



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2236 Name Henry George Suffman Corps



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

1. What is your name? ..... Henry G. Suffman
2. What is your full Address? ..... Bele Island
3. Are you a British Subject? ..... Yes
4. What is your age? ..... 24 Years 7 Months
5. What is your Trade or Calling? ..... Miner
6. Are you Married? ..... No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... Royal Naval Reserve
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes
9. Are you willing to be enlisted for General Service? ..... Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.....
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? ..... Yes

FOR THE DURATION OF THE WAR

I, Henry G. Suffman 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.

Henry George Suffman SIGNATURE OF RECRUIT.  
Charles W. G. G. Signature of Witness.

6 March 7<sup>th</sup> 1916

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

I, Henry G. Suffman 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 Bele Island on this 6<sup>th</sup> March day of March 1916.

Signature of Attesting Officer Charles W. G. G.

### †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 1st March 1916.

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

Date ..... 1916 } Approving Officer.  
 Place .....

† 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 Henry S. Luffman  
 Apparent age 24 years 7 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 38 1/4 inches  
 Range of expansion 4 1/4 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Henry Luffman, Bell Island  
 | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

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



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## ATTESTATION OF

No. 2236 Name Henry George Luffman Corps

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

- 1. What is your name? ..... 1. Henry G. Luffman
- 2. What is your full Address? ..... 2. Bele Island
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 24 Years 7 Months
- 5. What is your Trade or Calling? ..... 5. Miner
- 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. Royal Naval Reserve
- 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, Henry G. Luffman 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.

Henry George Luffman SIGNATURE OF RECRUIT.

C. March 7th 1916 Signature of Witness.

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

I, Henry G. Luffman 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 Bele Island on this 7th day of March 1916

Signature of Attesting Officer Edward W. [Signature]

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1916 } Approving Officer.  
Place.....

† 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).....









C.R. 2236

Extract from Memorial Roll of U.S.A. Regt. Draft No. 22  
from 2nd Bn. Depot, to 1st Bn. H.A.F. Embarked Folkestone  
5-8-17.

2236 Pte. H.G. Luffman.

C.R. 2236

Extract from Nominal Roll of Nfld. Regt. Draft No. 11  
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-  
ampton, 3.10.16.

2236 Pte. H. Luffman.



No. 148

From Walden Sept

Registered Letter Addressed--

*Henry Huffman*

*Bill Field*

✓

Received by

*Huffman*

Despatching  
Office  
Stamp

JOHNS  
BERRY  
SEPT 15  
NEWID

Arrival  
Office  
Stamp

PERSONAL EFFECTS

Received from Militia Department

One Kit Bag of the late #2236 L/Cpl. Henry Geo. Luffman

Signed... Henry Geo. Luffman

Date July 18<sup>th</sup>...

C.R. 2236

July 13, 1918

Mr. Henry Luffman,  
Bell Island, C.B.

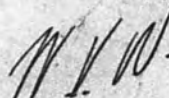
Dear Mr. Luffman:-

I am writing to inform you that it is my regrettable duty to forward to you by "S.S. Mary" c/o George Neals one Kit Bag, which belonged to your son #2236 L/Up. Henry George Luffman of the Royal Newfoundland Regiment.

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

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

Yours sincerely,

  
Lieut.  
for Lieut. Col. C.S.O.

Encl 1.



No. of Paper 1166

**PERSONAL EFFECTS.**

Name Huffman St. No. 2256

Rank Private Regiment THE ROYAL NEWFOUNDLAND REGT.

Article	Where stored	Notified by
<u>St. Bag</u>		
	Final disposal	
		<b>Shipped from Depot.</b>

Remarks: - K.O.A.  
Next of Kin: Father  
Sty Huffman

PERSONAL EFFECTS.

Received from Militia Department

Package of effects of the late *H. G. Luffman*

Signed

*H. G. Luffman*

Date

*May 17<sup>th</sup> 1918*

May 13, 18

Dear Mr. Luffman:-

I am writing to inform you that it is my regrettable duty to forward to you, one package of effects, which belonged to your son, the late #2236 L/Corp. G. Luffman of The Royal Newfoundland Regiment.

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

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

I am,

Yours sincerely,

Captain.

Mr. Henry Luffman,  
Bell Island, C.B.

Enc'l 1.



