



FIRST NEWFOUNDLAND REGIMENT

3194

ATTESTATION OF *Index*

*Meth.*

No. *3194* Name *Herbert Stewart* Corps *Index*

Questions to be put to the Recruit before Enlistment

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <i>Springdale</i>                           |
| 2. What is your full Address? .....  | 2. <i>Halls Bay, Lunenburg</i>                 |
| 3. Are you a British Subject? .....  | 3. <i>yes</i>                                  |
| 4. What is your age? .....   | 4. <i>25</i> Years <i>6</i> Months             |
| 5. What is your Trade or Calling? .....  | 5. <i>no.</i>                                  |
| 6. Are you Married? .....  | 6. <i>no.</i>                                  |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>yes</i>                                  |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i>                                  |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>yes</i>                                  |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. { Name <i>3195</i><br>Corps <i>Index</i> } |
| 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. <i>yes</i>                                 |

I 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.

*3194*

*Herbert Stewart*

SIGNATURE OF RECRUIT.

*Herbert Stewart*

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 on this *1915* day of *March* 1915.

Signature of Attesting Officer

*Blackburne*

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, 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 Herbert Stewart Inder  
 Apparent age 25 years 6 months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Inder  
Springdale | Relationship Father  
North Bay Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									Signature of Officers certifying correctness of entries
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pensions " _____ { " " } " " "									



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3194 Name Herbert Stewart Inder Corps Meth.

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Herbert S Inder</u> .....          |
| 2. What is your full Address? .....  | 2. <u>Springdale</u> .....               |
| 3. Are you a British Subject? .....  | 3. <u>Halifax Bay Lullagh</u> .....      |
| 4. What is your age? .....   | 4. <u>25</u> years <u>6</u> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Woodsman</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, Herbert S Inder ....., 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.

Herbert S Inder SIGNATURE OF RECRUIT.  
Harold S Knight Signature of Witness.

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

I, Herbert S Inder ....., 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 on this 1st day of November 1916.  
 Signature of Attesting Officer Charles Aye Capt

### † 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 compiled with. I accordingly approve, and appoint him to the .....

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

Date ....., 1916 .....

Place ....., Approving Officer.

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

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ....., re-enlisted in the (Regiment) ....., on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Herbert Stewart Under  
 Apparent age 25 years 6 months. Height 5 feet 9 1/2 inches  
 Chest Measurement { Girth when fully expanded 39 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin \_\_\_\_\_  
 \_\_\_\_\_ | Relationship \_\_\_\_\_  
 Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-11-16</u>									
Joined at <u>Algeria</u> on <u>November 1<sup>st</sup> 16</u>									
<u>Officer of Honour (R. 10/14)</u>									
<u>Comd. Co. M. G. Coy. Royal West Surrey Rif. 31/17</u>									<u>Contracted for R. 11/17</u>
<u>Decorated Queen's Medal 12/17</u>									<u>Substituted for 19/17</u>
<u>Wrote duty 3-7/17 joined unit on the front 11-8-17</u>									<u>Decorated 19/17</u>
<u>Capt. 2nd Bn. Buffs. 9-10-17</u>									<u>Substituted 12/17</u>
<u>Died of Wounds 20-10-17</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 20-10-17 (date of discharge) \_\_\_\_\_ years 35 1/2 days  
 " " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *Robert Indra*  
aged *25 years 6 months* conducted at *C. R. B.*  
Date: *Nov 1 1916* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no* *no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *both to be attended to.*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *of both.*
- 20 *n*
- 21 *n*
- 22 *n*
- 23 *n*
- 24 *n*
- 25 *n*
- 26 *n*
- 27 *n*
- 28 *n*
- 29 *n*
- 30 *n*
- 31 *n*
- 32 *n*

*3194*

*no*  
*5'9 1/2"*  
*126 1/2*  
*3000 lbs*  
*34 1/2"*  
*39"*

*James Indra Spring Lake*  
*W. Borden*  
Signature of Medical Examiner:

*Subject's photo*

C.R. 3194

Extract from Daily Orders Part II Unit the Royal NFA.  
Regt. Station 3rd Echelon 27-10-17.

