



FIRST NEWFOUNDLAND REGIMENT

Meth.

ATTESTATION OF

No. *3131*

Name *Wm March*

Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? I. *William March*
2. What is your full Address? 2. *Queen's Harbour*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *31* Years 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? } II. *Yes*



I, *Wm March*, 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.

Wm March SIGNATURE OF RECRUIT.

Wm March Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Wm March*, 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 day of 1915

Thos. Dyer Signature of Attesting Officer

†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 William Marsh

Apparent age 21 years - months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Wm Marsh
Green St. J.P. | 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.	
(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 " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3131 Name Wm March Corps Med.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William March
2. What is your full Address? 2. Greens Station 7th
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 31 Years 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. yes
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

Wm March 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.

Wm March SIGNATURE OF RECRUIT.
A. C. Lewis Signature of Witness.

Wm March OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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 St. John's on this 4 day of Oct 1915.

Signature of Attesting Officer Thos. Ayle 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 4th.

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)



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 *Wm. March*

aged *21 yrs*

conducted at *L I K.*

Date: *6/24/16*

Recruiting Officer:

NO. OF TEST

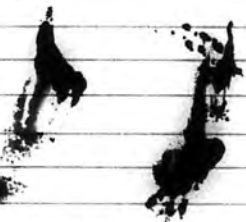
FINDING

1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no - no -</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>

13 *Some teeth to be extracted*

14	<i>n</i>
15	<i>n</i>
16	} <i>n</i>
17	
18	} <i>both -</i>
19	
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>no -</i>
34	<i>5'9"</i>
35	<i>145 lbs.</i>
36	<i>34-38</i>
37	<i>200 per six months</i>
38	<i>Mother Amelia March Grand Ave L I K.</i>
39	<i>Mother</i>

Handwritten scribble or signature



In Subject No 13

Signature of Medical Examiner:

Handwritten signature: J. W. Burdeng

Used only for Special Reserve Recruits, and for Special Reservists enlisting into the Army.

MEDICAL HISTORY

OF

Surname Mack

Christian Name William

Table I.—GENERAL TABLE.



Birthplace:—Parish _____ County _____

SPECIAL RESERVE.



Examined ... on 4 day of Oct 1916
 at St John's N.F.

Declared Age ... 21 years ... days

Trade or Occupation ... Fisherman

Height ... 5 feet 7 inches ... feet ... inches

Weight ... 145 lbs. ... lbs.

Chest Measurement { Girth when fully expanded ... 38 inches ... inches
 Range of Expansion ... 4 inches ... inches

Physical Development ...

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

When Vaccinated ...

Vision ... R.E.—V=6/6 L.E.—V=6/6 R.E.—V= L.E.—V=

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

(b) Slight defects but not sufficient to Cause rejection (b)



Approved by (Signature) Ernest Paterson
 (Rank) _____
 Medical Officer.



Enlisted ... at St John's at
 on 4 day of Oct 1916 on day of 191

	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment ...		<u>Nfld Regt. 3131</u>		
Transferred to ...	<u>Newfoundland</u>			

Became non-effective by ... on day of 191 on day of 191

(Signature) _____
 (Rank) _____

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	20	8	17	1	10	17	G. S. W. L' arm slight	42	Wounded in France 16.8.17. Slight 2 clean wounds above elbow joint. Funto	G C Hall Capt <i>Ind.</i>
3 rd London General Wandsworth.	4	9	18	27	9	18	Dysentery (Plumier)	23	Reported sick in June 9.8.18 Stools neg.	G C Hall Capt <i>Ind.</i>
	27	9	18	23	10	18	Dysentery (Con)	24	Tests $\frac{2}{3}$ Protozoological & Bacteriological negative. Dutty discharged to quarters <i>unit</i>	<i>C. Hall</i> CAPT., R.A.M.C. M.O. "D" DIV.



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
10-10-16	Vaccination LP
6-11-16	LP
15-11-16	T.A.B. LP
23-11-16	3 LP
1-12-18	T.A.B. 1 Cpds
	CAPT., R.A.M.C. 13, "D" DIV.

