



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3164 Name Leonard M. Corps St. John's

Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Michael Leonard
2. What is your full Address? ..... 2. 54 St. John's St. St. John's
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 23 Years 3 Months
5. What is your Trade or Calling? ..... 5. Fisherman
6. Are you Married? ..... 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. No
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. Yes
9. Are you willing to be enlisted for General Service? ..... 9. Yes
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. Yes

FOR THE DURATION OF THE WAR

I, Michael Leonard 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.

Michael Leonard SIGNATURE OF RECRUIT.

John J. ... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Michael Leonard do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at ..... on this 19 day of Oct 1915.

Signature of Attesting Officer Chas. A. ... Capt.

CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the ..... If enlisted by special authority, such will be attached to the original attestation.

Date ..... 1915

Place ..... } Approving Officer.

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

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

## DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Michael Leonard  
 Apparent age 21 years 3 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 40 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Michael Leonard  
34 King St. G. G. | Relationship uncle

#### 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	Promotion, Reductions, Casualties, &c.	Army Rank	Date	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to \_\_\_\_\_ [date of discharge] \_\_\_\_\_ years \_\_\_\_\_ days  
 " " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_

3164



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3164

Name Lequan M. Corps 6

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

1. What is your name? ..... 1. Michael Lequan
2. What is your full Address? ..... 2. St. John's
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 21 Years 3 Months
5. What is your Trade or Calling? ..... 5. fisherman
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
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. yes

I, Michael Lequan, 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.

Michael Lequan SIGNATURE OF RECRUIT.

John A. [unclear] Signature of Witness.

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

I, Michael Lequan, 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 explained 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 19 day of Oct 1915.

Signature of Attesting Officer Charles A. [unclear] Capt.

**CERTIFICATE OF APPROVING OFFICER.**

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....

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

Date.....1915

Place..... } Approving Officer.

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Michael Leonard

Apparent age 21 years 3 months. Height 5- feet 6 inches

Chest Measurement { Girth when fully expanded 41 1/2 inches  
Range of expansion 3 1/2 inches

Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Michael Leonard

Relationship uncle

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>19-10-16</u>									
Joined at <u>St. Paul</u> on <u>October 19 1916</u>									
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Enlisted at <u>St. Paul</u></p> <p>Joined <u>Cambes</u> for <u>156 S. 116-7</u> <u>November 12 1917</u></p> <p>Joined <u>Booth in the field</u> <u>2-7-18</u> <u>November 20-11-17</u></p> <p><u>Admitted 21st S. B. Co. 4th Div. West</u> <u>21-11-17</u> <u>November 27-11-17</u></p> <p><u>Admitted Chesapeake Art. Dep.</u> <u>27-11-17</u> <u>February 20 1918</u></p> <p><u>Attached Hospital</u> <u>21-12-17</u> <u>Joined Cambes</u> <u>for 156 S. 8-2-18</u> <u>January 20 1918</u></p> <p><u>Killed in action</u> <u>12-11-18</u></p> </div>									
Total Service forfeited as above.....									

Total Service towards Engagement to 12-4-18 (date of discharge) 1 years 176 days

“ “ “ Pensions “ [ “ “ ] “ “ “



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

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

Examination of Michael Leonard  
aged 21 yrs 3 months conducted at CB B  
Date: Oct 19/16 Recruiting Officer:

NO OF TEST FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 yes
- 8 yes
- 9 no no
- 10 n
- 11 n
- 12 n
- 13 2 teeth to be extracted
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 right eye 1/2 in.
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

3164

yes 13 years ago, left arm, 1 scar.

5-16"  
141 lbs  
37-40 1/2"

1/2 right eye per year.  
Uncle, Mr Michael Leonard, 34 Longington St  
none

Tr. Subpato B

Signature of Medical Examiner: J. W. Birken



C.R. 3164

May 6th, 1918

Mr. Michael Leonard,  
34 Livingstone Street

Dear Mr. Leonard:-

I very much regret to inform you that a message has been received from the Record Office London to the effect that No. 3164, Private Michael Leonard, your nephew, was killed in action April 18th.

Upon receipt of further information I shall immediately notify you.

Yours faithfully,

Acting Minister of Militia

C.R.3164

Extract from Telegram received from London Dated May  
6th, 1918.

#3164 Pte. Leonard.

Killed in Action April 12th.

CR 3164

Extract from Nominal Roll of Draft No.37 embarked Southampton 9/2/18  
from 2nd Batta, Royal Newfoundland Regiment, to 1st Batta, Royal  
Newfoundland Regiment, B.E.F.