3194 Pte. H. Inder

20/10/17  
Died of Wounds .

PERSONAL EFFECTS

Received from Militia Department  
Package of effects of the late

Signed

Gas Indev

Date

May 21<sup>st</sup> / 18

Despatching  
Office  
Stamp



No. 239

From Wilibia Sept

Registered Letter Addressed--

Mr James Luder  
Springdale

X

Arrival  
Office  
Stamp

Received by A. M. H. B. 13

NOTE.—This Form must be assorted up, each separately as a letter.



May 14, 18

Dear Mr. Jnder:-

I am writing to inform you that it is my regrettable duty to forward to you, one package of effects, which belonged to your son, the late #2194 Pte. H. Jnder of The Royal Newfoundland Regiment.

I am enclosing herewith, receipt. Will you kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement, and in the added sorrow which the receipt of these effects must entail.

I am,

Yours sincerely,

Captain,

Mr. Jas. Jnder,  
Springdale.

of Paper 981**PERSONAL EFFECTS.**

Name

Sudder H.

No.

3194

Rank

Pte.

Regiment

R. M. G. B.

Article

Where stored

Notified by

1 Cotton bag  
Containing:-1 DosePhotosWrist WatchRingBall, Pkt Knife

Final disposal

Mail Clipper.Mirror in CaseCig Case2 Relig Books

4

Remarks:

Case Report:- D of W 20-10-17Next of Kin:- Joe SudderSpringdale.

April 4th, 1918.

Mr. James Inder,  
Springdale, E.D.B.

Sir:-

The following description of Grave Site, has  
been received from the Pay & Record Office,  
London, of:-

"3194 Pte. H. Inder, (Report  
"Proven S.90) Place of Grave  
"Dozinghem British Cemetery,  
"2½ miles North, of Poperinge."  
"Reported by Graves Registration  
"Units."

I have the honour to be,

Sir,

Your Obedient Servant.

*W. J. Rendell*

Major Chief Staff Officer.

## 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 27, 1917.

To

Rev. W. F. Kelloway,

Springdale, N.D.B.

Regret to inform you Record Office, London, today reports No. 3194, Private Herbert S. Inder, son of James Inder, Springdale, died as a result of gunshot wound penetrating back October twentieth. Please inform relatives.

R.A. SQUIRES

Colonial Secretary

FOR TYPEWRITER

# 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 \_\_\_\_\_ Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated **October 27, 1917.**

To **Mr. James Inder,**  
**Springdale, N.D.B.**

Regret to inform you Record Office, London, today reports No. 3194, Private Herbert S. Inder, died as a result of gunshot wound penetrating back October twenty.

R.A. SQUIRES

Colonial Secretary.

#### NOTE FOR OPERATOR

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

**FOR TYPEWRITER**

C.R. 4060

3194 PTE. HERBERT S. INDER.

EXT. OF CASUALTY LIST RECEIVED OCT. 24th 1917.

PREVIOUSLY REPORTED DANGEROUSLY ILL, SHELL  
WOUNDS PENETRATING BACK. NOW REPORTED SLIGHTLY  
IMPROVED OCT. 16th.

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

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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.

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

**(NOT TRANSMITTED)**

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

Address \_\_\_\_\_

Line Number	Recd	By	Sent	by	Check

*Dated*

October 24, 1917.

*To*

Mr. James Inder,

Springdale, N.D.B.

Record Office, London, today reports No. 3194,

Private Herbert S. Inder, was slightly improved

October sixteenth.

R.A. SQUIRES

Colonial Secretary

G.

3154 Inder

22nd October, 1917.

