & O.i/c Records.

*Copy of the
sent to Governor
as confirmatory
also cabled
Aug 21/16
H.A.B.*

No 1689 Pte Hudson R.F.

*This man was
admitted to the
29th CAS July 2, 1916
suffering from G.I.
Wounds. He died
4.7.16 and was
buried the same day
at Gazan court cemetery
1 1/4 miles SW of Doullens
by Leo M Key*

A. J. Clerk

CAPTAIN.
FOR O.I.C. INFANTRY RECORDS
G. H. Q.; 3RD ECHELON.

*P.S. No further information
to hand regarding the
nature of the wounds*

FORM NO. 1
PAY & RECORDS
Ref. No. 2744
Recd. AUG 2 1916
Acct. No.
Assd.
File No.

PAY LIST.

to 4th July

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.



Regiment or corps
 No. 1689 of *1st* *Drummers* Rank *Private* Name *P. Hudson*
 Died (a) *intestate* at *France* on the *4* of *July* 191*6*.
 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			
	Cash issues (Date of each issue to be stated)				Pay 81 days at <i>110</i> from <i>14</i> to <i>4/7/16</i>			
	<i>3. 4 L ✓ 7 12</i>				Proficiency, Service or good conduct pay			
	<i>8 4 191 L ✓ 7 4</i>				days at from to			
	<i>9 5 " ✓ 10 6</i>				Messing allowance days at			
	<i>31 5 " ✓ 10 6</i>				from to			
	<i>7 6 " ✓ 10 6</i>				Kit allowance			
				<i>7 8 9 1/2</i>	Amount produced by the sale of Effects from Form 2			
	<i>Allotment</i>				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	<i>81 days @ 60^d 148⁰</i>			<i>9 19 8 1/2</i>	Deferred Pay or Gratuity			
	Consolidated stoppage							
	Balance due by the Paymaster	<i>7</i>	<i>9</i>	<i>8</i>	Balance due to the Paymaster			
		<i>£19</i>	<i>18</i>	<i>7 1/2</i>		<i>£19</i>	<i>18</i>	<i>7 1/2</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 19 18 7 1/2 is correctly chargeable against the Public (b).

Dated at 2 this 2 day of July 1916 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.

J
Hudson, Peter J.

1689

Pay receipt

Regiment or corps last held
 No. 1234
 Died of wounds at France
 Intestate
 Described as

I Certify to the correctness of above in every particular

STATEMENT OF ACCOUNT

Date	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month					Balance Cr. last month	1	12	
	Cash issues (Date of each issue to be stated)					Pay 81 days at ¹⁰ from 15/4/1916 to 15/7/16	18	6	8
	3 4 6	7	2		Proficiency, Service or good conduct pay days at from to				
	8 4 1916	7	2		Messing allowance days at from to				
	9 5 "	10	6		Kit allowance				
	31 5 "	10	6		Amount paid for Form				
	26 6 "	2	11	4	Amount of inter				
					Deferred P				
	Allocation 81 days @ 60c, 48 ⁶⁰	9	19	8 ¹					
	Consolidated stoppage								
	Balance due by the Paymaster	7	9	8		Balance due to the Paymaster			
		2	19	16	9		2	19	16

This account is in accordance with information received at the Pay & Record Office to 3 NOV 1916 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 same is correctly chargeable against the Public.



(1) This form is to be filled in by the soldier, and is to be sent to the Paymaster, or to the Officer in Charge of the Pay Office, if not already sent to the Pay Office with Army Form 2, 1916 or Army Form 2, 1915.
 (2) Words in italics to be struck out when there is no such provision.
 FORM 238 (REVISED 1916)

PAY LIST.

to 4th July

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 1689

Rank

Name P. Hudson

Died (a) of wounds at France
Intestate

on the 4th 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 14th April 16	1	12	
	Cash issues (Date of each issue to be stated)				Pay 81 days at ¹¹⁰ from 15/4 to 4/7/16			
	3 4 6	7	2		Proficiency, Service or good conduct pay	18	6	2
	8 4 1916	7	2		days at from _____ to _____			
	9 5 " "	10	8		Messing allowance days at			
	31 5 " "	10	8		from _____ to _____			
	26 6 " "	2	11	1/2	Kit allowance			
		2	8	9 1/2	Amount pro- Form			
	Alloiment 81 days @ 80c, \$48 ⁶⁰	9	19	8 1/2	Amount of inter			
	Consolidated stoppage				Deferred P			
	Balance due by the Paymaster	7	9	8	Balance due to the Paymaster			
		£ 19	18	2		£ 19	18	2

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 (b).