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 4 for his status on Disembarkation. Medical category 11
 Date of T.M.B. 4-5-19
 [Signature]

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
St. George	Jan 31	Feb 3			
Windsor Rd.	Feb 3	1917 16417			
D.A. Ausonia	16.12.17				

Admitted 4.9.18

Only for use with Men returned from an Expeditionary Force or from Garrisons Abroad.

Army Form W. 3016. In Books of 200.)

No. Date 27 9 18
* (1) To the Officer i/c Records } 58 Victoria St.
* (2) The Officer Commanding } R. H. W. W. W. W. W. W.
* (3) The Paymaster } 58 Victoria St. Station.

* Strike out that which is inapplicable.

Regimental No. 3131

Rank and Name Plt March W

Regiment or Corps R. H. W. W. W. W. W.

has been granted a fortnight from } transferred to on 27 Sept-18
} 15 Dysentery Conv. Hosp

His address while on leave will be } Ballin-on-Sea
} New Milton

I consider he is fit for
* I. DUTY.
* II. COMMAND DEPOT.
* III. EMPLOYMENT

* Strike out that which is inapplicable.

Officer in charge G. C. Hall Hospital.
Capt Med Station.

Four copies to be made, and one copy sent to each Officer in charge, and one copy filed in the office.
In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps, two copies of Army Form W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of the copies to the Officer in charge, the Paymaster and O.C. shown in the Schedule.

Dysentery Convalescent

HOSPITAL, at *Barton, New Milton, Hants.*

Affiliated to

NOMINAL ROLL of Sick and Wounded from the * *French* Expeditionary Force
admitted on *24/9/18* from Hospital Ship *3rd London Coy. H. Wandsworth.* Southampton
or Dover.
* Here insert which Expeditionary Force.

The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases:

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

NOTE.—These rolls should be forwarded direct to the War Office, Alexandra House, Kingsway, W.C., not later than the day after admission; envelopes to be marked C. 2, Casualties: rolls are not to be telegraphed in advance. The duplicate of the rolls should be sent to the Officer in charge of Records of the Colonial Contingent concerned.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty (See note in large type above).
3131.	<i>Plt.</i>	<i>Marsh</i>	<i>1st Newfoundland Regt.</i>	<i>Dysentery Convalescent</i>



W. A. Mawson.

Lt. Col. I.M.S.

Assistant Commandant

*To Officer in Charge Records,
58 Victoria St.*

London. S.W. 1.



No. 3131 Rank Pvt. Name March W.

Pay	F.A.	Wkg.	Total
1.00	.10		1.10
Less Allotment			.50
Net Rate			.60

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance							10 8
Acquittance Rolls		1	16	8	Pay @ net Rate	9/6/17	1/10/17	115	.60	69	00	14 3 7
Hospital Advances		1	17	6	Ration allowance							1 0 0
A.B. 34					10 days @ 2/-							
P. & R.O. Payments					4 Bal							
Provision of pay			4	6	(12 - 15 7)							
3 - 18 - 8												
(Rept no 4095) Cash 1/10/17		11	0	0								

15-14-3

CHECKED
[Signature]
 1/10/17

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *4. 5. 79,*

Regimental No. *3131*

Name *March* *Wm* *Pt*

Address *Greens St. S. B.*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge
(b) ~~Standing Medical Board~~

Members of Board {

R.H. East Capt.
O.C. Discharge Depot.

H. Atkinson
Senior Medical Officer

G.W. Borden
M.O. Depot

SEPARATION ALLOWANCE.

Claimant..... *March, Amelia (mother)*

On account of *William March* No. *3121* Rank. *Pte*

Decision..... *Refused*

A. E. Newman
W. F. Russell Lieut. Col.
M. Bowley Capt

Date *June 21/1919*

Instructions.....

Allotment of *50[¢]* per day payable to *Amelia March*
his *mother* from *1/11/16* to *Still Current*.
Discontinued on account of

...*C. B. Hefferton (Sgt)*

ROYAL NEWFOUNDLAND REGIMENT
(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 Paymaster"
Separation Allowance Branch,
ST. JOHN'S, Nfld.