Dear Sir,

I am in receipt of your letter of the 17th instant, and in compliance with your request have to-day called the Newfoundland Pay and Record Office, London, asking them to furnish me with the latest particulars as to the whereabouts and condition of No. 3194, Private Herbert S. Inder, who has been reported Dangerously Wounded.

Upon receipt of a reply from the Record Office, which no doubt will be received in the course of a few days, the same will be transmitted to Mrs. Inder.

Yours faithfully,

Colonial Secretary.

Mr. K. W. Knight,  
Postal Telegraph Office,  
Springdale, N.D.B.



TRANSLATION OF CODE MESSAGE SENT TO SYNOPTICAL,  
LONDON, OCTOBER 22, 1917.

Report by telegraph present condition of 8262 Hill  
3303 Beasley 728 Brown 2584 Gillispie 3162 Gulliver  
3194 Inder 2736 Normore 3222 Upward.

C.R. 4049

✓ 3194 Pte. Herbert S. Inder.  
-----

Ext. of Casualty list received Oct 27th, 1917.  
Gunshot Wound Back Penetrating, Died of Wounds  
October 29th.

NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Form No. 10



Line No. 39 Sent by Springdale Rec'd by 39 No. W.S.M.

Place from 3194 pte H.H. Inder

To Confld Contingent 58 Victoria St  
London SW  
England

OCT 19 1917

Go Cal Secy

Any hope recovery reply.

James Inder

mg/ld

Have wired.  
N. R. A. Squires  
Colonial Secretary

Springdale I  
Oct 17/17

Dear Sir

On Behalf of Mrs James Linder of this place I Beg to ask that you will kindly try to Obtain whereabouts and Condition of No 3194 Pte Herbert S Linder Reported dangerously wounded at 47th Casualty Clearing Station France Oct 13th.

His Mothers distress is heartrending to witness. And we are anxiously waiting further news Praying that it may Be Encouraging.

If you can By any means find out and let us know what Hospital he is at If still alive. We shall then Be able to Wire him

I am afraid she will Break Her Heart If the worst Comes

Herb was Her oldest son - a good Christian & Dutiful Son. I have promised Her. Sir that you will do all in your power.

Yours Respectfully N.W. Knight Postal Telegraph

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

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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 15, 1917.**To **Mr. James Inder,****Springdale, N.D.B.**

Regret to inform you that Record Office London, officially reports No. 3194, Private **Herbert S. Inder, was at Fortysayent Casualty Clearing Station, France, October thirteenth, wounded dangerously shell wound penetrating back.** Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

JOHN R. BENNETT,

**R.A. SQUIRES**

Colonial Secretary.

**FOR TYPEWRITER**

C.R. 3194

Extract from Nominal Roll of Draft No. 25 Embarked Southampton 11/6/17  
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland  
Regiment B.E.F.

3194 Pte. Inder, H.S.

MP.

C.R. 3194

Extract from Nominal Roll Draft embarked St. John's, per  
S.S. "GRANDIAN" 31/1/17 sailed Halifax 16/4/17.

3194 Pte. H.S. Inder.

C.R.

3194

Extract from Daily Orders Part 12 Unit the Royal  
Field Regt., St. John's, Nov. 20th 1916.

3194 Pte. H. Inder.

Attached to the strength from Nov. 1st, 1916.



H. J. Jones

3194

P. + R. J.

# OFFICE COPY.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

## NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**  
 No. **3194** Rank **Private** Name **Jnder. H. S.**  
 Died (a) **Intestate** at **France** on the **20<sup>th</sup>** of **October** 191**4**.  
 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>20 14</b> .....	10	19	9
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____ from _____ to _____			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	Consolidated stoppage .....							
	Balance due by the Paymaster	10	19	9	Balance due to the Paymaster .....			
		£	10	19		£	10	19
								9

This account is in accordance with advices received at the Pay & Record Office to **17/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

*Handwritten initials*  
17/9/18

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

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

this

day of \_\_\_\_\_

**17 SEP 1918**

191

CHIEF PAYMASTER & OFFICER IN CHARGE  
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.