3164 Pte. Leonard, M

M.P.



November 29, 1917.

Sir,

191

Dear

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. 3164, Private Michael Leonard, has been admitted  
to the Military Hospital, Grove Road, Richmond,  
suffering from gunshot wound in the left wrist.

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,

Mr. Michael Leonard,  
34 Livingstone St.

Colonial Secretary

C.R. 3164

NO. 3164 PTE. MICHEAL LENO<sup>o</sup>RD.

EXTRACT OF CASUALTY LIST RECEIVED FROM THE PAY AND RECORD  
OFFICE LONDON DATED NOVEMBER 29th, 1917.

"AT MILITARY HOSPITAL GROVE ROAD RICHMOND GUNSHOT WOUNDS  
LEFT WRIST." ✓

C.R. 3164

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated Dec. 29th, 1918.

STRONG.

3164 Pte. M. Leonard

Invalided to U.K. 27/11/17. Wounded.

C.R. 3164

Extract of Casualties received from Pay & Record Office  
London, dated December 6th, 1917.

#3164 Pte. M. Leonard. ✓

Wounded 20/11/17/

Authy: -O.C. Unit 29/11/17.

C.R. 3164

Extract from Nominal Roll of Draft No. 26 embarked Southampton 11/6/17  
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland  
Regiment B.S.F.

3164 Pte. Leonard, M.

C.R. 3164

in Extract from Nominal Roll Draft Embarked St. John's per  
S.S. "Grampian" 31/1/17 Sailed Halifax 16/4/17.

3164 Pte. M. Leonard.



C.R.

3164

Extract from Daily Orders, Newfoundland Regiment, St. John's,  
dated October 20th., 1916.

**STRENGTH.**

3164 , Pte. M. Leonard

Attached to the Strength from October 19th., 1916.

M. Leonard

3164.

P. H. P. O.

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

# MEDICAL HISTORY

Surname

*Leonard*

OR




Christian Name

*Michael*

Table I.—GENERAL TABLE.

Birthplace:—Parish

County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 19 day of Oct 1916	on day of 191		
	at St. Julian	at		
Declared Age	31 years 5 mos 2 days	years days		
Trade or Occupation	fisherman			
Height	5 feet 6 inches	feet inches		
Weight	141 lbs.	lbs.		
Chest Measurement	Grith when fully expanded	40 1/2 inches		
	Range of Expansion	3 1/2 inches		
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number	<i>scar</i>		
When Vaccinated	13 years ago.			
Vision	R.E.—V	<i>6/12</i>	R.E.—V	
	L.E.—V	<i>6/9</i>	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)	<i>Samson Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at St. Julian	at		
	on 19 day of Oct 1916	on day of 191		
Joined on Enlistment	Corps. <i>51st</i>	Regtl. No. <i>5164</i>	Corps.	Regtl. No.
Transferred to				
Became non-effective by				
(Signature)	on day of 191	on day of 191		
(Rank)				



ist in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of  
us and re-admissions to hospital will be shown. The subsequent progress, including particulars  
tment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Healing well, Discharged New York A.G. 27th 3016 (1)

*H. Hall* Major, R.A.M.C.  
C/o Richmond Military Hospital  
Surrey.

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
20-10-16	Vaccination LP
7-11-16	} TAB LP
14-11-16	
20-11-16	

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
Ad. Hospital Windsor	Jan'y 31	Feb'y 3 1917			



ORIGINAL

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.



REGIMENT OR CORPS ) Royal Newfoundland. Squadron, Troop, Battery or Company ) B. Co.

Regimental No. 3164, Rank Private.

Surname Leonard. Christian Names M.

Died { Date 12-4-18. Place France or Belgium.

Cause of Death\* Killed in Action.



Nature and Date of Report B 213 d/22/4/18.

By whom made O.C. Unit.

COPY SENT TO O.C. H.Q. ST. JOHN'S, F.D. N.F.P. 38. DATED 30 MAY 1918

\* 6. State whether he died in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

(a) in Pay Book (Army Book 67) Not received. (b) in Small Book (if at Base) Not received.

(c) as a separate document None received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will from the deceased should be at once forwarded to the War Office.