1. Name in full of soldier. Rank. Reg't. or Unit. Reg't No.

William March, Private 3131

2. Age of soldier. Married or single

3. Name in full of mother. Age. Occupation. Permanent address

Amelia March 67 Green's St

4. Give name of your husband. Age. Occupation. Where employed.

William March 68. Fisherman Green's St

5. If your husband is not supporting you state the reason.

not able to work

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.)

not incapacitated

7. 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>Abraham March</i>	<i>Green's St</i>	<i>38</i>	<i>Fishing</i>	<i>Married</i>
<i>Birkley March</i>	<i>Winey Bay</i>			<i>Married</i>
<i>Isabella March</i>				<i>Married</i>
<i>Nova March</i>				<i>Married</i>
<i>Lucy March</i>				<i>Single</i>
<i>Sure March</i>				

10. State amount earned by (a) Yourself *nothing*
 (b) Your husband *\$100.00*
-
11. State amount and source of any other income. *None*
-
12. State value of real property belonging to you and your husband. *\$300.00*
-
13. State value of personal property belonging to you and your husband. *None*
-
14. If husband is dead, state value of real and personal property left by him. *_____*
-
15. Actual amount contributed by soldier during the year prior to enlistment. *\$100.00*
-
16. Was this amount contributed weekly or monthly. *Weekly*
-
17. Did this amount include payment of son's board, etc. *Yes*
-
18. State your son's trade or occupation prior to enlistment. *Fisherman*
-
19. State amount of his wages per week. *unable to state*
-
20. State name and address of his last employer. *M. Bueffel
 Grant Bank*
-
21. State amount of monthly support from son since enlistment. *\$15.00*
-
22. State amount of allotment received by you from son since enlistment. *440. Dollars*
-
23. State from what ~~source~~ date did you receive allotment? *January 1st 1916*
-
24. Actual amount contributed by other children. weekly. monthly. *15.00*

25. Are any of these children in the employ of you or your husband. *NO*

26. If not receiving support from other children, state cause. Explain fully. *All married support them on families*

27. With whom are you residing at present. *in my own home*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *A. no B. because I didn't need it*

29. Are you already in receipt of Separation Allowance from any source? If so, how much. *None*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *None*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government *NO*

32. In what capacity and in what place. _____

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? *unable to state*

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... *Amelia March*

Place of residence... *Green's Pt. St. John's Bay*

Declared and subscribed before me at... *Green's Pt.*

this... *30*... day of... *April*... 191*9*...

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *J. L. Brown J.R.*

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 and belief the above statements are correct, and the soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *Robert S. Smith*

Signature of member of the Patriotic Fund Committee... *J. Taylor C. Appdavit*

July 25, 1919

Mrs. Amelia March,

Green's Hr., T.B.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted because according to your own statement your Husband is not incapacitated, and consequently you cannot be considered to be dependent upon your son.

Yours truly

Captain & Paymaster.

JUL 12, 1919

#151 Pte. William March,

Green's Harbor, T.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 & O.i/c Records.

163
169

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.

- 1. Christian name *William* 2. Surname *March*
- 3. Rank *Pte* 4. Regtl. No. *3131*
- 5. Address in full to which future payments of gratuity are to be forwarded *Green Harbor, Trinity Bay*
- 6. Date of enlistment in the Regiment *Nov 4/16*
- 7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*
- 8. Relationship of such dependents *Do*
- 9. Address in full of such dependents *Do*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
- 11. Were you on active service only in Nfld. If so, give dates and particulars of such service *Overseas*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas *Thirty Two months and Fourteen days* 1. $\frac{1}{2}$

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not applicable

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
\$81.90 Clothing Pay and Bonus allowances

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.

June 18/19

No

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 June 1917 and 1918 and Belgium 1917 and 1918

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

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: *William March*

Place of Residence: *Greens Harbor, Trinity Bay*

Declared before me at: *St John's Nfld*

This *1th* day of *June* 19*19*.....
John W. Carthy

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

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



31/ 1ST. NEWFOUNDLAND REGIMENT 14.

ALLOTMENTS

I, William March, Regl. No. 3131

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 00 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 10/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2886	Mother	<u>Ms William</u>	<u>Green St.</u>	<u>50.</u>
		<u>William March</u>	<u>70.</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. Aye Capt.
Officer Commanding

S. Johns Company
Oct 13/16

(Sig.) William X March

(Rank) Pvt.
Witness Beknight

Reg. No. 3131 Rank Pfc. Name March W.