No. of Paper 980

**PERSONAL EFFECTS.**

Name Luffman, G. No. 2236

Rank 2/Col Regiment R. M. P.

Article	Where stored	Notified by
<p><u>1 Envelope</u>  <u>Containing:-</u>  <u>1 Disc</u></p>		
	Final disposal	

Remarks: Cas Report, R. I. A. 26-9-17  
Next of Kin: Henry Luffman  
Bell Island  
B.

2236

DUPLICATE

FIELD SERVICE.

Army Form B. 2090A.

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

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

Regimental No. 2236 Rank Private.

Surname LUFFMAN. Christian Names H.G.

Died { Date 26/9/17. Place France or Belgium.

Cause of Death\* Killed in Action.

Nature and Date of Report O.C. Battn., B 213 27/9/17.

By whom made O.C. Battalion.

\* 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 Not received

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

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

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

Station and Date } October 1st. 1917. Signature of Officer in charge of Section } S. Searcy  
Adjutant-General's Office at the Base }



49 Infantry Section  
G.H.Q. 3rd Division

C.R. 2236

Belle Island  
Oct 10. 1917

Dear Sir

I thank you  
and Lady Davison for  
your sympathy towards  
my dear son. H. G. Luffman  
who was killed in action  
26 of Sep. and also thank  
Rolsquires Colonial Secretary  
for his kindness of writing  
Yours in sorrow

Mr. H. Luffman.  
Belle Isle.



(98)

Bell Island  
Oct 10<sup>th</sup> / 19

Dear Sir

I thank you very  
much for sympathizing  
with me for the loss  
of my Dear Boy H. G.  
Luffman who was killed  
in Action 26<sup>th</sup> of Sept  
which have brought  
sorrow in our home

yours truly

W. H. Luffman  
Bell Island

C.R. 4074

2236 L/Corp. Henry G. Luffman.

Ext. of Casualty list received Oct 6, 1917.

Killed in Action Sept 26. ✓





# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

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

(NOT TRANSMITTED)

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

Line Number	Rcd	By	Sent	by	Check

Dated

October 6, 1917.

To

Rev. J. Stead,

Bell Island.

Regret to inform you Record Office, London, today reports No. 2236, L.Corp. Henry G. Luffman, son of Henry Luffman, Bell Island, was killed in action on September twentysixth. Please inform relatives.

R.A. SQUIRES

Colonial Secretary

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

(NOT TRANSMITTED)

Signature of Sender *J. R. Bennett* Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated **May 7, 1917.**

To **Mr. Henry Luffman,**

**Bell Island, C.B.**

Regret to inform you that Record Office,

London, officially reports **No. 2236, L.Corp.**

**Henry G. Luffman, has been admitted to Wandsworth suffering from conjunctivitis.**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 2236

Extract of Daily Orders part 11, from Unit 1st  
Newfoundland Regiment, 3rd Echelon G.H. . . , dated  
March 24, 1917.

#2236 Pte. H. Luffman, A. Co.;

Appointed Lance Corporal, 14/3/17.



C.R. 2236

Extracts from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Siellian" July 19, 1916.

2236 Pte. Luffman H.G.

C.R. 2236

Henry.G.Luffman was attested for General Service with  
the NEWFOUNDLAND CONTINGENT on March 7th 1916  
Regimental No. 2236 was allotted to Pte H.G.Luffman

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919



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

*H. G. Luffman*

aged

*27 years*

conducted at

*C. L. B. Armon*

Date:

*27 March 6/16* Recruiting Officer:

NO OF TEST

FINDING

- 1 *Y.*
- 2 *Y.*
- 3 *Y.*
- 4 *Y.*
- 5 *Y.*
- 6 *Y.*
- 7 *Y.*
- 8 *yes.*
- 9 *Y. No.*
- 10 *Y.*
- 11 *Y.*
- 12 *Y.*
- 13 *Y.*
- 14 *Y.*
- 15 *Y.*
- 16 *Y.*
- 17 *Y.*
- 18 *Y.*
- 19 *2/6<sup>th</sup> both eyes.*
- 20 *Y.*
- 21 *Y.*
- 22 *Y.*
- 23 *Y.*
- 24 *Y.*
- 25 *Y.*
- 26 *Y.*
- 27 *Y.*
- 28 *Y.*
- 29 *Y.*
- 30 *Y.*
- 31 *Y.*
- 32 *Y.*
- 33 *1 Scar left arm about 7 years.*
- 34 *5 ft. 8*
- 35 *132 lbs.*
- 36 *34 - 38 1/4*
- 37 *# 4/10<sup>th</sup> a month*
- 38 *Father & Mother - Mr. Henry Luffman. Habana Spain. Deer Island*
- 39 *"*