*Office Copy*  
**OFFICE COPY.**

Army Form O. 1625.

**PAY LIST.**

to

191

Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**

No. **3194**

Rank

*Private*

Name

*Indur, H. S.*

Died <sup>(a)</sup> *Intestate*

at

*France*

on the

*20<sup>th</sup> of October*

191*4*.

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>20<sup>th</sup> 1914</i> .....	10	19	9
	Cash issues (Date of each issue to be stated)				Pay days at from to .....			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to .....			
	191				Messing allowance days at from to .....			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	"							
	Consolidated stoppage .....							
	Balance due by the Paymaster	10	19	9	Balance due to the Paymaster .....			
		£	10	19	9		£	10 19 9

This account is in accordance with advices received at the Pay & Record Office to *17/9/18* and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

*AG*  
*17/9/18*

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

Dated at

this

day of



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, War Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

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

# MEDICAL HISTORY

OF

Surname

Gnder

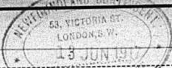
Christian Name

Harbert S

Table I.—GENERAL TABLE.

Birthplace:—Parish

County



	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 1st day of Nov 1916	at St. John's	on	day of 191
Declared Age	25 years 6 mos. days		years	days
Trade or Occupation	Lumberman			
Height	5 feet 9 1/2 inches		feet	inches
Weight	126 1/2 lbs.		lbs.	
Chest Measurement	Grith when fully expanded	39 inches		inches
	Range of Expansion	4-2 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 5/6		R.E.—V=	
	L.E.—V= 5/6		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)	Lamm Peterson			
(Rank)	major			
Enlisted	at St. John's	at		
Joined on Enlistment	on 1st day of Nov 1916	Corps.	Regtl. No.	
Transferred to	3rd Nov 1916			
Became non-effective by				
(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
23-11-16	Vaccination <i>SP</i>
7-11-16	T.R.B. <i>SP</i>
15-11-16	3 <i>SP</i>
20-11-16	<i>SP</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. George Weser</i>	31-1-17	3-2-17			
	3-2-17				

FIELD SERVICE.

C.R.3194  
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.

REGIMENT (OR CORPS) Newfoundland Squadron, Troop, ) G Coy.  
Battery or Company )

Regimental No. 5194 Rank Private.

Surname Inder. Christian Names H.

Died { Date 29/10/17. Place France or Belgium.

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

Nature and Date of Report D.A.G. extract from 47th.C.C.S., d/ 24/10/17.

By whom made O.C. 47th.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 \_\_\_\_\_ 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. 25/10/17. Signature of Officer in charge of Section J. Deany. Adjutant-General's Office at the Base 2nd Lt. Form 1/9.

Officer i/o No.1 Infantry Section.

**Casualty Form - Active Service.**

Regiment or Corps **1st New South Wales**

Rank **Pte** Surname **Ludger** Christian Name **Herbert**

Religion **Methodist Endeavour** Age on Enlistment **25** years **6** months

Enlisted (a) **1-11-16** Terms of Service (a) **Duration** Service reckons from (a) **1-11-16**

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b).....  
or Corps Trade and Rate.....

Occupation **Lumberman** **1st Lt** Signature of Officer.



