





**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 436

Name: Charles Robert James

Apparent age 29 years      months. Height 5 feet 8 inches.

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

Distinctive marks Color: Fresh, Hair: Light Brown, Eyes: Blue

Other distinguishing marks: 5 Union Jacks on breast & other tattoo marks

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin --- James, 15 Adelaide St., St. John's

| Relationship Wife

**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 Re-serve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>8/9/14</u>									
Joined at <u>St. John's</u> on <u>8th September '14</u>									
<u>Promoted to Sgt. 21/9/14</u>									
<u>and 3rd Lt. 4th Depot 8/12/15</u>									
<u>furlough from 29/12/15 to 9/1/16</u>									
Total Service forfeited as above .. .. .									
Total Service towards Engagement to .. .. . (date of discharge) .. .. . years .. .. . days									
" " " Pension " .. .. . ( " ) .. .. . " .. .. . "									



**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 436

Name Charles Robert James

Apparent age 29 years \_\_\_\_\_ months. Height 5 feet 9 inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
 Range of expansion \_\_\_\_\_ inches.

Distinctive marks Color: Fresh, Hair: Light Brown, Eyes: Blue.

Other distinguishing marks: 5 Union Jacks on breast & other tattoo marks.

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin James, 15 Adelaide St., St. John's  
 | Relationship Wife.

**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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d) Verified from certificate.

**Particulars as to Children.**

Christian Names	Date and Place of Birth	(d)
		Verified from certificate.

**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>8/9/14</u>							
Joined at <u>St. John's</u> on <u>8th Sept. '14</u>							
<u>Embarked L. S. Hoigal for U.K. 3<sup>rd</sup> 14</u>							
<u>Embarked May and embarked for Loire 31<sup>st</sup> 15</u>							
<u>Landed Sables Bay night of 19-20 Sept 15. Admitted "Hospice de la Croix" 15<sup>th</sup></u>							
<u>Pyrexia 15<sup>th</sup>, Admitted 20<sup>th</sup> Malta 20<sup>th</sup> - re-admitted to England 30<sup>th</sup> 15</u>							
<u>Admitted Henderson's 8<sup>th</sup> Brougham - then attached Depot 18<sup>th</sup> 16</u>							
<u>to Newfoundland for 18 months</u>							
<u>Discharged Newton-St. App. Medically Unfit.</u>							
<u>17-2-16.</u>							
Total Service forfeited as above ... ..							
Total Service towards Engagement to <u>17-2-16</u> (date of discharge) <u>1</u> years <u>163</u> days							
" " " Pension " ( " ) " " "							



C. R. James.

436.

P.R.D.



~~Bank~~

S

July

CANADIAN CONTINGENTS  
 OCT 20 1915  
 RECORD OFFICE  
 ENQUIRY BRANCH.

1001  
 PAY & RECORDS OFFICE  
 OCT 20 1915  
 88, VICTORIA ST. LONDON W. 1  
 1ST NEWFOUNDLAND BATTALION

CENTRAL REGISTRY  
 LONDON.  
 OCT 20 1915  
 CANADIAN CONTINGENTS

43 Gayton Road  
 Brentford  
 Middlesex  
 19. 10. 1915

Dear Sir would you  
 be so kind as to let  
 me know if you should  
 have anything in  
 reference to my Son  
 436. Sergt. Chas James  
B Comp. 1st Newfoundland  
Regt as I have only  
 had one field card  
 from him as yet



which was sent on  
the 2<sup>th</sup>. Septembe~~r~~  
I should be very glad  
of any news of him  
as I have ather Son  
as been in France  
14 months and he  
have not heard from  
him if you would  
kindly let me know  
I should be very much  
Obliged to you from  
yours truly  
Maria. James



TELEGRAM AND CABLE ADDRESS:  
"PAYCANEX," LONDON.

Please address all communications:

"COLONEL I/C RECORDS"

and quote

No.

PAY AND RECORD OFFICE,

Canadian Contingents,

WESTMINSTER HOUSE,

7, MILLBANK, LONDON, S.W.

To *Officer-in-Charge. of Records.  
Responsible Record Office  
58 Victoria Street.  
L.W.*

The attached letter, which has been received at this Office and which is apparently intended for

*you -*

is passed to you with the compliments of the Colonel in Charge of Records for action as may seem desirable.

18, N. WESTMINSTER HOUSE, LONDON, S.W.	
PAY AND RECORD OFFICE	
Ref. No.	1027
Rec'd.	OCT 25 1915
Askd.	
Exp'd.	
File No.	

7, MILLBANK,

WESTMINSTER, S.W.



ON HIS MAJESTY'S SERVICE.

PAY & RECORD  
OFFICE  
OCT 23 1915  
R.K.  
CANADIAN CORRESPONDENT

The Secretary,

War Office,

WHITEHALL,

S.W.

CANADIAN RECORD OFFICE,  
WESTMINSTER HOUSE,  
7, MILLBANK, LONDON, S.W.





No. ....  
 (If replying, please quote  
 above No.)

*Newfoundland Contingent* Record Office,  
*55 Victoria Street, London SW* Station.

*Oct 25* 1915

SIR, Madam.

I have to acknowledge the receipt of your enquiry of the *19th*  
 instant, regarding (No.) *436* (Rank) *Sergeant*.  
 Name *James*  
 Regiment *1st Bn. Newfoundland Regt.*  
 and to inform you in reply that, so far as is known, he is still serving  
 with his corps at *with the Mediterranean Expeditionary Force*

The latest return from the corps, on which the present information  
 is based, is dated *October*, 1915.