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.

PAY LIST.

to 4th July

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

No. 1689

Rank

Name P. Hudson

Died^(a) of wounds at France
Intestate

on the 4th 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 14th April 16	1	12	
	Cash issues (Date of each issue to be stated)				Pay 81 days at 1 ¹⁰ from 15/4 to 7/16			
	3 4 6	7	2		Proficiency, Service or good conduct pay	18	6	2
	8 4 1916	7	2		days at from _____ to			
	9 5 " "	10	6		Messing allowance days at			
	31 5 " "	10	6		from _____ to			
	26 6 " "	2	11	1/2	Kit allowance			
		2	8	9 1/2	Amount produced by the sale of Effects from Form 2			
	Allowment 81 days @ 60c, 48 60	9	19	8 1/2	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster	7	9	8	Balance due to the Paymaster			
		£ 19	18	2		£ 19	18	2

 hereby Certify that the above account is correct in every particular, and that the
 is correctly chargeable against the Public^(b).



191

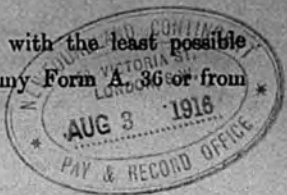
Paymaster.

(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.

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 Regiment } Squadron,
 or } } Troop, Battery } Reinforcement
 CORPS } } or Company }

Regtl. No. 1689 Rank Private

Name Hudson, P.

Died { Date July 4th, 1916.
 Place France.
 Cause of Death* Died of Wounds received in Action.

Nature and Date of Report A 36, 4/7/16.

By whom made O.C., 29th C.C.S.

* 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 Gazaincourt Cemetery, 1 1/4 miles S.W. of Doullens.
 Date July 5th, 1916.
 By whom reported Rev. M. King, att. 29th C.C.S.

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) No.
 (b) in Small Book (if at Base) Not to hand.
 (c) as a separate document " "

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 } (Sgd) A. E. Clerk, Capt for Lt.Col.,
 O. i/c Infantry Section,
 3rd Echelon, B.E.F.

Station and Date 31/7/16.

Casualty Form—Active Service.

COPY.

Regiment or Corps 1st NewfoundlandRegimental No. 1689 Rank Pte Name Adason PEnlisted (a) 6.7.15 Terms of Service (a) Duration Service reckons from (a) 6.7.15Date of promotion } _____ Date of appointment } _____ Numerical position on }
to present rank } to lance rank } roll of N.C.Os. }

Extended _____ Re-engaged _____ 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				
		Desembarked Rouen	8.4.16	✓	
		29 th C.C.S. Admitted G.S. War	France	2.7.16	EX 11927
		Died of Wounds	29 th C.C.S.	4.7.16	EX 11927
A. E. Clarke Capt for Lt Col Officer in Charge Infantry Records 3 rd Echelon B. E. F.					

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.....1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 1689 Rank Plt
Name J. J. Hudson
Royal Newfoundland Regt.

Jas Hudson (Sgd.)
Father Relationship.

Address 20 Mullock St

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

SEP 8

1921.

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

Mr. James Hudson (Father)

in respect of his service as No. 1689 Rank Pte.

Name Peter J. Hudson Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Sept 13th

Signature

James Hudson

Date

Sept 13th 1921

Address

20 Mullock St

[P.T.O.]



C.R. 1689

DEPARTMENT OF MILITIA ~~NEWFOUNDLAND~~

ST. JOHN'S, NEWFOUNDLAND

Jan. 21st, 1922

Dear Sir:- No. 1689 Pte. P. J. Hudson

I am forwarding herewith, please photograph in triplicate of the grave of the above mentioned deceased soldier. These have been received from the Director of Graves Registration and Inquiries, London.

I shall be glad if you will kindly acknowledge receipt.

Yours faithfully,

W. G. Readell

Lieut.-Col.

Chief Staff Officer

*Received
Jan 27/22*

Mr. James Hudson
20 Mullock Street

Receipt for Army Book 64

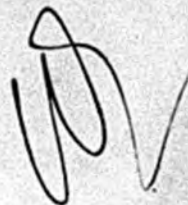
No. *1689* Name *Hudson P.*

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

Date *July 27th 1920*

Place *St. Johns*

Name *James Hudson*



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