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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked <b>Hampton</b>		<b>11.6.17</b>	
		Disembarked... <b>Rouen</b>		<b>12.6.17</b>	
		Joined Battalion		<b>12 AUG 1917</b>	<b>R 213</b>
<b>27/17</b>	<b>124 Hosp</b>	<b>Ad. Tonicitis</b>	<b>Rouen</b>	<b>19.6.17</b>	<b>HA.10.854</b>
<b>47/17</b>	<b>29th B.A. Co. Maud</b>	<b>Joined Base Depot</b>	<b>Do</b>	<b>3.7.17</b>	<b>Non Roll</b>
		<b>Wounded in Action</b>		<b>9 OCT 1917</b>	<b>R 213</b>
<b>9-10-17</b>	<b>189 LA</b>	<b>ad. G. S. W. (Amputation) Trans.</b>	<b>47 Ctes</b>	<b>9-10-17</b>	<b>501933</b>
<b>24/10/17</b>	<b>47th.C.C.S.</b>	<b>Died of Wounds.</b>	<b>France or Belgium.</b>	<b>20/10/17.</b>	<b>N/15048</b>
					<b>D.A.G. 2</b>
					<b>13.</b>
<b>G.H.Q. 3rd. Echelon. B.E.F.</b>					
<b>October 25th. 1917.</b>		<b>J. Steary</b>			
		<b>Officer 1/c</b>			
			<b>2nd. Lt. for Major,</b>		
			<b>No.1 Infantry Section.</b>		

(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) Signaller, Shoeing-Smith, & Co. (6228) W. 13963/M1477 2,400,000 1/17 McA & W Ltd. Forms B/103/4 (R. 886)

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
R 121.  
30A.

Number of Sheets First  
Signature of O. C. Company Frank Coye Capt.

Regiment of 1st Newfoundland

Regimental Number and Name No. <u>3194</u> <u>Indes. A.</u> Joined _____ Date _____ Joined _____ Date _____ Joined _____ Date _____ Joined _____ Date _____	Enlistment Ago on <u>25</u> years <u>6</u> months Place and Date of Enlistment <u>St. John's Nfld</u> <u>1. 11. 16</u> Period of { with Colours <u>35 1/2</u> years. with Reserve <u>3 1/2</u> years.	Trade <u>Carpenter</u> Religion <u>Cath.</u> Place of Birth	Good Conduct Badges, Service pay or proficiency pay
--	--	---	---

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
				<p style="font-size: 1.5em; font-family: cursive;">Died of Wounds 20 <sup>10</sup>/<sub>17</sub> (France)</p>					
				<p>To be carried over</p>					

Army Form B. 121.



ORIGINAL

NEWFOUNDLAND DISTRICT  
31 OCT 1917  
PAY & RECORDS OFFICE

FIELD SERVICE 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.

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

Regimental No. 3194 Rank Private.

Surname Inder. Christian Names H.

Died { Date 20/10/17. Place France or Belgium.

{ Cause of Death Died of Wounds received in Action.

Nature and Date of Report D.A.G. extract from 47th.C.C.S. 24/10/17.

By whom made O.C. 47th.C.C.S. O.C. H.Q.

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

Burial { Place \_\_\_\_\_ Date 25/10/17

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

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

G.H.Q. 3rd. Echelon.

Station and Date } 25/10/17. Signature of Officer in charge of Section } G. Mary 2nd. Lt. for Mjr.  
Date } } Adjutant-General's Office at the Base }

Offices 4/5 No.1 Infantry Section.





2 1ST. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, Herbert Under, Regl. No. 3194

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and Sixty 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.:

Allotment begins Decr 14

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3122</u>	<u>Mother</u>	<u>Mrs James (Mary Annet) Under</u>	<u>Spinesdale N.S.B.</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) Charles Aye Capt  
 Officer Commanding  
St John's  
 Company  
1000/16

(Sig.) H. Under  
 (Rank) Pte.

Judson H.S.

3194

Ray Dept

# DUPLICATE MAIL COPY

Army Form G. 1625.

**PAY LIST.**

to 191 Voucher No. \_\_\_\_\_

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**  
 No. 3194 Rank Private Name Inder H. S.  
 Died (a) Intestate at France on the 20<sup>th</sup> of October 1914.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 1914.