As all casualties to soldiers (including wounds and dangerous illness)  
 are reported home by cable, as far as possible, immediately after their  
 occurrence, and as no such information has been received in this office in  
 regard to the above-named soldier, it may be assumed that there are no  
 special grounds for your apprehension on his behalf.

Should any information be received, it will be at once communicated  
 to you.

I am,  
 SIR,  
 Your obedient Servant,

To Mrs Maria James  
 43 Layton Rd.  
 Brentford  
 Middlesex

Officer in charge of Records.







(Station) \_\_\_\_\_

CASHIER  
ARMY PAY OFFICE

(Date) \_\_\_\_\_

30 OCT. 1915

WERSHOTT

RECEIVED of\*

*Paym N. Fla Lt*

the sum of

*Eight pounds 15/-*

on account of

*Refd L31 of Lt James Gyn Course*

£ *8* : *15* : *0*

*W. M. J. See*

*H. C. C.*

\* Insert the designation of the Officer making the payment.

*Cashier a/c*



1474/91.

O.C. Depot,  
Newfoundland Contingent,  
Newton-on-Ayr,  
Scotland.

11, October, 5.

NO.102, SERGT.G.S.JAMES.

October 18th 1915.

I enclose documents relating to this man for your verification. I may say that I had a similar claim some time ago, see copy my letter No.11, 17/6/15, to War Office. Apparently it will be necessary to refund £8/15/- on account of "Total Pay Issues," the other charges are not payable by the Regiment.

I assume you will forward £8/15/- to the proper quarter, and the amount will appear in the man's Company Pay Book.

Kindly advise action taken.

In order to avoid confusion and further correspondence we return herewith documents together with draft for £8. 15. and would ask you to kindly give it your attention, also enclosed copy of our letter to the Inspector of Gymnasia Aldershot in which you note that we advised that arrangements had been made about

Sergt. James Pay.

(Sgd.) S. ROBERTSON,  
Lieut. and Acting Adjutant,

For O.C. Depot.

Capt.  
Paymaster & C. i/c Records.

NEWFOUNDLAND CONTINGENT PAY & RECORD OFFICE	
Ref. No.	973
Rec'd.	OCT 18 1915
Ans'd.	.....
File No.	.....



Each issue of Orders will be numbered consecutively throughout the year. A fresh series will be commenced with the first issue in each year.

Unit 2/1st Newfoundland Regiment.  
DAILY ORDERS. Part II.

No. 40

N.B.—The Sub. No. of Order and Subject are to be shown in Columns 1 and 2 thus:—1—Courts-Martial.

Station Newton-on-Ayr.

Date 17/2/16.

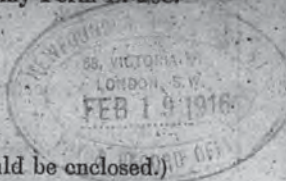
Regimental No., Rank, and Name.	Sqdn., Batty., or Co.	Particulars of Casualties, etc., and Date.
<p><u>3 - DISCHARGE.</u></p> <p>No. 456, Sgt. C.R. James</p>		<p>has this day been discharged on account of ill health.</p>

H. F. Stokes, Capt.,

Adjutant.



# Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 436 Army Rank Sergeant

Name Charles Robert James  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 2<sup>nd</sup> Batt, 5<sup>th</sup> Newfoundland Regiment  
Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge February 17/16

Place of discharge Newton-on-Ayr, Ayrshire, Scotland

1. Description at the time of discharge.

Age <u>29</u> years <u>11</u> months	Descriptive marks. <u>Tattoo, 5 Union Jacks on Brest</u> <u>+ other tattoo marks</u>
Height <u>5</u> feet <u>8</u> inches	
Chest measurement (girth when fully expanded) _____ ins. (range of expansion) _____ ins.	
Complexion <u>Fresh</u>	
Eyes <u>Blue</u>	
Hair <u>Light Brown</u>	
Trade <u>Engineer</u>	
Intended place of residence <u>15 Adelaide Street</u> <u>St John's</u> <u>Newfoundland.</u>	

(To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_  
Ill-health

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :— Good

4. Character awarded in accordance with King's Regulations :—  
Good

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*



5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

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

(Place) Newton only & Ayr.

(Date) February 17/1916

Walter F. Rendell Capt  
for Commanding 2<sup>nd</sup> Battn. N.F.L.D. Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Newton only & Ayr.

(Date) February 17/1916

W. R. James (Signature of Soldier.)

W. F. Rendell (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_  
(Signature of Soldier.)

10. Statement of service.

Service towards engagement to 1/10/15 (the date to which the record of service is completed) 1 years 1 days.

Further service " " 18/2/16 (the date of confirmation of discharge) ... .. " 141 "

Total ... 1 " 141 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for Thursday (date) February 17/1916

(Place) Newton only & Ayr.

(Date) February 17/1916

Signature Walter F. Rendell Capt  
for Comdg 2<sup>nd</sup> B<sup>n</sup>. N.F.L.D. Regt

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



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

# MEDICAL HISTORY

OF

Surname Jane Christian Name Charles Robert

Table 1.—GENERAL TABLE.