Attested Address Greens St.

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsican Cause Discharge

4-6-19
186-19

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILIZATION

C.R.

3131

William March was attested for General Service
with the NEWFOUNDLAND REGIMENT on Oct. 4th 1916
Regimental No. 3131 was allotted to Pto. W. March

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919.

C.R. 3131

Extract from Orders Part 2 by Lt.Col. B.J.Barton D.S.O.
Commanding 2nd Battalion, Royal Newfoundland Regiment.

Ref.Bn.Orders Part 2 of 20/11/18 "Promotions" should read
as from 8/11/18.

To be Lance Corporal. as from 21/11/18.

3131 Pte. J. Snow "B" Coy.

C.R. 3131

Extract from Casualties received from Pay & Record Office,
London, Oct. 23rd, 1918.

3131 Pte. W. Merch.

Ex Dysentery Conval. Hosp. Barton, Hants., 24/10/18. has been
granted furlough to 2/11/18. Fit for 1, Duty.

ML.

C.R. 3131

Extract from Casualties received from P.&.R.Office London,
Sept.23,1918.

3131 Pte. W. March.

Was transferred from the 3rd London General Hospital to the
Dysentery Convalescent, Barton on Sea, New Milton, Hants, on
27/9/18.

C.R. 3131

Extract from Casualties received from P.&.R.O. London,
Sept. 17, 1918.

Association Visiting Committee reports Improving.

3131 March.

C.R. 3131

Extract from Telegram from Synoptical, London dated Sept. 7th 1918.

Wandsworth Dysentery 3131 March.

C.R. 3131
Counter No.

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 **Dept. of Militia**

Line Number	Rcd	By	Sent	by	Check

Dated **Sept 7th, 1918**
To **William March, Green's Hr., T.B.**

Regret to inform you that Record Office, London, officially reports **No. 5151, Private William March at Wandsworth suffering from dysentery .**

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

J.R. Bennett

Minister of Militia.

FOR TYPEWRITER

C.R. 3131

Extract from Nominal Roll of Sick and Wounded at 3rd L.G.H. Wandsworth
S.W. 18.

Admitted on 4th. Sept. 1918. Dated 6th Sept. 1918.

3131 Pte. W. March

R. Nfld. Regt.....Dysentery.

C.R. 3131

WOUNDED & SICK N.C.Os. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

ARMY SERVICE CORPS

LIST NO.H.A.27383

ADMITTED 8 STY. H. WIMEREUX 9 AUG. 18

14098 Dvr. Chapman H.V.....ASC.MT.Att.RFA.88/Bde.....GSW hand L. Sev.
M/318256 Sjt. Corram A.ASC.MT.349 SBAC.Inf.jnts. Sev.

ADMITTED 46 STY. H. ETAPLES 9 AUG. 18

DM2/154906 Pte. Mackay N.....ASC.Att.E.Cps.Sig.Co.....Obs.Dysentery Mild.

ADMITTED STY H. ABANCOURT 7 AUG. 18

079733 Pte. Ross G.O.ASC.MT.59 A.P.Co.Impetigo Slt.

DIS. TO UNIT EX STY. H. ABANCOURT 9 AUG.18

T4/044435 Pte, Beswick W.....ASC.10/Aux.Hse.....Bronchitis.

M/397100 Pte. Whiddett A.ASC.MT.Abscess hand R.

INFANTRY RECORD OFFICE - PERTH

LIST NO.H.A.27383

ADMITTED 14 STY. H. BOULOGNE BASE 9 AUG. 18

26071 Pte. Stills H.....7/Sea.Highrs.....Susp.Dysentery Sev.
10718 L/C. Macpherson A.H.-do--do-
203151 Pte. Cunningha, A.-do--do-

ADMITTED 46 STY. H. ETAPLES 9 AUG. 18

S/22907 Pte. Henderson J.....2/14 Lond.(Scott).....Obs.Dysentery Mild.

DIS TO UNIT EX STY. H. ABANCOURT 7 AUG. 18.