*27 26*

*7/16*

Signature of Medical Examiner:

*Geo. Burden*



H. J. Luffman. C.R.

2236

~~P.R.O.~~

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

# MEDICAL HISTORY

Surname Luffman OF Christian Name Henry G.

Table I.—GENERAL TABLE.

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

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>6</u> day of <u>March</u> 191 <u>6</u> at <u>St. John's, nfld.</u>		on <u>15</u> day of <u>AUG</u> 191 <u>7</u> at _____	
Declared Age	<u>24</u> years		_____ years	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet <u>8</u> inches		_____ feet _____ inches	
Weight	<u>132</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>38 1/4</u> inches		_____ inches	
	Range of expansion... <u>4 1/4</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u>	L.E.—V= <u>6/6</u>	R.E.—V= _____	L.E.—V= _____
	(a)	_____	(a)	_____
(a) Marks indicating congenital peculiarities or previous disease	_____		_____	
(b) Slight defects but not sufficient to Cause Rejection	_____		_____	
Approved by (Signature)	<u>L. Munro Paterson</u>		_____	
(Rank)	<u>Capt</u> Medical Officer.		_____ Medical Officer.	
Enlisted	at <u>St. John's</u> on <u>6</u> day of <u>May</u> 191 <u>6</u>		at _____ on _____ day of _____ 191 <u>7</u>	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>15th nfld Reg. 5236</u>		_____	
Transferred to	<u>Newfoundland</u>		_____	
Became non-effective by	_____		_____	
(Signature)	_____		_____	
(Rank)	_____		_____	







Check list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of discharges 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

Wounded in France 23.4.17. Small wound in centre of cornea. Conjunctivitis. Infection in both eyes. X-ray nil.  
Furlough

G. C. Hall  
Capt. R.A.M.C.



**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.

**ORIGINAL**

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

Regimental No. 2236 Rank Private.

Surname LUFFMAN. Christian Names H.G.

Died { Date 26/9/17. Place France or Belgium.

Cause of Death\* Killed in Action.

Nature and Date of Report O.C. Battn., B 213 27/9/17.

By whom made O.C. Battalion.

\* 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 Not received O.C. H.Q.

**DUPLICATE.**

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.C. 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 } October 1st. 1917 Signature of Officer in charge of Section } [Signature]  
Adjutant-General's Office at the Base }



# FIELD SERVICE.

Army Form B. 2090A.

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

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

Regimental No. 2236 Rank Private.

Surname LUPPMAN. Christian Names H. C.

Died { Date 26/9/17. Place France or Belgium.

Cause of Death\* Killed in Action.

Nature and Date of Report O.C. Battn., B 213 27/9/17.

By whom made O.C. Battalion.

\* 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 Not received

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Station and Date } October 1st. 1917. Signature of Officer in charge of Section } S. S. S.  
Adjutant-General's Office at the Base }



NEWFOUNDLAND CONTINGENT

N.F.P./33.

Temporary A/c.

Roll No. 2236 Rank Le Capt  
 Name Luffman H.G.

Pay	F. Allow	Working	Total
105	10		115
Less Allotment			60
Net Rate			55

Date 1917	DEBITS	£ s d			CREDITS	£ s d		
	Balance				Balance			
	P.M. ADVANCES:							
	A.B. 64.				Pay @ Net Rate:			
	Acquittance Rolls	6	7	8	23/11/16 to 13/1/17 = 81 days.			
	Hospital Advances	1	17	10	@ 50 = \$ 40.50	8	6	5
	STOPPAGES:				14/2/17 to 1/11 = 88 days.			
	Hospital dys @ = 660	1	7	2	@ 55 = \$ 48.40	9	18	11
	Forfeited Pay 6 dys @				9/16/17 to 18/1/17 = 10 days			
	Miscellaneous				@ 2/- = \$ R. allow	1	0	0
	Cables							
	P. & R.O. PAYMENTS:	9	12	8				
	Sundry Bills	15	0	0				
	Cash							
	<i>Car 9/6/17</i>				<i>OK</i>	25	9	8

PAY LIST.

to

191

Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps

No. *2236*

Rank

*Private*

Name

*Huffman N. G.*

Died (a) *W. no 535* at

*France*

on the *26* of *September* 191*7*.