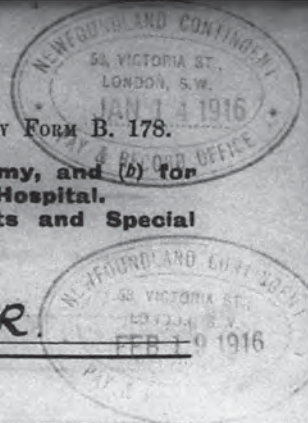
Birthplace:—Parish \_\_\_\_\_ County Newfoundland

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined		191		191
Declared Age	29	years		
Trade or Occupation	Engineer			
Height	5	feet 8		
Weight		150		
Chest Measurement	Girth when fully expanded			
	Range of expansion			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)				
(Rank)				
Enlisted	at <u>St Johns. N.F.L.D.</u>		at	
	on	day of 191	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>1st N.F.L.D.</u>	<u>436</u>		
Transferred to				
Became non-effective by				
(Signature)				
(Rank)				



Temporary

ARMY FORM B. 178.



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

MEDICAL HISTORY of

Surname James Christian Name C. R.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ... County ...

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

Declared Age ... years ... days.

Trade or Occupation ...

Height ... feet ... inches.

Weight ... lbs.

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

Physical Development ...

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

When Vaccinated ...

Vision ... { R.E.—V=  
L.E.—V=

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

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

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

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

Table with 2 columns: Corps, Regtl. No. Row 1: 1st Newfoundland, 436

Transferred to ...

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











N.B.—This Form must accompany any inquiry respecting this Telegram.

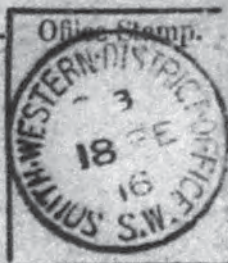
# POST OFFICE TELEGRAPHS.



RYAN & SPOTTISWOODE, Ltd., Lond.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 1/2d. being reckoned as 1/2d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office of Origin and Service Instructions.



Charges } s. d.  
to pay }

*Jamesburg ayr*

Handed } 11:10<sup>AM</sup> Received } 11:40<sup>AM</sup>  
in at } here at }

TO { *Tropica*  
*Sergt James embarking Saturday*  
*Commanding rfld ayr*

RECEIVED INLAND TELEGRAMS
PAY & RECORDS OFFICE
Ref. No. <i>506</i>
Rec'd. FEB. 18 1916
As'd.
Ans'd.
File No.



Medical Report on an Invalid.Station Ayr.Date 2/3/16.

1. Unit 1<sup>st</sup> Newfoundland Regt.
2. Regimental No. 436
3. Rank Sergt
4. Name C. R. James.
5. Age last birthday
6. Enlisted { on  
at
7. Former Trade {  
or Occupation {

## 8. Disability.

Statement of Case.

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

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
12. (a) Give your opinion as to the causation of the disability.
- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).





Extract from case sheet of 436 Sgt. James C.R.  
1<sup>st</sup> Newfoundland Regt.

Landed on Peninsula Aug 1915. Remained there  
two months. Felt ill 14 days before leaving - Sent to  
Malta where he was 3 weeks in hospital and then  
to Convalescent Camp, but developed jaundice.  
A month later was sent on leave.

Admitted to 3<sup>rd</sup> London General Hospital, 8. 12. 15  
with jaundice. Liver enlarged. Slight cloud of  
albumin in urine.

Three negative tests for disposal.

H. Fagan Capt.

Assistant-Registrar, R.A.M.C.T.  
3<sup>rd</sup> London General Hospital,  
WANDSWORTH, S.W.

Wandsworth.

Feb. 28<sup>th</sup> 1916.



**WARNING.**—If you lose this Certificate a duplicate cannot be issued.

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

Certificate of discharge of No. 436 (Rank) Sergeant  
 (Name) Charles Robert James  
 (Regiment) 2<sup>nd</sup> Batt, 1<sup>st</sup> Newfoundland  
 who was enlisted at St. John's Newfoundland  
 on the 1<sup>st</sup> October 1914.

He is discharged in consequence of \_\_\_\_\_

Ill. health.

after serving 1 years 141 days with the Colours, and  
 \_\_\_\_\_ years \_\_\_\_\_ days in the Army Reserve.

(Place) Newton on Ayr Ayr  
 (Date) Feb. 17/16.

Signature of Walter F. Rendell  
 Commanding Cap<sup>n</sup>  
 Officer for 1<sup>st</sup> Newfoundland Reg<sup>t</sup>

\*Description of the above-named man on 17/2/16 when he left the colours.

Age 29 Years 11 months  
 Height 5 feet 8 inches  
 Complexion Fresh  
 Eyes Blue  
 Hair Light Brown

Marks or Scars, whether on face or other parts of body.  
Tattoo Union Jack's on Breast  
+  
Other Tattoo marks.

\* Should agree with the description on Character Certificate, Army Form B. 2067.



PAY LIST.

to

191

Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *1<sup>st</sup> Newfoundland*  
 No. *136* Rank *Sergeant* Name *Ch James*  
 Died (a) \_\_\_\_\_ at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .  
 Discharged (b) *Newton on 14/2* on the *17<sup>th</sup>* of *February* 1916.

I Certify to the correctness of above in every particular.

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

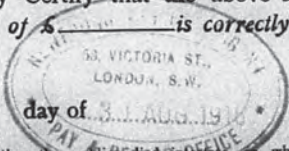
STATEMENT OF ACCOUNT.