Any incident should be reported as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book after withdrawal of any will from the latter. If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

G.H.Q., 3rd Echelon, Station and Date 29-4-18. Signature of Officer in charge of Section Adjutant-General's Office at the Base Lieut. for MAJOR

1/c No. 1 Infantry Section G.H.Q., 3rd Echelon

B

No. 3164 Name Michael Leonard Sqr. Battery, }  
Company } H Regt  
Gorps Newfoundland Date of enlistment 1911/01/16 G.C. Badges }  
Service or Proficiency Pay }  
Date of last entry in Company Conduct Sheet } — No. and date of last drunk } — Period not reckoning towards freedom from extra fine } — Sheet No. 1 Signature O.C. for Fred K. G. A. Budge Character V. Good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<u>Fuel</u>	<u>15.3.18</u>	<u>Pte</u>		<u>Def. of Rifle Cases -15</u>	<u>Sergt Piceo</u>	<u>Pay for loss</u>	<u>19.3.18</u>	<u>Col. G. A. Budge</u>	<u>See A. 12.4/18</u>

Army Form B. 122

[r.t.o.]


3/ **1ST. NEWFOUNDLAND REGIMENT** 15

## ALLOTMENTS

I, Michael Leonard, Regl. No. 3164.

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

Allotment begins November 1/16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2193</u>	<u>Wife</u>	<u>Michael Leonard</u>	<u>31 Somerset St. St. John's</u>	<u>50</u>
			Total Allotment, \$	<u>50</u>

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

(Sig.)

Chas. R. Aye Cpt.

Officer Commanding

Company

(Sig.)

M. Leonard

(Rank)

1st Lt.

Johns  
Oct 20 1916

No 2899



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, *Michael Leonard*, Regl. No. *3164*

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

Allotment begins *November 1st 1916*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2143</i>		<i>Michael Leonard</i>	<i>3rd Newfoundland Sgt St John</i>	<i>50</i>
Total Allotment, \$				<i>50</i>

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

(Sig.) *Chas. A. Cope*  
 Officer Commanding  
 Company *1st Bn*

(Sig.) *M. Leonard*  
 (Rank) *Sgt*

*OCT 28 1916*  
 191

No. 36 RankName Leonard

Pay	F.A.	Wks.	Total
1.00	.10		1.10
Less: Allowance			.50
Net Rate			.60

DEBITS	Date	E	s	d	CREDITS	Period		Days	Rate	¢	¢	s	d
						From	To						
Balance					Balance	8 <sup>6</sup> / <sub>17</sub>							10 8 ✓
Acquittance Rolls					Pay @ Net Rate	9 <sup>6</sup> / <sub>17</sub>	11 <sup>17</sup> / <sub>17</sub>	186 ✓	60	111	60	22	18 8 ✓
Hospital Advances													
A.B. 64 <del>to finance</del>													
P. & R.O. Payments					Ration Allow								10 0 ✓
Two Cheques	11 <sup>17</sup> / <sub>17</sub>	16	0	0	107 71-								
	7-17-18				[16 = 11 = 8 ✓								24 9 4 ✓

CHECKED.



TC,- The Chief Quartermaster,  
Royal Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature:
3164	Pte	Heil	2.50	E. Heil

I have the honour to be, Sir,  
~~for the Committee,~~  
Your obedient servant.

Edward O. Heil

Date 12-7-18



# OFFICE COPY.

Army Form O. 1625.

**PAY LIST.**

to

191 . Voucher No.

## NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3114

Rank Private

Name Leonard. M.

Died Intestate at France

on the 12<sup>th</sup> of April 1918.

Deserted at

on the \_\_\_\_\_ of \_\_\_\_\_ 1918.

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.		
		£	s.	d.		£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month <u>12</u> <u>4</u> <u>18</u>	<u>3</u>	<u>13</u>	<u>8</u>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
					Messing allowance _____ days at from _____ to _____			
					Kit allowance .....			
					Amount produced by the sale of Effects from Form 2 .....			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity .....			
	Consolidated stoppage .....							
	Balance due by the Paymaster	<u>3</u>	<u>13</u>	<u>8</u>	Balance due to the Paymaster .....			
		<u>£ 3</u>	<u>13</u>	<u>8</u>		<u>£ 3</u>	<u>13</u>	<u>8</u>

COPY SENT TO  
O.C. H.Q.  
ST. JOHNS, N.F.L.D.  
560/180  
DATED 20 MAR 1919

191  
"  
"  
"

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

Dated at

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

*Paymaster.*

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

Leonard S. H.

3164

Pay Dept

ORIGINAL.

Army Form O. 1625.

PAY LIST. to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland Regiment.

No. 3164 Rank Private Name Leonard M.

Died Intestate at France on the 12th of April 1918 .

Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Table with columns: Date, Dr., £, s., d., Cr., £, s., d. Rows include Balance Dr. last month, Cash issues, Proficiency, Service or good conduct pay, Messing allowance, Kit allowance, and Balance due by the Paymaster.

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

CHECKED P.P.A. 19 MAR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 3 13 8 is correctly chargeable against the Public (b) NEWFOUNDLAND CONTINGENT.

Dated at this day of 19 MAR 1919

Signature of Paymaster and Stamp: 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 Army Form B. 2090 or Army Form O. 1815. (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland Regiment.

No. 3184

Rank Private

Name Leonard M.

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

at France

on the 12th of April

1918.

Deserted at

on the of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop,  
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.		
	Balance Dr. last month .....				Balance Cr. last month 12/4/18.....	3	13	8		
	Cash issues (Date of each issue to be stated)				Pay days at from to .....					
		£	s.	d.	Proficiency, Service or good conduct pay days at from to .....					
	191				Messing allowance days at from to .....					
	"				Kit allowance .....					
	"									
	"									
	Consolidated stoppage .....									
	Balance due by the Paymaster	3	13	8	Balance due to the Paymaster .....					
		£	3	13	8		£	3	13	8

This account is in accordance with advices received at the Pay & Record Office to 9 MAR 1919 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED  
P. J. A.  
19 MAR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 3 13 8 is correctly chargeable against the NEWFOUNDLAND CONTINGENT.

Dated at Victoria B.C. 19 MAR 1919

THE CHIEF QUARTERS OFFICER IN CHARGE

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

DUPLICATE  
MAIL COPY

PAY LIST.

to

191 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *Royal Newfoundland Regiment.*  
 No. 3164 Rank *Private* Name *Leonard M.*  
 Died *testate* at *France* on the *12th* of *April* 191*8* .  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

*(Commanding Squadron, Troop,  
Battery or Company.)*

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.		
	Balance Dr. last month .....				Balance Cr. last month 12/4/18.....	3	13	8		
	Cash issues (Date of each issue to be stated)				Pay days at from to .....					
		£	s.	d.	Proficiency, Service or good conduct pay days at from to .....					
		191			Messing allowance days at from to .....					
		"			Kit allowance .....					
		"								
	Consolidated stoppage .....									
	Balance due by the Paymaster	3	13	8	Balance due to the Paymaster .....					
		£	3	13	8		£	3	13	8

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

CHECKED  
P.P.A.  
19 MAR 1919

19 MAR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 3 13 8 is correctly chargeable against the Public (a) CONTINGENT.

Dated at this day of

191

*(Signature)*  
CHIEF 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 Army Form B. 2090 or Army Form O. 1315.  
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE  
MAIL COPY

PAY LIST

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland Regiment.

No. 3164 Rank Private Name Leonard M.

Died testate at France on the 12th of April 1918.

Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 1911.

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,  
Battery or Company.

STATEMENT OF ACCOUNT.

[Form L

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month 12/4/18 .....	3	13	8
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance Days at _____			
	"				from _____ to _____			
	"				Kit allowance .....			
	"							
	Consolidated stoppage .....							
	Balance due by the Paymaster	3	13	8	Balance due to the Paymaster .....			
		£	3	13		£	3	13
				8				8

This account is in accordance with advices received at the Pay & Record Office to 9 MAR 1919 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED  
P.P.S.  
19 MAR 1919

19 MAR 1919

CONTINGENT  
CHIEF PAYMASTER & DISTRICT PAYMASTER

I hereby certify that the above account is correct in every particular, and that the debtor balance of £ 3 13 8 is correctly chargeable against the Public Contingent.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 1919

(a) Here state whether the soldier died testate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B, 2000 or Army Form C, 4815.  
(b) Words in Italics to be struck out when there is no debtor balance.



**DUPLICATE**  
Army Form B. 2090A.

FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS Royal Newfoundland. Squadron, Troop, Battery or Company H. Co.

Regimental No. 3164, Rank Private.

Surname Leonard. Christian Names H.

Date 12-4-18. Place France or Belgium.

Died Cause of Death Killed in action.

Nature and Date of Report B 213 d/22/4/18.

By whom made O.G. Unit.

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

State whether he leaves a Will or not { (a) in Pay Book (Army Book 66) not received. (b) in Small Book (if at Base) not received.  
(c) as a separate document None received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this report.

Station and Date G.H.Q., 3rd Echelon, 29-4-18.

