



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5910 Name Sterling Le Drew Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|----------------------------|
| 1. What is your name? | 1. <u>Sterling Le Drew</u> |
| 2. What is your full Address? | 2. <u>Cupids Cray</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>32</u> Years |
| 5. What is your Trade or Calling? | 5. <u>fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning; and who gave it to you? | 10.) Name |
| |) Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Sterling Le Drew 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.

Sterling Le Drew SIGNATURE OF RECRUIT.
J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sterling Le Drew 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 answered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 20 day of May 1915.

Signature of Attesting Officer C. B. Dicks Lieut.

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 May 20 1915

Place St. John's

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

5240

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

Name Sterling Lidnew
 Apparent age 22 years months. Height 5 feet 11 1/2 inches
 Chest Measurement { Girth when fully expanded 38 inches
 { Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Elizabeth Lidnew
Cupido Bay | Relationship Cupido Bay
Mother
 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 L'epot	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 United Kingdom engagement reckons from <u>20-5-18</u>									
Joined at <u>S. Johns</u> on <u>May 20-1918</u>									
<u>Discharged July 16/19</u>									
<u>Reported for duty 1-6-1918</u>									
<u>Embarked S. Johns, S.S. Colanella to Halifax N.S.</u>									
<u>Embarked for B.C.S. 23-7-18. Re-embarked France</u>									
<u>Joined Duthie 5-1-1919. Transport from Rouen</u>									
<u>to H.M.S. for demobilization 22-5-19. Arrived H.M.S. 1-6-19</u>									
<u>Demobilization S. Johns 6-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>6-7-1919</u> (date of discharge)									
Pensions " " " " " " " " " " " "									

1 year 37 days

C.R. 5240

Extract from Daily Orders Part 11 Unit The Royal 22nd.
Regt. St. John's, July 21st, 1919.

The discharge of the undermentioned has been CONFIRMED
by Officers i/c Records

5240 Pte. Sterling Ledrew.

6-7-19.

C.R. 5240

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt. St. John's, June 25th, 1919.

The discharge of the unreturned on demobilization has been
APPROVED by O.C. Discharge Depot with effect from
22-6-19.

5240 pts. S.Ledrew.

C.R. 5240

Extract from Daily Orders Part 11 Depot, St. John's,

Date

June 18th 1919.

5240, Pte. S. LeDrew.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R.

5240

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Bouen Camp 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Bazeley Down Camp 23/4/19.

#5240 Pte. S. Ledrew.

C.R.

5240

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918

#5240 Pte. Sterling "eDrew.

C.R. 5240

Extract from Nominal Roll of Draft No. 56 from the 2nd.,
Battalion of the Regiment Winchester to the late, Lt.
B. R. F. Embarked Southampton 23/11/18.

#5240 Pte. AS. LeDrew.

C.R. 5240

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 22, 1918.

#5240 Pte. S. LeDrew.

Attested for General Service with the Royal Nfld.
Regt. 21.5.18 to report 1.6.18

S L Drew

C.R. 5240

1190

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class F., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*..... 7. Former Trade or Occupation } *Fisherman*
2. Regt. No. *02403*. Rank..... *Pte*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Leahue*..... (Surname)..... (Christian Names)..... (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday..... *23*.....
6. Posted for duty on..... *30/5/15* at..... *St. John's*..... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

- 10.** If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil
nil

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

a. a.
He complains of no Disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

a. a.
a. a.
a. a.
a. a.

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Sgt. W. E. Provencher
S. J. G. J. Rame

Station *Hazley D. D. 1011.*
 Date *30.11.19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

FORM K

N^o 4105



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Stanley Le Drew*, Regl. No. *5240*

hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and *sixty* Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}_{or} Persons
 concerned, viz.:

Allotment begins July 1/15.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
	<i>Wife</i>	<i>Elizabeth Le Drew</i>	<i>Capide C. B.</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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

Sig.) *[Signature]*
 Officer Commanding
D. Company
St John's
June 12 1915

(S) *Stanley Le Drew*
 (Rank) *Private*

FORM K

No 4105 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Sterling Le Drew, Regl. No. 5240 hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and or Persons concerned, viz.:

Allotment begins July 1/18.

Table with 4 columns: Identity Certificate No., Whether Wife, Child, other Relative or Friend, NAME (in full), ADDRESS, and AMOUNT (each person). Entry for Elizabeth Le Drew, Cupids C. B., with amount 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.) [Signature] 1918
Officer Commanding
Company

(Sig.) Sterling Le Drew
(Rank) Private

St Johns
June 12 1918

No. 6800/1105

099919

N.F.P. 170.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: ~~Officer Commanding,
The Royal Field Regt.
Winchester~~

May 9th 1919

1919.