[FORM 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....			
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
					Proficiency, Service or good conduct pay			
					days at _____ from _____ to _____			
					Messing allowance days at _____			
					from _____ to _____			
					Clothing and kit allowance .....			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
	Consolidated stoppage .....				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£	12	8		£	12	8

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 12 8 is correctly chargeable against the Public<sup>(b)</sup>

Dated at this



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



PAY LIST. *Jan 22* to *Feb 18th* 191*6*. Voucher No. \_\_\_\_\_

**NON-EFFECTIVE ACCOUNT.**



Regiment or corps *2/1st Newfoundland Regt.*  
 No. *436* Rank *Sergt.* Name *James C.*  
 Died <sup>(a)</sup> at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191*6*.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191*6*.

I Certify to the correctness of above in every particular.

*J. G. Berrister* <sub>2/16</sub> { Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[FORM 1.]

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....	1	4	4	Balance Cr. last month .....			
	Cash issues (Date of each issue to be stated)				Pay 28 days at <i>£.50</i> from <i>22<sup>nd</sup> Feb</i> to <i>18th</i>	8	12	7
	<i>Jan 22<sup>nd</sup> 1916</i>		100		Proficiency, Service or good conduct pay			
	"				days at _____ from _____ to _____			
	"				Messing allowance _____ days at _____			
	"			10 0	from _____ to _____			
	<i>allotment</i>	5	15	0	Clothing and kit allowance ..			
	<i>Bonus damages</i>			7	Amount produced by the sale of Necessaries			
	Consolidated stoppage.....				Personal Clothing and Effects from Form 2...			
	Balance due by the Paymaster	1	2	8	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
		£	8	12	Deferred Pay or Gratuity .....			
				7	Balance due to the Paymaster.....			
						£	8	12
								7

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

Dated at \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 191*6*. \_\_\_\_\_ 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 A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



51

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

1st Newfoundland

No.

436

Rank

Sergeant

Name

C.R. James

Died (a)

at

on the

of

191 .

Deserted at

Discharged at Newton on Ayr

on the

17th

of

February

191 .

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.....			
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay			
	191				days at from to			
	"				Messing allowance days at			
	"				from to			
	"				Clothing and kit allowance .....			
	Consolidated stoppage .....				Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£				£		

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correctly chargeable against the Public<sup>(a)</sup>

Dated at

this

day of

31st 1916

191 .

NEWFOUNDLAND CONTINGENT

Paymaster.

PAYMASTER & OFFICER IN CHARGE RECORDS

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 2090 or Army Form O. 1815.

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



614

RECEIPT FOR A SOLDIER'S DOCUMENTS.

N.B.—See instructions on the back of this Form.



Corps	No.	Rank	Name
1st. NFLD	436	Sergt.	C. R. James

A. F. O. 1825	1
Extract from D.O's	1 1 1
A. F. B. 268	1
Pay Book (Active Service) (A. B. 61)	
Statement of Account (A. F. O. 1811)	
Special claims	
List of necessaries in possession	
Clothing return	
Compensation for Clothing	
Company Conduct sheet	
Copies of Convictions by Civil Power	
Proceedings of Court of Inquiry (not on an injury or on men missing on active service)	
Medical History sheet	1
Musketry Transfer return	
Proceedings on Transfer to Army Reserve	
Medical Report for Invalids	
Character Certificate (A. F. B. 2067)	
Discharge Certificate (A. F. B. 2079)	1
Copy of receipt for purchase money	
Declaration on Transfer to Army Reserve	
Copy of 3rd page of attestation	
Proceedings on discharge	
Field Conduct sheet (A. F. B. 122)	
Employment sheet (A. F. B. 2066)	
Certificate of Character (A. F. B. 64)	
Compulsory Stoppages (A. F. B. 282)	
Active Service Casualty form (A. F. B. 103)	
<del>X 2066</del> Conduct sheet	1
Declaration made by soldier on completing 1st term of engagement (A. F. O. 1832)	
Docs. of re-enlisted men	
Compulsory stoppages (A. F. B. 282)	
Declaration of change of name	
Certificate of Trade Proficiency (A. F. B. 195)	
Authority for any Prolongation of Service under sec. 87 Army Act	
Application to extend Service under sec. 73 (1) Army Act	
Notice of prolong tion of Service beyond 41 years	
Re-engagement Paper	
Authority for Special Enlistment (A. F. B. 205)	
Attestations of fraudulently and improperly enlisted men for Corps in which not held to serve	
Proceedings of Court of Inquiry on injury or on men reported missing while on active service in the field	

Rank NEWFOUNDLAND CONTINGENT  
 Corps  
 Station  
 Date

Signature of Officer forwarding documents

Rank 1st NEWFOUNDLAND REGIMENT  
 Corps  
 Station  
 Date

Signature of Officer who receives the documents

Officer Adjutant & Deputy Paymaster Headquarters Newfoundland  
 Please receive the documents as indicated above.

MAR 1 3 1916

I have received the above documents



C.R. 436

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 436

Name

G. B. James

Witness.

H. G. James

Date

Dec. 4/19

Place

St. John's



C.R. 436

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 STAR.

---

I certify that I have received an issue  
of 3 inches of Riband of 1914-15 Star.

(436)

NAME... *L. R. James* .....

DATE... *23-6-19* .....

PLACE... *St. John's* .....



C.R. 436

CIRCULAR LETTER

St. John's,

March 13th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

*W. F. Readell*  
Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND  
of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on\* *Gallipoli*  
from *Sept.* 1915 to *Oct. 15 Dec* 1915.

(Date) *23/6/19*. (NO) *436*. (Rank) *Sgt.* (Name) *C. H. James*

(Place) *St. John's*

\*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.



C.R.

436

Extract from list of men discharged from the Royal Newfoundland  
Regiment on various dates.