Deserted at

on the \_\_\_\_\_ of \_\_\_\_\_ 191*7*.

I Certify to the correctness of above in every particular.

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

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month .....	<i>3</i>	<i>1</i>	<i>9</i>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay .days at _____ from _____ to _____			
	191				Messing allowance _____ days at from _____ to _____			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage .....				Deferred Pay or Gratuity .....			
	Balance due by the Paymaster	<i>3</i>	<i>1</i>	<i>9</i>	Balance due to the Paymaster .....			
		<i>£ 3</i>	<i>1</i>	<i>9</i>		<i>£ 3</i>	<i>1</i>	<i>9</i>

*AW*  
*11/2/17*

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

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.



Luffman, Henry. Sec.

2236

Sept

535

NEWFOUNDLAND CONTINGENT

COPY OF WILL

of

No. 2236, Pte. H.G. Luffman.

In the event of my death I leave the whole of my property and effects to my Mother Mrs. Henry Luffman Bell Island East Wabana Mines, C. Bay.

Signature Pte. H.G. Luffman,  
Rank & Regiment N.F.L.D.

Date 8/3/17.

*and another exactly similar  
to the above dated 11/8/17*

Certified True Copy.

*F. H. Marshall*

LIEUTENANT,  
ASST. PAYMASTER,  
FOR MAJOR,  
CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.

DUPLICATE  
MAIL COPY  
3 - JAN 1918

Posted



**PAY LIST.**

Army Form O. 1625.

to **191** Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **Newfoundland**

No. **2236** Rank **Pte**

Name **H. G. Luffman**

Died **1111 No. 535** at **France**

on the **26** of **September** 191**7**.

Deserted at

on the \_\_\_\_\_ of \_\_\_\_\_ 191 **.**

I Certify to the correctness of above in every particular.

*Commanding Squadron, Troop,  
Battery or Company.*

**STATEMENT OF ACCOUNT.**

Form 1.

Date	Dr.	£ s. d.			Cr.	£ s. d.		
		£	s.	d.		£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month <b>26/9/17</b> .....	<b>3</b>	<b>1</b>	<b>9</b>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	"							
	Consolidated stoppage .....							
	Balance due by the Paymaster	<b>3</b>	<b>1</b>	<b>9</b>	Balance due to the Paymaster .....			
		<b>£ 3</b>	<b>1</b>	<b>9</b>		<b>£ 3</b>	<b>1</b>	<b>9</b>

This account is <sup>checked</sup> in accordance with information received at the Pay & Record Office to **11/12/17** and is therefore subject to amendment if, and as may be found necessary.

CHECKED.  
*[Signature]*  
**11/12/17**

I hereby Certify that the above account is correct in every particular, and that the debit balance of £ \_\_\_\_\_



Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 **.**

*[Signature]*  
Paymaster

(c) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be enclosed hereto, if not already sent to War Office with Army Form B. 2080 or Army Form O. 1815.  
(d) Words in Italics to be struck out when there is no debit balance.



**PAY LIST.**

to

**191 . Voucher No.**

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps **Newfoundland**

No. **2236** Rank **Pte**

Name **H. G. Luffman**

Died **1111 No. 535** at **France**

on the **26** of **September** 191**7**.

Deserted at

on the \_\_\_\_\_ of \_\_\_\_\_ 191 **.**

I Certify to the correctness of above in every particular.

*Commanding Squadron, Troop,  
Battery or Company.*

**STATEMENT OF ACCOUNT.**

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month .....				Balance Cr. last month <b>26/9/17</b> .....	<b>3</b>	<b>1</b>	<b>9</b>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance .....			
	"				Amount produced by the sale of Effects from Form 2 .....			
	Consolidated stoppage .....							
	Balance due by the Paymaster	<b>3</b>	<b>1</b>	<b>9</b>	Balance due to the paymaster .....			
		<b>£</b>	<b>3</b>	<b>1</b>		<b>£</b>	<b>3</b>	<b>1</b>
			<b>9</b>				<b>9</b>	

This account is <sup>checked</sup> in accordance with information received at the Pay & Record Office to **11/12/17** and is therefore subject to amendment if, and as may be found necessary.