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>20<sup>th</sup></u> .....	10	19	9
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
		101			Messing allowance _____ days at _____			
		"			from _____ to _____			
		"			Kit allowances .....			
		"			Amount produced by the sale of Effects from Form 2 .....			
	Consolidated stoppage .....							
	Balance due by the Paymaster	10	19	9	Balance due to the Paymaster .....			
		£				£		
		10	19	9		10	19	9

This account is in accordance with advices received at the Pay & Record Office to 17/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.  
4/5  
17/9/18

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

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of 17 SEP 1918 1918 \_\_\_\_\_  
38, VICTORIA ST. LONDON, S. W. 1  
CHIEF QUARTERS, OFFICER IN CHARGE

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

# DUPLICATE MAIL COPY

Army Form G. 1625.

**PAY LIST.**

191          Voucher No.

to           
Posted           
**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.** Name Linder, H. S.  
 No. 3194 Rank Private on the 20<sup>th</sup> of October 1914.  
 Died (a) Intestate at France on the          of          1914.  
 Deserted at          on the          of          1914.

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>20/19</u> .....	10	19	9
	Cash issues (Date of each issue to be stated)				Pay days at from to .....			
	£ s. d.				Proficiency, Service or good conduct pay days at from to .....			
	191				Messing allowance days at from to .....			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	Consolidated stoppage .....							
	Balance due by the Paymaster	10	19	9	Balance due to the Paymaster .....			
		£				£		
		10	19	9		10	19	9

This account is in accordance with advices received at the Pay & Record Office to 17/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

**CHECKED.**  
2/6  
17/9/18

I hereby Certify that the above account is correct in every particular, and that the **NEWFOUNDLAND CONTINGENT** is correct in every particular.

NEWFOUNDLAND CONTINGENT  
36, VICTORIA ST.  
LONDON, S. W. 1  
**17 SEP 1918**

191                                      
CHIEF QUARTERS OFFICER / 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          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. **3194** Rank **Private** Name **Inder H.S.**  
 Died <sup>(a)</sup> **Intestate** at **France** on the **20<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>20.19</b> .....	10	19	9
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance .....			
	Consolidated stoppage .....				Amount produced by the sale of Effects from Form 2 .....			
	Balance due by the Paymaster	10	19	9	Balance due to the Paymaster .....			
	£	10	19	9	£	10	19	9

This account is in accordance with advices received at the Pay & Record Office to **17/19/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

I hereby Certify that the above account is correct in every particular, and that the

debtor balance of £

NEWFOUNDLAND CONTINGENT.

Dated at

this

day of



191

CHIEF PAYMASTER &amp; 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 the Paymaster, 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. 1825.

PAY LIST.

to

191 Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**  
 No. **3194** Rank **Private** Name **Jinder H.S.**  
 Died **Intestate** at **France** on the **20<sup>th</sup>** of **October** 191**7**.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191**7**.

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>20/9</b> .....	10	19	9
	Cash issues (Date of each issue to be stated)		£	s. d.	Pay days at _____ from _____ to _____			
	191				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 .....			
	Consolidated stoppage .....							
	Balance due by the Paymaster	10	19	9	Balance due to the Paymaster .....			
		£				£		
		10	19	9		10	19	9

This account is in accordance with advices received at the Pay & Record Office to **17/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

I hereby Certify that the above account is correct in every particular, and that the  
 debtor balance of £ \_\_\_\_\_ NEWFOUNDLAND CONTINGENT  
 Dated at \_\_\_\_\_ 55, VICTORIA ST.,  
 this \_\_\_\_\_ day of \_\_\_\_\_ 1917 LONDON, S.W. 1.  
 17 SEP 1918 191 \_\_\_\_\_ CHIEF PAYMASTER & OFFICER IN CHARGE.

- (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 the War Office by Army Form B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



No. 3810



2. 1st. NEWFOUNDLAND REGIMENT 16.