436 Sgt. C.R.G. James, Medically unfit.



*Added upon*

*W. 92*  
16.3.16

*1 3<sup>rd</sup> file to be Sergt. James.*

NEWFOUNDLAND CONTINGENT.

**C.R.**

PAY & RECORD OFFICE.

58, VICTORIA STREET,

LONDON, S.W.,

24, February, 1916.

CABLES AND TELEGRAMS:  
"SYNOPTICAL."  
LONDON.

TELEPHONE:  
VICTORIA 147.

COMMUNICATIONS TO BE ADDRESSED TO THE  
PAYMASTER & OFFICER I/c RECORDS,  
AND THE FOLLOWING NO. QUOTED:

639/30.

His Excellency  
Sir W.E. Davidson, K.C.M.G. &c.&c.,  
Governor of the Colony of Newfoundland,  
Government House,  
St. John's, Newfoundland.

Sir,-

I have the honour to confirm my cablegram  
despatched 19/2/16 and relating to:-

No. 436 Sergt. C.R. James.

"Governor, St. John's.  
"436- James- medically unfit- passages have been  
"provided for- St. John N.B.- full stop- ..."

Cable Transfer.

"....remit- £5000.

Synoptical."

Documents relating to James have been mailed this date  
to the Adjutant & Deputy Paymaster.

Advice of transfer of £5000 has been received  
from the Bank of Montreal.

I have the honour to be,

Sir,

Your obedient servant,

*A.A. Maxwell* Capt.

Paymaster & O. i/c Records.

H.T./N.M.



C.R.I 436

Extract from Roll of Officers, F.C.Os. and Men Discharged  
from the Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
436	Sgt.	C.R.G. James	Feb. 1916	Med. Unfit.



January 20, 1916.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 436, Private Charles R. James, who was reported at Wandsworth on December 11th suffering from dysentery, was fit for duty and granted furlough on December 29th. This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. C. R. James,  
15 Adelaide Street.





Army Form W. 3016.

No. \_\_\_\_\_

Date Dec. 29th 1915

(1) To the Officer i/c Records,

\_\_\_\_\_ 58, Victoria St., \_\_\_\_\_

\_\_\_\_\_ S.W. \_\_\_\_\_ (Station).

C.R.  
436

(2) The Officer Commanding,

\_\_\_\_\_ Newfoundland Contingent, \_\_\_\_\_

\_\_\_\_\_ Ayr \_\_\_\_\_ (Station).

(3) The Paymaster,

\_\_\_\_\_ 58, Victoria St., \_\_\_\_\_

\_\_\_\_\_ S.W. \_\_\_\_\_ (Station).

Regimental No. 436

Rank and Name Sgt. James, C.R.

Regiment or Corps 1st Newfoundland

has been granted a furlough from Dec. 29 to Jan. 7

His address while on leave will be:—

\_\_\_\_\_ 43, Layton Road, \_\_\_\_\_

\_\_\_\_\_ Brentford. \_\_\_\_\_

I consider he is fit for <sup>(Duty.</sup> ~~(Light duty.~~

\_\_\_\_\_ A. Hope Gosse, R.A.M.C.T. \_\_\_\_\_

Registrar,  
Officer in charge 3rd Ldn. General Hospital,

\_\_\_\_\_ Wandsworth, S.W. \_\_\_\_\_ (Station).

\* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the Office.



C.R. 436

Extract of Casualty received from Pay & Record Office, London, dated  
December 19th 1915.

436 Sergt. C.R. James

Transferred from Hosp. in Malta & Embarked for England on H.S.

"Letitia" 30th Nov. 1915.

Influenza



434



SICK AND WOUNDED N.C.O's AND MEN OF THE MEDITERRANEAN EXPEDITIONARY FORCE.

LIST No. H. 3987.

AUSTRALIAN IMPERIAL FORCE.

1516 Pte. Blatchly, C.D.C. 28th. A.I.F.	Acute mastoiditis	To Tigne Hos. Malta ex. St. Peters Hos. Ghain Tuffieha 27th November 1915.
---	-------------------	--

LIST No. H. 3967

NAVAL FORCE - ADMIRALTY.

17582 Pte. Heath, A.	R.M.L.I. (Chatham)	Dysentery.	To Eng. per H.S. "Letitia" ex. St. Anthony's Hos. at Ghain Tuffieha, Malta 30th. Nov. '15. Do.
2021 P.O. Pearce, H.J.	R.N.A.S.	Colitis.	To Eng. per H.S. ex. St. Peters Hos. Ghain Tuffieha Malta 30th. Nov. '15.
19658 Pte. Wheeler, W.	R.M.L.I.	Dysentery (Under age)	
KP723 A.B.O'Neil, A.	"Anson" R.N.D.	Acute Nephritis.	To Eng. per H.S. "Regina de Italia" ex. St. Peters Hos. Ghain Tuffieha Malta 1st. Dec. '15. Do.
5454 Pte. Basham, B.J.	R.M.L.I.	Diarrhoea.	

LIST No. H. 3987.

NEW FOUNDLAND CONTINGENT.

X 436 Sgt. James, C.R.	1st. Newfoundland.	Shock & Dis-located knee. ✓	To Eng. per H.S. ex. St. Peters Hos. at Ghain Tuffieha Malta 30th Nov. '15.
------------------------	--------------------	-----------------------------	---



C.R.

436

Copy of Cablegram to Governor St. John's Nfld.  
from P. & R. O. December 11th. 1915.

436, James. ✓

Arrived Wandsworth. Dysentery.