CHECKED.  
*[Signature]*  
**11/12/17**

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

~~debtor balance of £ \_\_\_\_\_~~



NEWFOUNDLAND CONTINGENT

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 **.**

*[Signature]*  
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.

THE BOARD OF PENSION COMMISSIONERS FOR Nfld.

27 May 1919

The Paymaster & Officer i/c Records,  
St. John's Nfld.

DEAD AND MISSING MEN.

No. 2236  
Rank Pte.  
Name H. G. Luffman

Sir:-

I have the honour, by direction  
to advise you that a pension has been awar-  
ded to the Widow of the marginally  
noted, as follows:

Name Henry Luffman  
Address Bell Island  
Pension R.  
Pension commences 27-9-17

Kindly govern yourself acco-  
rdingly, and advise me what deductions  
will have to be made.

I have the honour to be,

Sir,

Your obedient servant

*C. C. Pike*  
Asst. Secretary.

27/9/17  
to  
31/5/19 @ 604  
\$367  $\frac{20}{25}$

*Discontinued*  
D.P.C. Form 1.  
31/5/19  
Mrs Henry Luffman  
Bell Island C.B.

Nov. 20, 1919

Secretary,  
Board of Pension Commissioners,

Re #2236 Pte.  
H.G. Lafferman

Dear Sir:-

Referring to your letter of May 27th 1919, I beg to state that the amount paid in continuance of the marginally noted soldier is Three hundred and sixty-seven dollars and twenty cents (\$367.20).

Yours truly

Major

Paymaster.



WIFE'S SEPARATION ALLOWANCE DECLARATION.

(Separation Allowance Branch.)

NOTICE.

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 PARLIAMENT,  
Separation Allowance Branch,  
St. John's, Hill.

1. Name in full of Soldier      Rank      Reg't or Unit      Regt. No.  
*Henry George Luffman*      *L. C.*      *1<sup>st</sup> Regt. J. A. S.*      *2236*

2. Age of Soldier      Married or Single.  
*25 Years*      *Single*

3. Name in full of Mother      Age      Occupation      Permanent Address.  
*Sarah Luffman*      *61*      *Housekeeper*      *Bell Island, B.N.*

4. Give name of your husband      Age      Occupation      Where Employed.  
*Henry Luffman*      *75*      *Carpenter*      *A. J. S. Co Ltd*

5. If your husband is not supporting you state the reason.  
*Infirmities of old age*

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.)

If you are a widow state date and place of death of your husband.

8. Have you married again since death of above mentioned husband?

9. Names of your other Children      Address in Full      Age      Occupation      Married or Single.

<i>Jessie Hoftal</i>	<i>Bell Island</i>	<i>40</i>	<i>Housekeeper</i>	<i>Married</i>
<i>Phoebe M. White</i>	<i>Killeg's Island</i>	<i>38</i>		
<i>Thomas Luffman</i>	<i>Bell Island</i>	<i>33</i>	<i>Miner</i>	<i>Married</i>

- amount earned by  yourself  your husband. *from 7/20 to 1/30 per month*
- State amount and source of any other income. *None*
- State value of real property belonging to you and your husband. *No property*
- State value of personal property belonging to you and your husband. *No property*
- If husband is dead state value of real and personal property left by him.
- Actual amount contributed by soldier during the year prior to enlistment. *165<sup>00</sup> per month*
- Was this amount contributed weekly or monthly. *Monthly*
- Did this amount include payment of son's Board etc. *Included board & clothes*
- State your son's trade or occupation prior to enlistment *Steam driller*
- State amount of his wages per week. *118<sup>00</sup> per week*
- State name and address of his last employer. *B. J. F. Co. Ltd*
- State amount of monthly support from son since enlistment. *118<sup>00</sup> per month*
- State amount of allotment received by you from son monthly. *60 cents per day*
- State from what date did you receive allotment? *June 1st 1916*
- Actual amount contributed by other children. *Nothing* Weekly Monthly
- Are any of these children in the employ of you or husband? *No*
- If not receiving support from other children state cause. Expl. in full. *They are married*
- With whom are you residing at present. *Hired house, 1000 Nova Scotia Street, Coalbrook*
- Have you made a previous claim for Separation allowance? If not, why? Give particulars. *Yes, but I have not received it, don't know why*
- Are you already in receipt of Separation Allowance from any source? If so, how much? *I get 118<sup>00</sup> per month excepting February*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *Ho*

31. Was the soldier at the time of his enlistment an employee of the Milid. Government. *Ho*

32. In what capacity and in what place?

33. Is he in receipt of a salary as much while serving in the Lt. Milid. Regt. If so, how much? *Ho*

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

Signature of applicant... *Sarah Luffman*.....