5240 S. Le Drew

With reference to the following telegram from the Minister of Militia / 19 (167):

"Pay to - 5240 S. Le Drew

£8-0-0

Cheque £8-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

Williams Lieut & Adjutant
Officer Commdg. Batt'n.

Received the sum of Eight
pounds (£8-0-0) in respect of telegraphic remittance from the Minister of Militia.

J. J. Meredith
Chief Paymaster & O. i/c Records.

Le Drew
No. 5240 Rank Pte

Witness:

French W Sgt

No. *5240* Name *Le Drew S* Sqn., Batty., or Company *D.* Corps *7th Newfoundland* Date of enlistment *20/5/18* O.C. *[Signature]* Service or Proficiency Pay *[Signature]*
 Date of last entry in Company Conduct Sheet *[Blank]* No. and date of last drunk *[Blank]* Period not reckoning towards freedom from extra fine *[Blank]* Sheet No. *[Blank]* Signature O.C. Company, etc. *[Signature]* Character *[Signature]*

Army Form B. 122.

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
<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>Deficient of band</i>	<i>[Signature]</i>	<i>Admonished</i>	<i>29/3/19</i>	<i>[Signature]</i>	<i>See form 1074</i>
<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>	<i>[Blank]</i>
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Le Drew, S

5240

Ray sept.

July 8, 1919

#5240 Ptr. Sterling Ledrew,

Cupids,

Port de Grave

Dear Sir:-

Please find enclosed Discharge Certificate

#2834

Yourstruly

Captain
Paymaster & U.I/c Records

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5240 Rank Pte. Name Le Drew, S.

Intended place of residence Cupids, Port-de-Grave

2. Occupation Fisherman

Classification of soldier F Medical Category AT

3. The above named man is discharged in consequence of DEMOBILIZATION

Eligible for War Service Gratuity

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

Place ST. JOHN'S for Mrs. Le Drew

Date JUN 21 1919 for Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date ST. JOHN'S Le Drew, S.

JUN 21 1919

Signature of soldier

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S S. Le Drew

JUN 21 1919

Signature of soldier

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No of days on Military

Discharged from service 22-6-19 PLUS 14 DAYS Service 412

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S R. H. Lait Major

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

Date JUN 22 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place St. John's Mr. Bowle Capt

Date July 6/1919 for Officer i/c Records
The Royal Newfoundland Regiment

4132079/284

The Royal Newfoundland Regiment

Class for Demobilization:

E.

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *21.6.19*

Regimental No *5240*

Name *Sgt. D. W. Stirling*

Rank *Pvt.*

Address *Cupids B. 13*

Present Medical Category *AI*

Recommended for:

(a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. Lait Major
O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

T. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5240 Rank Plt Name L. Lewis S
 Date of Enlistment 21.5.18 Address Supping District Port R. Gen
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B 121	1	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	1 D 400A	1 B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 21.6.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. 3rd Plt

21-6-19

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date 21-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P 1985 to his home at Cape Cod and Release Certificate No. 2955 issued.

Date 21-6-19 *J.A. Newcomb*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 6-7-19

Date 21-6-19 *J.A. Newcomb*
Depot Paymaster.

Discharged approved for 22-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 178a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 forms B.

Date 21-6-19 *J.A. Newcomb*
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 22 1919 *R.H. Sait*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation.

J L Shue

Signature of Man.

Reg. No. 5240

J A Snow Capt
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

21-6-19

. 191

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

MEDICAL HISTORY

Surname Redden

Christian Name Sterling

Table I.—GENERAL TABLE.

Birthplace:—Parish Parade St. Ch.