⑤  
✓

~~December 11, 191~~ 5

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 436, Private Charles Robert James, who was previously reported at St. David's Hospital, Malta, suffering from influenza, is now reported as having arrived at Third London General Hospital, Wandsworth, suffering from dysentery.

Yours faithfully,

Mr. C. R. James,  
15 Adelaide Street.

Colonial Secretary.

9



C.R. 436

Extract of Nominal Roll of Sick and Wounded from the Mediterranean Expeditionary Force admitted on 8th. December 1915 to 3rd. London Gen. Hospital, at Wandsworth, S.W., from Hospital Ship -----, Southampton.  
Dated Dec. 10th. 1915.

(Army Form W. 3026.)

436 Sgt. C.R. James

1 Newfoundland..... Dysentery.



⑤ ✓

December 2, 1915.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 436, Private Charles R. James, who was previously reported at St. David's Hospital, Malta, (no particulars), is now reported as suffering from Influenza.

This information was received by mail.

Yours faithfully,

Mr. C. R. James,  
15 Adelaide St.

Colonial Secretary.



✓  
J 5

November 24, 1915.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 436,  
Private Chas. Robt. James, is at St. David's Hospital,

Malta. No particulars given regarding illness.

This information was received by mail.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

*J. H. Bennett*

Colonial Secretary.

Mr. C. R. James,  
15 Adelaide St.,  
City.



C.R. 436

Extract of Sick and Wounded N.C.Os. and Men of the Mediterranean Expeditionary Force, No. H. 2840, dated Nov. 11th. 1915.

436 Sgt. C.R. James

1st. Newfoundland Contingent..... Influenza.....Adm. to  
Hospital in Malta from H.S. "Glenart Castle" 20th. October 1915.



C.R. 436

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

436 Bgt. C.R. James.

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



C.R. 436

Extract from Nominal Roll Embarked St. John's, per S.S.

"Florizel" Oct. 4. 1914.

436 James Charles R.



C.R. 436

Chas. R. James was attested for General Service  
with the NEWFOUNDLAND REGIMENT on .....Sept. 8th., 1914.  
Regimental No. 436 was allotted to Pte Chas. R. James.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th. 1919.



## Casualty Form—Active Service.

Regiment or Corps

*Newfoundland*

Regimental No.

**C.R.** *436*

Rank

*Serjeant*

Name

*James C. R.*Enlisted (a) *1-10-15*

Terms of Service (a)

*one year*

Service reckons from (a)

*1-10-15*Date of promotion to  
present rankDate of appointment  
to lance rankNumerical position on  
roll of N.C.Os.

Extended

Re-engaged

*Duration of year*

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.		3/10/14.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
16/10/15.	"Glenark Castle"	Ill, Pyrexia A. 36	HS. "Glenark Castle"	15/10/15.	Auth. C 4120. JP
20/10/15.	Comdt., Malta.	Admitted	Hosp., Malta.	20/10/15.	" A 16900. JP
11/12/15.	"Letitia"	Invalided to England	H.S. "Letitia"	30/11/15.	B 758. 9

*[Signature]*  
 Captain  
 for Major,  
 Officer i/c Records 11 & 12 Dists.,  
 3rd. Echelon, G.H.Q., M.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, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.







James R.

436



STATEMENT OF ACCOUNT

No. 436

Name Sgt. James C. B.

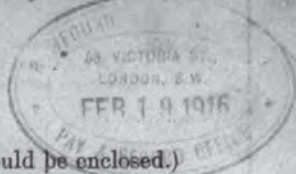
*Julia* 154 12.8/1

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
Oct 24	Bonus & Allowance			89	39 00
"	To Pay	30	39 00		<del>0</del>
	Ration Allowance \$1.00			4 86	4 86
	105 Gratuity 4 mos @ 100.00			400 00	404 86
	Bonus		12 95		39 1 91
March 1	To Pay	10822	70 00		321 91
	Sep allowance	2473	30 00		291 91
April 1	To Pay	13740	70 00		221 91
	S allowance	2790	30 00		191 91
May 1	To Pay	17813	70 00		121 91
	S allowance				91 91
June 1	To Pay	3743	30 00		21 91
	Sa	2124	57 00		<del>21 91</del>
July	To Pay	3128	30 00		8 91
	Sa	4195	57 05		6 5 14
			30 00		9 5 14
			539 00	443 86	9 5 14
					<i>to Balance</i>

Signed W. H. [Signature]

1000  
248  
- 951





Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 436 Army Rank Sergeant

Name Charles Robert James  
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 2<sup>nd</sup> Bn. 1<sup>st</sup> Newfoundland Regiment

Battalion, Battery, Company, Depot, &c.  
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge February 17/1916

Place of discharge Pewton on Ayr Ayrshire Scotland

1. Description at the time of discharge.

Age <u>29</u> years <u>11</u> months	Descriptive marks. <u>Tattoo 5 Union Jacks on Breast</u> <u>Other Tattoo marks</u>
Height <u>5</u> feet <u>8</u> inches	
Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion <u>Fresh</u>	
Eyes <u>Blue</u>	
Hair <u>Light Brown</u>	
Trade <u>Engineer</u>	
Intended place of residence <u>15 Adelaide Street</u> <u>St. John's</u> <u>Newfoundland</u>	

(To be given as fully as practicable)

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of Ill-health

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :- Good

4. Character awarded in accordance with King's Regulations :-  
Good

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*



5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

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

(Place) Newton only 1 Aug 1

(Date) February 17/1916

Walter F. Rendell Cap
for Commanding 2 Batta NFD Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) Newton only 1 Aug 1

(Date) February 17/1916

S. J. Jones (Signature of Soldier.)
H. J. [unclear] (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to 1/10/15 (the date to which the record of service is completed) 1 years — days.