Place of Residence... *Bell Island*.....

Declared and subscribed before me at... *Bell Island*.....

This... *27<sup>th</sup>*.....day of... *May*.....1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary... *H. J. Power, S. J.*..... Public or Justice of the Peace.

This application must be signed by two responsible Parties 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 above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman... *Rev. J. Stead*.....

Signature of Member of Patriotic Fund Committee... *F. F. Barton*.....

.....



MEDICAL CERTIFICATE

For information of the Separation Allowance  
Department.

- 
1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed. )
- 
2. Name and age of said soldier. )
- 
3. Is said a chronic invalid and totally incapacitated )
- 
4. Of what nature is disability? )
- 
5. From what date has this total incapacity been existent )
- 
6. How long is total incapacity likely to continue and what will be the effect on earning power? )
- 
7. If not totally incapacitated by what per in your opinion is capacity for work reduced and from what date )
- 
8. Are you the regular attending physician? )
- 
9. Relationship to soldier of applicant. )
- 

I certify that the above statements are correct.

.....Place.

Date.....

.....  
Physician.

2236

May 7 11 1918

Dear sir I am sorry that I have to bother you again about my dear boys lodgment - I think it is ill that I should get more than 18 Do per month for my poor old man is a cripple, man in his arms he cant do any work at all men and you so the best of his time that he cant do much he seventy five now 00 I think that we are tilled to a little more than we got he did his bit on the water and he wasent satisfied beeing there so he took 2 volenteer for the Land so he died at his first you promised after six months that we get more but it havent turned up yet there some people got from thirty to forty dollars per month so I think that we should get it too if I wasnt in need of I never write to you for it my poor boy is dead near eight months now so I think that we should get little

more than 18 dollars

yours truly Mrs Henry Luffman



May, 22nd. 1918.

2276

Mrs. Henry Luffman,  
Bell Island.

Dear Madam:-

With reference to your letter of  
May, 11th. I enclose Form of Application for Separation  
Allowance which kindly have completed by your Magistrate  
or Justice of the Peace, and return to me at your earliest  
convenience and oblige.

Yours faithfully,

Capt. & Paymaster.



July, 30th., 1918.

2236

Mrs. Sarah Luffman,  
Bell Island,  
C.B.

Dear Madam:-

Referring to your application for Separation Allowance I beg to state, that as your son is deceased your case is one in which Separation Allowance cannot be granted. It is a matter for the Board of Pension Commissioners to deal with and I would advise you to communicate with them.

Yours faithfully,

Capt. & Paymaster.

W I L L

No. 2236, Pte. H.G. Luffman.

Henry Luffman

Bea Luffman

CB

U.S. DEPT. OF JUSTICE	FILE NO.	H. 2.
	RECORDING NO.	B/279/156
	DATE	20/12/17



535

18

WILL.

~~535~~  
687

8/3/17

in the event of  
my death I leave  
the whole of my  
Property and effects  
to my mother  
Mrs. Henry Luffman

Bell Island

East Wabana

mines

Co. Bay

Signature Pre. H. E. Luffman

Rank and Regiment A. F. L. D.

Date 8/3/17

535.

18

WILL.

~~187~~  
187

in the event of my  
Death I give my whole  
of my property and effects to  
my mother

Mrs Henry Luffman

Pellisland

East Wabana mines

Newfoundland

2236

Signature ~~pt~~ ~~officer~~

Rank and Regt. pt 1st Newfoundland

Date August 11/8/57

DEC 11 1917

Receipt for Army Book 64

No. 2236

Name. *H. G. Luffman*

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

Name. *H. Luffman*

Date. *Aug 20 1921*

Place. *Belle Isle. wabana mines*

*WZ*

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



ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.....1921

I beg to acknowledge receipt of  
 Memorial Plaque issued in respect of services of  
 the late No. 2236 Rank PL  
 Name Henry J. Luffman  
 Royal Newfoundland Regt.