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	on	21 day of May 1918	on	day of 191
	at	S. Johns	at	
Declared Age		20 years		years days
Trade or Occupation		Fisherman		
Height		5 feet 11 1/2 inches		feet inches
Weight		150 lbs.		lbs.
Chest Measure-ment	Girth when fully expanded	38 inches		inches
	Range of Expansion	3 inches		inches
Physical Development				
Vaccination Marks	Right		Right	
	Left	10 scars	Left	
When Vaccinated		5 Nov 1910		
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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		Medical Officer.
Enlisted	at	S. Johns	at	
	on	21 day of May 1918	on	day of 191
Joined on Enlistment	Corps		Corps	
	Regtl. No.	240	Regtl. No.	
Transferred to		1st Lt		
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i | c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Le Drew, Sterling

Regiment from which discharged

Royal Newfoundland

Regimental number

Bc 5240

Intended address

Cupids Ck Port de Grave

Height on discharge

5 Feet 11 1/2

Color of hair on discharge

Light Brown

Complexion

Fair

Color of eyes

Blue iridescent Left eye

Descriptive Marks

Tall

Figure on discharge

Christian name of Father

Elizabeth

Christian name of Mother

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth

Cupids 22-9-1896

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Sterling Le Drew

(Rank)

Station

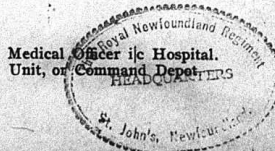
Date

20-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland Regt.*
2. Regtl. No. *240* 3. Rank. *Pte.*
4. Name *Redman, S.*
(Surname) (Christian Names)
5. Age last birthday... *23*...
6. Posted for duty on *20. 5. 18* at *St. John*
in category (or grade).....
7. Former Trade or Occupation } *Fisherman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to general disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war
 - (ii.) Previous active service
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *the complain of no Disability*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature? *na.*
17. If not, was an operation advised and declined? *na.*
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? *na.*
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? *na.*

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Reparation

W.E. Proctor *Capt. RAME*

Station *Honley Down*

Medical Officer in charge of case.

Date *25/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

Casualty Form - Active Service.

Regiment or Corps 1st Newfoundland
 Rank Pte Surname Le Drew Christian Name S
 Religion Methodist Age on Enlistment 27 years months
 Enlisted (a) 20/5/18 Terms of Service (a) Duration Service reckons from (a) 20/5/18
 Date of promotion to present rank Date of appointment to lance rank
 Extended Re-engaged Qualification (b)
 Occupation Fisherman or Corps Trade and Rate W Long Capt 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 ...			
		Disembarked...		28 NOV 1918	
		Joined Batt.		5 ³	
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c (17591.) W.I. W 1287-F 1124, 1,000,000, 6/18, D & S, Form B/103 (E. 1256.)

Next of kin: Mother: Mrs Elizabeth Le Drew Capt: C. Bat N. S. D. (P.T.O.)

July 10, 1919

#5240 Pte. Sterling LeDrew,

Cupids, C.B.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain
Paymaster & C. i. c Records.

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 questions 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, *Shoreline*..... 2. Surname..... *LeDrew*.....
3. Rank..... *Pte*..... 4. Regal. No..... *5240*.....
5. Address in full to which future payments of gratuity are to be forwarded..... *Cupias C.B.*.....
.....
6. Date of enlistment in the Regiment..... *May 20/18*.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
..... *no*
8. Relationship of such dependents..... *no*
9. Address in full of such dependents..... *no*
-
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 field. If so, give dates and particulars of such service..... *Overseas*.....
.....
.....
12. Give total length of time which you served on active service whether in field or overseas..... *Thirteen months*.....
and two weeks..... 13.....

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?

no

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?

no

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

no

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge.

no

July 5/19

(b) Reason for discharge. *Demobilization*

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.

France and Germany

21. (a) Are you receiving treatment from the War Rel. Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

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: - *stening se Dnev*
 Place of Residence: *Cypria C.B.*
 Declared before me at: *St Johns wfd*
 This *21st* day of *June* 19*.69*....
J.P. Haller

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier.	Paid Dependent.	War Service Classify.		Net amount due
.....
.....
Certified correct.					Paymaster



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Stirling Le Drew, Regl. No. 5240
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins July 1/18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4284	Wife	Mrs Elizabeth Le Drew	Cupids C. 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.) [Signature]
 Officer Commanding
D Company
St Johns
June 12/1918

(Sig.) Stirling Le Drew
 (Rank) Private

Statement of Allotment Account for
\$240 Sterling Andrew

		Check No	Am't	Date
July	1918	42161 C	18 60	Aug 1/18 in
Aug	"	44505 C	18 60	Sept 1/18 in
Sept	"	46701 C	18	Oct 1/18 in
Oct	"	49764 C	18 60	Nov 1/18 in
Nov	"	52804 C	18 -	Dec 1/18 in
Dec	"	55948 C	18 60	Jan 1/19 in
Jan	1919	59021 C	18 60	Feb 1/19 in in
Feb	"	61776 C	16 80	Mar 1/19 in
Mar	"	64174 C	18 60	Apr 1/19 in
Apr	"	66532 C	18	May 1/19 in
May	"	68724 C	18 60	June 1/19 in
June	"	70795 C	18 00	July 1/19 in
July	"	Overdtd 6/7/19	3 60	received \$240 outstanding
Aug				

Parkinson

Box 711 Budge.