Further service " " 18/2/16 (the date of confirmation of discharge) ... .. " 141 "

Total ... 1 " 141 "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for Thursday (date) February 17/1916.

(Place) Newton on Aug 1, Aug 1

(Date) February 17/1916

Signature Walter F. Rendell Cap
for Comd 2<sup>nd</sup> Bn NFD Reg

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



**To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>a</sup> to be used for Special Reserve recruits  
and Special Reservists enlisting into the Regular Army.**

**MEDICAL HISTORY of**

Surname James Christian Name G. R.

TABLE I.—GENERAL TABLE.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Corps.	Regtl. No.
1st. Newfoundland	436

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191

(Signature) \_\_\_\_\_  
(Rank) Sergt.



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>rd</sup> London Gen. Hospital Wandsworth	8	12	15	29	12	15	Dysentery	22	<p><u>Cause</u>—Active Service (Dardanelles)</p> <p><u>Nature</u>—Convalescent from Dysentery</p> <p><u>Result</u>—All tests negative. Granted furlough</p>	(sd) Capt R.A.M.C.T.

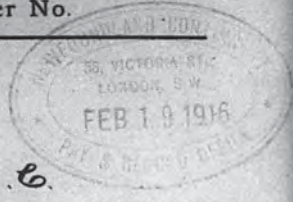


DUPLICATE

Army Form O. 1625.

PAY LIST. *Jan 22* to *Feb. 18th* 191*6*. Voucher No. \_\_\_\_\_

NON-EFFECTIVE ACCOUNT.



Regiment or corps *2/1st Newfoundland Regt*  
 No. *436* Rank *Serjt* Name *James C.*  
 Died (a) at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .

I Certify to the correctness of above in every particular.

*L. G. Berniste 12/11* Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM I.]

Date.	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month .....	1	4	4	Balance Cr. last month .....				
	Cash issues (Date of each issue to be stated)				Pay 28 days at <i>1/50</i> from <i>22<sup>nd</sup></i> to <i>18th</i>	8	12	7	
	<i>Jan 22<sup>nd</sup></i> 1916				Proficiency, Service or good conduct pay				
	"				days at _____ from _____ to _____				
	"				Messing allowance days at _____				
	"				from _____ to _____				
				10	Clothing and kit allowance .....				
	<i>allotment</i>	5	15	0	Amount produced by the sale of Necessaries				
	<i>Barack Damages</i>			7	Personal Clothing and Effects from Form 2...				
	Consolidated stoppage.....				Amount of Savings Bank balance, including interest (if no balance, to be so stated)				
					Deferred Pay or Gratuity .....				
	Balance due by the Paymaster	1	2	8	Balance due to the Paymaster.....				
		£	8	12		£	8	12	7

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 \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 .

*L. G. Berniste*  
 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 A.F.B. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.



Each issue of Orders will be numbered consecutively throughout the year. A fresh series will be commenced with the first issue in each year.

Unit ~~2/1st Newfoundland Regiment.~~  
DAILY ORDERS. Part II.

No. 40

N.B.—The Sub. No. of Order and Subject are to be shown in Columns 1 and 2 thus:—1—Courts-Martial

Station Newton-on-Ayr.

Date 17/2/16.

Regimental No., Rank, and Name.	Sqdn., Batty., or Co.	Particulars of Casualties, etc., and Date.
<p><u>3 - DISCHARGE.</u></p> <p>No. 456, Sgt. C.R. James</p>		<p>has this day been discharged on account of ill health.</p>

H. F. Stokes, Capt.,  
Officer Commanding or Adjutant.





Capt A. Montgomerie (Retd.)

Would this returned  
Sergeant be of use to you  
on the local instructions  
staff?

1ST NEWFOUNDLAND REGIMENT

PAY DEPARTMENT

13.3.15

W. L. Dool  
15/2

ST. JOHN'S, NEWFOUNDLAND.

11th March 1916

P. O. BOX No. 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO  
"PAYDEPT."  
ST. JOHN'S, NEWFOUNDLAND

ALL COMMUNICATIONS TO BE  
ADDRESSED TO THE  
PAYMASTER

His Excellency Sir W.E. Davidson, K.C.M.G.

Government House.

Sir,-

I have the honour to enclose for your Excellency's  
information, certain discharge documents in connection with  
No. 436 Sergeant Charles Robert James of the 1st, Newfoundland  
Regiment.

Kindly return after perusal.

I have the honour to be,

Sir,

Your Obedient Servant,

Deputy Paymaster.

J.M.H./B.M.W.

Enclosure.

Offered James position as instructor which he accepted  
Served one day and gave up. Has not ~~turned~~ turned up

Send

Am  
awful



PAY LIST.

to

191

Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1st Newfoundland

No. 436

Rank Sergeant

Name C.R. James

Died (a)

at

on the

of

191

Discharged at Newton on Ayr

17th

of February

1918

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
Battalion or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month.....				Balance Cr. last month.....	1	2	8
	Cash issues (Date of each issue to be stated)				Pay days at from to			
					Proficiency, Service or good conduct pay			
					days at from to			
					Messing allowance days at			
					from to			
					Clothing and kit allowance .....			
					Amount produced by the sale of Necessaries			
					Personal Clothing and Effects from Form 2...			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity.....			
	Balance due by the Paymaster				Balance due to the Paymaster.....			
		£	1	2		£	1	2
				8				8

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

Dated at

this

day of

191

PAYMASTER & OFFICER 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 A.F.B. 2090 or Army Form O. 1815.