14355 Pte Cuthill,G.10/Black WatchScabies.

NEW FOUNDLAND EXPEDITIONARY FORCE

LIST NO.H.A.27383

ADMITTED 46 STY. H. ETAPLES 9 AUG. 18

3131 Pte. March V.....1/Ryl. Newfoundlands.....Obs.Dysentery. Mild.

NO. TWO RECORD OFFICE - SHREWSBURY

LIST NO.H.A.27383

240018 CSM. Clare H. 5/Ches.R. ICT. knee L.....Adm.8 Sty.H.Wimereux 9 Aug.18



22-1606

C.R. 3131

Extract from Nominal Roll of Draft No. 55: 18 Other ranks from 2/1st
Newfoundland Regiment, Ayr, to 1/1st Newfoundland Regiment, B.E.F.
Embarked Southampton 5/12/17.

3131 Pte. March, W

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.

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated August 23, 1917.

To Mr. William March,
Green's Hr., T.B.
Regret to inform you that Record Office

London, officially reports No. 3131, Private
William March, is at Wandsworth suffering from
gunshot wound in the left arm.

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

~~JOHN W. BENDIS~~ R.A. SQUIRES

Colonial Secretary.

C.R. 3131

Extract from Casualties received from P.&R. Office, London,

Aug. 23, 1917.

Wandsworth:

3131 March.

G.S.W. Left arm.

3151 Pte. W. Match.

Extract of telegram dated Aug. 23rd. 1917.

G.S.W. left arm.

Admitted to Waddsworth.

871

C.R. 3131

Extract from Service Roll of Draft No. 25 marked Southampton 11/1/17
from 2/1st Newfoundland Regiment New Brunswick, to 1/1st Newfoundland
Regiment N.S.P.

3131 Pte. March, W.

C.R. 3/31

Abstract of Terminal Roll of Officers and men embarked St. Johns
SI-7-17 Sailed Halifax N. S. ANCONIA 16-4-17.

#3131 PTE. W. MARCH.

C.R. 3131

Extract from Orders by Major G.T. Mathias, D.S.O.
Commanding 1st Battn. R. Nfld. Regt. 15-8-19.

The u/m has been admitted hospital 9-8-19.

3131 Pte. W. March.

C.R. 3131

Extract from Prders by Major G.T. Mathias, D.S.O.
Commanding 1st Battn. Royal Nfld. Regt. 16-8-18

3131 Pte. W. March.

D. Coy. has bee, evacuated and is struck off the strength
of the Unit.

C.R. 3131

Extract from Orders by Lt. Col., B.J. Barten, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated
1/11/18.

ARRIVALS.

The following having reported back from the 1st Bn., is taken
on the strength and posted to "H" Company as from 31/1st/18:

3131 Pte. W. March.

C.R. 3131

Extract from Daily Orders Part 11 Depot. St. John's,
Date June 7th 1919

3131 Pte. Wm. March

Reported at Headquarters 1-6-19.
which sailed Liverpool. May 22/1919.

BE "Corsican"

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

C.R. 3131

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. Depot, St. John's, June 9th, 1919

The discharge of the undernoted on demobilization has been
APPROVED by the O.C. Discharge Depot with effect from
18-6-19.

3131 Pte. Wm. March.

C.R. 3131

Extract from Daily Orleans Post 11 Unit The Royal WFLA.
Regt. St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by C.O. Discharge Depot with effect from 2-7-19.

3131 Pte. Wm. March.

No. 3131 Name William March Sqn., Batty., or Company } H Corps Infantry Date of enlistment } 10/16/16 G.C. Badges } 2 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. Company, etc. } W. Keyman Character 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

Army Form B. 122

W. March

C.R. 3/31

P. & A. O.



3/1st. NEWFOUNDLAND REGIMENT 14.

ALLOTMENTS

I, William March, Regl. No. 3121.

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 or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person or Persons concerned, viz.:

Allotment begins November 18/16

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2886	Mother	Mrs William (Amelia) March	Green St. TB.	50.
Total Allotment, \$				50

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

(Sig.) Charles Aye Capt. Officer Commanding Company St Johns Oct 13 1816

(Sig.) His William X March (Rank) Pte witness J. P. Knight

~~Class~~ DUTY.

not

If a General Mobilization is ordered, every soldier on pass must return immediately to his unit without waiting for instructions.