Not entitled to Budge

SEPARATION ALLOWANCE.

Claimant *Elizabeth J. Ledrew* Mother
On account of *Sterling Ledrew* No. *2240* Rank *pte*

Decision *Refused*
Another single son of military
age did not enlist

Date *April 28/1920*
W. R. Russell Lieut. Col.
M. Bowley Major

Instructions.....
.....
.....
.....

Allotment of *60[¢]* per day payable to *Elizabeth J. Ledrew*
his mother from *1/7/18* to *6/7/19*
Discontinued on account of being discharged
L. C. Sumner



Magistrate's Office.

Bongos

April 10th 1920

10457

Major J. M. Howley,
Paymaster
Capt. Mullin,
St. John's.

Dear Sir,

I am forwarding you
enclosed within Elizabeth J. Debbens' ap-
plication for Dependent Allowance, which
she applied for some weeks ago
but not having a form it could not
be sent to you sooner.

Her son who enlisted, and
who is her chief support, was at the front
last year and did little or nothing. He
would be now returning home in, because
a vital week and he lost all his clothes.
He is in the "hiking" this Spring, and he needs
this for is small.

This widow is a cripple and in
very poor circumstances.

If her case is specially interesting
she needs for the cheque to be sent to me
for her

Very truly yours

J. H. Thompson

JHM

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster
Separation Allowance Branch
St. John's, Nfld.

- (1) Name in full of soldier Rank Reg't or Unit Reg't No.
Harris Sterling Deben Private 5240
- (2) Age of soldier Married or single
24 years Single
- (3) Name in full of mother Age. Occupation Permanent Address
Elizabeth Jane Deben 61 yrs Nurse Capital, Nfld
- (4) Give name of your husband Age. Occupation Where employed
James Deben dead 16 years
- (5) If your husband is not supporting you give the reason. —
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). —
- (7) If you are a widow, state date and place of death of your husband *My husband died in Sydney, N.S., July 24th 1903.*
- (8) Have you married again since death of above mentioned husband? *No*
- (9) Names of your other children. Address in full Age. Occupation, Married or single
*Spencer Deben Capital, Nfld. Single
(Died, under British treatment at present.)*
- (10) State amount earned by (a) Yourself *Working Domestic*
(b) Your husband *single for 3 years*
- (11) State amount and source of any other income *\$24. per year from Government.*

12. State value of real property belonging to you and your husband _____
13. State value of personal property belonging to you and your husband *\$150*
14. If husband is dead state value of real and personal property left by him. *\$160*
15. Actual amount contributed by soldier during the year prior to enlistment *Was army soldier and made \$50*
16. Was this amount contributed weekly or monthly *On his return home weekly*
17. Did this amount include payment of son's board, etc. *No*
18. State your son's trade or occupation prior to enlistment *Sailor*
19. State amount of his wages per week *Don't know*
20. State name and address of his last employer *Capt. Stewart Goshue of Oregon*
21. State amount of monthly support from son since enlistment *\$18.50 per month*
22. State amount of allotment received by you from son since enlistment *About \$22.00 per month*
Amount I sent him \$100 while in hospital
23. State from what date did you receive allotment? *July 1918*
24. Actual amount contributed by other children *Weekly* *Monthly*
last fall nothing seen \$30
by [unclear] who is the only other child
25. Are any of these children in the employ of you or your husband?
26. If not receiving support from other children, state cause. Explain fully *No other except [unclear]*
27. With whom are you residing at present? *I reside alone nearly all the time, as my sons go away.*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

Mr

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

Mr

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

Mr

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

Mr

(32) In what capacity and in what place?

-

(35) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

Mr

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant *E. Elizabeth Jane Gedrew*

Place of Residence *Leamington*

Declared and subscribed before me at *Brunswick* this *10th* day of *April* 1920

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

J. K. Thompson
J. H. May

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee

J. K. Thompson
William Isaac Bergman
Leamington

May 5, 1920

Mrs. Elizabeth LeDrew,
Cupids, C.B.

Dear Madam:-

With reference to your application for Separation Allowance, I have been directed to state that the information to hand is not quite sufficient for the finalization of your claim. As a matter of fact the claim has been refused, but I think with further information the Board of Review will be willing to reconsider it.