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



DUPLICATE

**WARNING.**—If you lose this Certificate a duplicate cannot be issued.

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

Certificate of discharge of No. 436 (Rank) Sergeant  
 (Name) Charles Robert James  
 (Regiment) 2nd. Batt. 1st. Newfoundland  
 who was enlisted at St. John's, Newfoundland,  
 on the 1st. October, 1914..

He is discharged in consequence of \_\_\_\_\_

Ill Health

after serving 1 years 141 days with the Colours, and  
 \_\_\_\_\_ years \_\_\_\_\_ days in the Army Reserve.

(Place) Newton-on-Ayr,  
Ayr,  
 (Date) Feby. 17/16.

Signature of } Walter F. Rendell  
 Commanding } Capt  
 Officer } for O.C.,  
Newfoundland Regt.

\*Description of the above-named man on 17/2/16 when he left the colours.

Age 29 years 11 months  
 Height 5 feet 8 inches  
 Complexion Fresh  
 Eyes Blue  
 Hair Light Brown

Marks or Scars, whether on face or other parts of body.  
Tattoo, 5 Union Jacks  
on breast  
 &  
Other tattoo marks.

\* Should agree with the description on Character Certificate, Army Form B. 2067.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Charles Robert Gordon* 2. Surname *James*.....  
3. Rank *Sergeant*..... 4. Regtl. No. *436*.....  
5. Address in full to which future payments of gratuity are to be forwarded. *439 Water Street City*.....  
6. Date of enlistment in the Regiment *Sept 8th 1914*.....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
*Discharged before separation allowance was payable*  
8. Relationship of such dependents *Wife*.....  
9. Address in full of such dependent *439 Water St City*.....  
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*.....  
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....  
*Not applicable*  
12. Give total length of time which you served on active service, whether in Nfld, or Overseas..... *1 year 141 days*.....



13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No.*

14. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*

15. Have you been issued with a War Service Badge? *Yes.*

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

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *Not Applicable.*

(b). If so, was such reversion in consequence of misconduct or inefficiency? *Not Applicable.*

19. Are you now serving in the Regt.? *No.* If not give: - (a) Date of discharge... *17/2/16* (b) Reason for discharge... *Ill. Health*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service. *Yes. Gallipoli. 1915.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?  
(b). If so, are you in receipt of full pay and allowances from that Committee. *No.*

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



Signature of Applicant: *B R James*  
 Place of Residence: *439 Water St. City.*  
 Declared before me at *St. Louis*  
 This *6th* day of *June* 19*19*

*[Handwritten signature]*

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
.....	.....	.....	<i>4 mos.</i>	.....	<i>280.00</i>
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
Certified Correct.					Paymaster.









# 1ST NEWFOUNDLAND REGIMENT

P. O. BOX No. 1242

TELEPHONE No. 361

CABLES AND TELEGRAMS TO  
"PAYDEPT."  
ST. JOHN'S, NEWFOUNDLAND.

ALL COMMUNICATIONS TO BE  
ADDRESSED TO THE  
PAYMASTER

## PAY DEPARTMENT

ST. JOHN'S, NEWFOUNDLAND.

5th. DECEMBER 1914

MRS CHAS. R. G. JAMES,  
15 ADELAIDE STREET,  
CITY.

MADAM:-

I shall be glad if you will send to me as soon  
as possible, names and ages of all your children under  
twelve years of age.

Yours faithfully,

A.M./B.M.W.

✓

A. MONTGOMERIE. CAPT.

4 3/6

none



11th March

6

His Excellency Sir W.E. Davidson, K.C.M.G.

Government House.

Sir,-

I have the honour to enclose for your Excellency's information, certain discharge documents in connection with No.436 Sergeant Charles Robert James of the 1st. Newfoundland Regiment.

Kindly return after perusal.

I have the honour to be,

Sir,

Your Obedient Servant,

J.M.H/B.M.W.

Enclosure.

Deputy Paymaster.













# Patriotic Association of Newfoundland

CHAIRMAN:

HIS EXCELLENCY SIR WALTER DAVIDSON, K.C.M.G.,  
GOVERNOR.

VICE-CHAIRMAN:

SIR JOSEPH OUTERBRIDGE.

SECRETARY:

VINCENT P. BURKE, M.A., LL.D.

St. John's, Newfoundland,

\$ 3900

191

September 23,

6

Sir:

I have been instructed by the Standing Committee of the Patriotic Association to inform you that the matter of your complaints as stated in your letter of Sept. 2nd, and which was forwarded to the Chairman on Sept. 7th, has been under consideration and the following resolutions have been passed in connection therewith namely:

This Committee recommends:

(A) That all men on furlough be given their regular pay and field allowance together with usual maintenance allowance.

(b) That all soldiers honorably discharged as unfit for further Military Service be given full pay and allowance up to the date of their receiving their certificates of discharge and in addition that they should be given a Bonus of one week's pay and allowance also \$25.00 in lieu of a suit of clothes.

I may add that the Committee is specially desirous that every consideration be given returned and invalided soldiers.

I have the honor to be,

Sir,

Your obedient servant,

Vincent P. Burke  
Hon'y. Secy. Standing Committee

No. Sergt. C. R. James  
15 Adelaide Street  
City.

Voucher No  
25856

514