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

*[Signature]* Lieut. for MAJOR

No. 1 Infantry Section

G.H.Q., 3rd Echelon

No. 2899

**1<sup>st</sup>. NEWFOUNDLAND REGIMENT****ALLOTMENTS**I, Michael Leonard, Regl. No. 3164.

hereby agree, until further notification by me and in similar official form to make an Allotment of Dollars and fifty 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 November 1/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2193	Uncle	Michael Leonard	St. Johns	50
Total Allotment, \$				50

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

(Sig.)

Chas. H. Cope Capt.

Officer Commanding

Company

St. John's  
Oct 20/16

(Sig.)

M. Leonard

(Rank)

Pte.


May 10, 1919

Michael Leonard,  
84, Livingstone Street,  
CITY.

Dear Sir:

I enclose cheque for \$37.72  
balance of estate of late Pte, M. Leonard, due you  
as Administrator.

Yours truly,



Capt.  
Paymaster & C in Charge Records

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 37 <sup>72</sup>/<sub>100</sub>

May 5 19 19

Received from the First Newfoundland Regiment  
the sum of Thirty Seven <sup>72</sup>/<sub>100</sub> Dollars.  
~~on account~~ of Pay. Estate  
balance

Ch. No.	19201	Initials	J. E. W.
Pay Ledger	134	Initials	J. E. W.
Gen. Ledger		Initials	

Regtl. No.

Rank



No. 3164

Rank Pt

Name Leonard M

Michael Leonard (Uncle)  
34 Loringstone St

ON HIS MAJESTY'S SERVICE



To the Officer in Charge of Records,

*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.. August 30, 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of

the late No. 3164 Rank *Plt*  
Name *Michael Leonard*  
Royal Newfoundland Regt.

*Michael Leonard* (Sgd.)

Address *3 Livingstone St. City*  
Relationship *Uncle*





1921



Victory Medal and British War Medal

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S, Nfld.*

Fold Here

SEP 5 1921 1921.

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

Mr. Michael Leonard (Uncle)

in respect of his service as No. 3164 Rank Pte.

Name Michael Leonard

Royal Nfld. Regt.

and Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Medals

Signature

Michael Leonard

Date

Oct. 6.

Address

34 Livingstone St.

[P.T.O.]

## FIELD SERVICE.

Army Form B 2090A.

CR 3164

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT | Loyal Newfoundland | Squadron, Troop, | B. Co.  
OR CORPS | | Battery or Company |

Regimental No. 3164 | Rank Private

Surname Leonard | Christian Name W.

Died { Date 1-4-18 | Place France or Belgium

Cause of Death\* killed in action

Nature and Date of Report: B 213 d/22/4/18

By whom made: O.C. Unit

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

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) not received. (b) in Small Book (if at Base) not received.  
(c) as a separate document none received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G. Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date | G.H.Q., 3rd Echelon, 29-4-18 | Signature of Officer in charge of Section | [Signature]  
Adjutant-General's Office at the Base | Lieut. Col MAJOR

**Casualty Form - Active Service.**

Regiment or Corps *Royal New Zealand*



Rank *Pte* Surname *Leouard* Christian Name *Michael*  
 Religion *R.C.* Age on Enlistment *21* years *3* months

Enlisted *at Hobart* Terms of Service (a) *Duration* Service reckons from (a) *1.9.10.16*

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

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

Occupation *Fisherman* *Frank G. A. Leouard* signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.102, Army Form A. 35, 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.103, Army Form A.35, or other official documents.
Date	From whom received				
				Embarked ... <b>9 FEB 1918</b>	
				Disembarked... <b>11 FEB 1918</b>	
				<b>20 FEB 1918</b>	
<b>22 APR 1918</b>	<i>[Signature]</i>	<b>Killed in Action</b>		<b>18 APR 1918</b>	<i>[Signature]</i>

*[Handwritten signature]*

*[Handwritten signature]*  
 MAJOR  
 Infantry Section  
 G.H.Q. 3rd Echelon



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B 121  
29.

Regiment of *1st Newfoundland*

Number of Sheet *1st*  
Signature of O. C. Company *Frank Reynolds*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>3164 Leonard Mo</i>	Age on	<i>21</i> years <i>3</i> months	<i>Siberian</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's Nfld. 19.10.16</i>	Religion <i>R.C.</i>	
Joined	Date	Period of	{ with Colours <i>17 1/2</i> years. with Reserve <i>3 1/2</i> years.	Place of Birth	

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
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*Killed in Action 12/48*

To be carried over