The information required is as follows:

"Did your son Spark LeDrew offer for enlistment, if so, on what date, in what Corps and what is the number of his Rejection Badge if he has one."

It is stated that he is under the Doctor's treatment at the present time. Will you kindly have your Doctor advise me what was his condition during the period 1-7-18 to 1-7-19, and, if he was incapacitated at that time

- (1) what was the nature of his incapacity?
- (2) By how much was his earning power reduced thereby?
- (3) and from what date could same be considered to have been existent?

Yours truly

Major

Paymaster.

ST. JOHN'S, June 21 /19

Royal Newfoundland Regiment.

Billeting Account,

To Mt. S. Le Drew

Billeting Soldiers as undermentioned

from June 1st /19 to June 21st /19

5240 Mt. S. Le Drew 21 60

ACCOUNT	
CH. NO. <u>2725</u>	INITIALS <u>BM</u>
IMP. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 21.60

J. A. Snowcraft,
Billeting Officer.

J. Le Drew

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

RECEIVED
NOV 14 1914
NEW

[P.O.]

OCT 15

1921.

The accompanying ~~Victory Medal~~ British War Medal

is/are forwarded herewith to

Sterling LeDrew

in respect of his service as No. 5240 Rank Pte.

Name S. LeDrew Royal Nfld. Regt.
Nfld. Forestry Coy.

Receipt of the same should be acknowledged hereon.

Received _____

Signature Sterling Le Drew

Date Oct 15/21

Address Apsido

[P.T.O.]

Receipt for Army Book 64

No. *5240* Name *S. Tedrew*

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

Name *S. Tedrew*

Date *Aug 22th*

Place *Cupids*

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
29-

Regiment of *Royal Newfoundland Fusiliers*

Number of Sheet *one*

Signature of O. C. Company *P. D. Dickson*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>5240 Le Drew. Steiner</i>	Age on	<i>20</i> years / <i>1</i> months	<i>Fisherman</i>		
Joined	Date	Place and Date of Enlistment	<i>St Johns 20.5.18</i>	Religion		
Joined	Date	Period of } with Colours } <i>18</i> years with Reserve } <i>18</i> years		<i>Meth.</i>		
Joined	Date			Place of Birth		
Joined	Date			<i>Cupids CB</i>		

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
				<i>Demobilized</i>	<i>St Johns</i>	<i>6/19</i>			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5240 Rank Private Name L. Jones
 Date of Enlistment 21.5.16 Address Lupat District Port of Spain
 Occupation Soldier Classification for Discharge 6 Medical Category 12
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L.	do 3rd	" 4
B 179a	D 400C	Form K.	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 83		

Date 21.6.19 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. see above

21-6-19

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable _____

(b) Clothing Supplied _____

Date 21-6-19

O i/c. Re-clothing

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5200 Rank Plt Name L. Jones
 Date of Enlistment 21.5.18 Address London District North Shore
 Occupation Fisherman Classification for Discharge 6 Medical Category 12
 Recommendation S. M. B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—



N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 340A	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 21-6-19 for O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. Self Disch
21-6-19

Particulars passed to Vocational Officer for information and action.

Date _____ Eligible for War Service Gratuity

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable _____
- (b) Clothing Supplied _____

Date 21-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1856 to his home at Campton and Release Certificate No. 2933 issued.

Date 21-6-19 *J. A. Knowlton*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 1-1-19

Date 1-1-19
Depot Paymaster.

Discharge approved for 22-6-19
Forwarded with following documents to O. C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	D 103	ME 2		" 6
B179c	B 120	M 93		

Date 21-6-19 *J. A. Knowlton*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records,
Board of Pension Commissioners,

with following additional documents.

Eligible for War Service Gratuity

Date JUN 22 1919
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date July 8/19 *J. A. Knowlton*

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P 1884 to his home at Cape Town and Release Certificate No. 2958 issued.

Date 21.6.19 J.A. Linnard
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to:

Date 21.6.19
Depot Paymaster.

Discharge approved for 22.6.19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	1/2
B 179	D 400B	Form L	do 3rd	" 4	2
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 21.6.19 J.A. Linnard
O.C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.

Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 22 1919 R.J. Linnard
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot

Date July 8/19 J.A. Linnard

Reg. No. 5240 Rank PLC Name Letrew, S.

Attested Address Cupido

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corican Cause Discharge

21.6.19

PASSED TO DEMOBILIZATION OFFICER

22.6.19

DISCHARGE APPROVED