.....(Sgd.)

.....Relationship.

Address



2236

May 2nd, 1922

TO WHOM IT MAY CONCERN:

This is to certify that No. 2256 Private  
Henry George Luffman of the Royal Newfoundland Regiment,  
died in France on the 26th of September, 1917.

Lieut.-Col.,

Chief Staff Officer.



C.R. 2236

**NEWFOUNDLAND CONTINGENT**

---

Office of the High Commissioner  
Dominion of Newfoundland,  
58, Victoria Street,  
London, S.W.1.  
12th April, 1922.

The Chief Staff Officer  
Department of Militia,  
St. John's,  
Newfoundland.

---

**SUBJECT:**

**REPLY**

2236 Henry George Luffman (Deceased)  
Royal Newfoundland Regiment

May 2nd, 1922

300/13 C.R. 2236

---

I am forwarding herewith copy  
of a letter received from the  
Accountant General of the Navy  
relative to the case of the above  
named deceased man.

The attached letter noted,  
please; and forwarded herewith are certified  
copy of Pte. Luffman's will and a  
certificate of death for despatch to  
the Admiralty.

Lieut. Col.,  
Chief Staff Officer.

Will you be good enough to  
inform me whether the deceased  
made any will, and also furnish  
the name, address and relationship  
of the person to whom any money  
or medals due in respect of his  
services have been, or will be  
issued.

*Victoria Gordon*  
Secretary

(COPY)

14/N.P.2.Reg.No.84  
1922

ADMIRALTY.

5th April, 1922.

Sir,

In connection with the disposal of the Naval Assets reported to be due from this Department to the late Henry George Luffman, formerly a Seaman, Newfoundland Royal Naval Reserve, (No. 1309X) invalided 5th November, 1915. who is stated to have served as a Private. Reg. No. 2236 Newfoundland Regiment, and to have died on the 26th September, 1917 in France, I have to request that you will be good enough to confirm the date of death and to state whether the deceased made any Will; otherwise to furnish the name, address and relationship of the person to whom any monies or medals due in respect of his Army service, have been or will be issued.

I am, Sir,

Your obedient Servant,

(sd) F.A. RUDD

Accountant-General of the Navy and  
Inspector of Seamen's Wills.

The Secretary  
War Office,  
S.W.I.

T//

FIELD SERVICE.

C.R. 2236  
Army Form B. 2090A.

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

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

Regimental No. 2256 Rank Private.

Surname LUFFMAN. Christian Names H.G.

Died { Date 26/9/17. Place France or Belgium.

Cause of Death\* Killed in Action.

Nature and Date of Report O.C. Battn., B 213 27/9/17.

By whom made O.C. Battalion.

\* 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 Not received.) (b) in Small Book (if at Base) Not received  
(c) as a separate document Not received

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

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

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

Station and Date } October 1st. 1917. Signature of Officer in charge of Section } [Signature]  
Adjutant-General's Office at the Base }



Copy of "WILL".

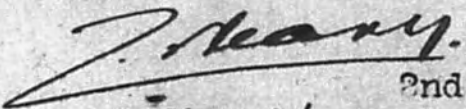
" In the event of my death I give my whole of my property and effects  
to my mother,

Mrs. Henry Luffman,  
Bellisland  
East Wabana Mines,  
Newfoundland.

(Sgd). Pte. H. G. Luffman  
Pte. 1st. Newfoundland Regt.  
August th 11/8/17.

Certified true copy.

6/12/17.  
G.H.Q., 3rd. E. hon., B.E.F.