ALLOTMENTS

I, Herbert Ender, Regl. No. 3194,

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty 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.:

Allotment begins Dec 1/14

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3128	Mother	Mrs James (Mary Ann) Ender.	Springdale N.S.B.	60
Total Allotment, \$				60

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.) Chas. Aye Capt  
 Officer Commanding  
St John's,  
 Company

(Sig.) H. Ender  
 (Rank) Pf.

Estate of 3194 Herberts. Luder  
James Luder, Administrator

ACCOUNT	<i>Est</i>	INITIALS	<i>[Signature]</i>
CH. NO.	<i>1029</i>	INITIALS	<i>[Signature]</i>
IND. LEDGER	<i>187</i>	INITIALS	<i>[Signature]</i>
PAY LEDGER		INITIALS	<i>[Signature]</i>
CHK. LEDGER		INITIALS	<i>[Signature]</i>

DEPARTMENT  
OF  
MILITIA

REGIMENTAL PAY BRANCH

PAY VOUCHER

\$ *58*<sup>*96*</sup>/<sub>*100*</sub> .....



..... *JUL 17* 1922 .....

RECEIVED from the Royal Newfoundland Regiment the sum of  
*Fifty eight*<sup>*96*</sup>/<sub>*100*</sub> ..... Dollars  
on account of

.....

In replying the date of this  
letter should be quoted

B.



July 7, 1922.

Sir:

3194

I have the honour to forward you herewith original Letters of Administration to the estate of Herbert S. Inder, a deceased member of the Royal Newfoundland Regiment. Kindly have same forwarded to the Administrator together with a cheque for the amount due.

I have the honour to be,  
Sir,  
Your obedient servant,

*J. S. Curran*  
Deputy Minister of Justice.

Major J. M. Howley, M.B.E.,  
Pay & Record Office.

July 17th. 22

Mr. James Inder,  
Springdale, N.D.B.,

Dear Sir:-

I enclose cheque for \$68.96, being the balance due by this Department to the estate of your late son, No. 3194, Pte. Herbert S. Inder, payable to you as Administrator.

Letters of Administration are also enclosed.

Yours truly,

Major  
Paymaster

**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.

Aug 22nd 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. 3194 Rank Pte  
Name Herbert Stewart Under  
Royal Newfoundland Regt.

James Under (Sgd.)  
Father Relationship.

Address Springdale N.S.B Nfld.

5185  
M 25  
S. E. 1/4

Receipt for Army Book 64

No. *3194* Name *W. Inder*

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

Date *August 3<sup>rd</sup> 1920*  
Place *Springdale*

Name *James Inder*

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

*WJ*

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 Inder (Father)

in respect of his service as No. 3194c Rank Pte.

Name Herbert S. Inder

Royal Nfld. Regt.

Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received

The above

Signature

James Inder

Date

Sept 19<sup>th</sup> 21

Address

Springdale

[P.T.O.]

FIELD SERVICE.

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 } Newfoundland Squadron, Troop, } G. Coy.  
 OR CORPS }  
 Regimental No. 8194 Rank Private.  
 Surname Inder. Christian Names H.  
 Died { Date 23/10/17. Place France or Belgium.  
 { Cause of Death Died of Wounds received in Action.  
 Nature and Date of Report D.A.G. extract from 47th.C.C.S., d/ 24/10/17.  
 By whom made G.C. 47th.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 \_\_\_\_\_ Date \_\_\_\_\_  
 { By whom reported \_\_\_\_\_

State whether he leaves (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received  
 a Will or not (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 be 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 } Deary. 2nd. Lt. form Jr.  
 Date } 25/10/17. Adjutant-General's Office at the Base }  
Officer i/c No.1 Infantry Section.

Springdale.  
Feb 27<sup>th</sup> 20.

To.  
Dept. of Militia.

Dear Sirs. C.R. 3194

Received the scroll in  
perfect condition, with  
many thanks.

Sincerely Yours.

Jas. Funder.

101 31945