  
2nd. Lt. for Major,  
Office i/c No. 1 Infatp Section

**Casualty Form—Active Service.**

Rank Private ~~Private~~ Regiment or Corps 21 Newfoundland  
 Surname Huffman Christian Name Henry G.  
 Religion 6 of England Age on Enlistment 21 1/2 years 7 months  
 Enlisted (a) 7-2-16 Terms of Service (a) duration of war Service reckons from (a) 7-2-16  
 Date of promotion to present rank..... Date of appointment to lance rank.....  
 Extended {.....} Re-engaged {.....} Qualification (b).....  
 or Corps Trade and Rate.....  
 Occupation..... Signature of Officer A. Kaley

Report		Record of promotions, reductions, transfers, casualties, &c., 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 <u>Shampton</u>		<u>5 8 17</u>	
		Disembarked... <u>Rover</u>		<u>7 8 17</u>	
		Joined Battalion		<u>28 AUG 1917</u>	<u>B 213</u>
<u>27 9 17</u>	<u>O.C. Unit</u>	<u>Killed in Action</u>		<u>26 SEP 1917</u>	<u>B 213</u>

*S. Scourge*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. (6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 886) [P.T.O.]





**Casualty Form—Active Service.**

Regimental Number **C.R.** *2236*

Regiment or Corps *1st Newfoundland*  
 Rank *Plt* Surname *Suffman* Christian Name *St G* *1676*

Religion *of E* Age on Enlistment *24* years *7* months.

Enlisted (a) *Mar 7/16* Terms of Service (a) *Duration of War* service reckons from (a)

Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_

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



Signature of Officer in Charge of Records.

Report		Record of promotions, reductions, transfers, casualties, &c. 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				
		Emarked ...	Southampton	3	OCT 1916
		Disembarked ...	ROUEN	4	OCT 1916
		Joined Battalion	14 OCT 1916		
	14 C.N.S.	Admitted N/A fever.	France.	24/11/16	ED 6736
	14 C.N.S.	transferred to Duty	Unit	24/11/16	ED 6956
			With BATT. 28. 1. 17		
24.3.17	O.C.	Appth. L. Corporal	Unit	14.3.17	O1819, 13C.
6.5.17	P.F.A.	Ad. & trans. conjunctivitis	3766A	25.4.17	E.D. 3704
10.5.17	22 & 1800p.	Ad. Do Barneshamier		27.4.17	H.A. 9010
	"Jan Braydel"	Invalided to England		4.5.17	W 3083

*[Handwritten scribble]*

*[Handwritten signature]*

(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 below  
 (b) Signaller, Shoeing-Smith, &c.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.  
 (696) W5017/2124 1000m 2/15m 23 56


Forms  
B. 121  
22.

Regiment of 1st. Newfoundland

Number of Sheet

Signature of O. C. Company

*W. Rendell*  
Majr

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proximity Pay
No.	<u>Luffman H. G.</u>	Age on	24 years 7 months	<u>miner</u>	
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date			<u>R. C. E.</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		
			<u>21 years</u>	<u>Bell Isl.</u>	
			<u>35 years</u>		

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>Newton-on-Ayre</u>	<u>13/8/16</u>	<u>Pte</u>		<u>Assaulting an N. C. O.</u>	<u>LCpl. McNally</u>	<u>48 hrs detention</u>	<u>14/8/16</u>	<u>Maj. W. F. Rendell</u>	<u>to R</u>
<u>Irvine</u>	<u>7/9/16</u>	<u>"</u>		<u>Absent from Parade 6.30 am. until 8 a.m.</u>	<u>Corp. Mcgrath</u>	<u>3 days C. B.</u>	<u>7/9/16</u>	<u>Captain Fox</u>	<u>P. C.</u>
<u>Quincecourse</u>	<u>17.8.17</u>	<u>"</u>		<u>Absent from Parade 17.8.17 until 18.7.17</u>	<u>Corp. Hodge</u>	<u>admonished</u>	<u>19.7.17</u>	<u>Capt. March.</u>	<u>forfeits 1 day's pay</u>
<u>"</u>	<u>19.7.17</u>	<u>SCpl</u>		<u>Refusing to obey an order</u>	<u>P. S. Mr. Patrick</u>	<u>deprived of 14 days pay</u>	<u>20.7.17</u>	<u>Capt. W. Rendell</u>	<u>A. C. H.</u>
<u>"</u>	<u>26.7.17</u>	<u>Pte.</u>		<u>Absent from 6.30 am parade</u>	<u>Pte. Taylor</u> <u>Cpl. Watson</u>	<u>-</u>	<u>26.7.17</u>	<u>C. S. M. Jones</u>	<u>forfeits 1 day's pay</u>
				<u>Killed in Action 26<sup>9</sup>/17</u>					
				<u>To be carried over.</u>					

Army Form B. 121.