No. _____

Regiment _____

PASS.

(In pads of 100.)

No. 3131 (Rank) Plt (Name) March W.

has permission to be absent from his quarters, from 151 Newfoundland Regt

Reveille 10 Tues. 23: 10:18

for the purpose of proceeding to of Records 58 Victoria St. London SW

"D" DIVN., DYSENTERY CONV. HOSPL.

(Station) BARTON, NEW MILTON, HANTS.

W. W. W. W. W.
Commanding.

(Date) 22: 10: 18

DIVL. OFFR. "D" DIVN. [P.T.O.]

24
Gen. No. 3700.
Wt. III56/III41-1/17. 400,000 Pads. J. T. & S., Ltd. (E 779)

CROWN COPYRIGHT RESERVED.

Part

PART 11 ORDERS

Issue No 231

Friday October 18th 1918

o-o



734. Discharge to Units. Wednesday October 23rd 1918

- 53057 Pte Coyle T. R.A.M.C. To Lord Derby War Hospital Warrington
- 320012 Cpl Turns T. 5 D.L.I. To Pioneer Depot, Reading
- 191574 3 a.m. Cox A. R.A.F. To No 5 S.D. Park F.M.F. Birmingham
- 307296 Gnr. McIntyre J. R.G.A. To 2ndres Bde. R.G.A. Mornhill Cp. Winchester
- ~~3131 Pte March W. 1 N'lnd Regt To C1/c Records 58 Victoria Street S.W.1~~

The above man of the Newfoundland Regt will report in accordance with footnote on Page 7 of A.C.I. 1056/18 (amendments to No 3. General Instructions issued with A.C.I. 500/18)

- 30115 Cpl Robey G. 9 Devons To 3rd Devon Regt, N. Raglan Barracks, Devonport
- 95138 3 a.m. Trinder D. R.A.F. To No 4 Stores Depot, R.A.F. Albany St. London N.W.
- 3223 2 a.m. Purdon W. A.F.C.)
- 3076 Pte Harvey A. 37 A.I.F.) To Ad. Hdrs.
- 18720 " McCarron A. A.M.C.) A.I.F.
- 1738 " Russell F. ") 130 Horseferry Road,
- 2163 " Wigley R. 29 A.I.F.) London S.W.1
- 18092 Pte Bierne H. I.C.I.B.)
- 56920 " Gatley J. C.I.B.)
- 50438 " Hardie I. N.Z.R.B.) To N.Z. Convalescent
- 29013 " Harris F. N.Z.A.S.C.) Hospital
- 63341 Rfm Hill W. N.Z.F.B.) Hornchurch.
- 22052 Drv. Martdn H. N.Z.M.G.C.)
- 58220 Pte Preston L. A.I.B.)



735 Forfeiture of Pay and Punishment Awarded

338259 Sign. Pipher W. Canadian Field Artl. for leaving by neglect one waistbelt property of the Government is ordered to pay the cost of same 2s. 9d. (Two Shillings and Ninepence)

23999 Pte Borrowdale J. 3rd Border Regt is awarded 8 days C.B. for being drunk in his room at 9.45 p.m. and committing a nuisance

ENTERED	
Ledger No. 1
Ledger No. 2
Ledger No. 3
Nominal Roll
Postal Book
Hosp. Book

736 Leave and Free Warrant

- M/341576 Pte Chisholme J.L. A.S.C.M.T. to Dundee and return and leave from Rev. 19.10.18 to 24.10.18 under A.C.I. 1935 (1a)
- 122615 Pte Smith F.L. 95 Labour Corps to London and return and leave from noon 18.10.18 to 23.10.18 under A.C.I. 1935(1a)
- 26481 Gnr. Sutherland G. N.Z.E.F. to London and return and leave from Rev. 19.10.18 to 11 p.m. 23.10.18 under A.C.I. 1935(1a)
- 42033 Pte Meredith J. M.G.C. to Gefu Mawr and return and leave from noon 18.10.18 to 11 p.m. 22.10.18 under C.R.P.G. 23662(para 21)
- 154906 Pte Mackay N. A.S.C. M.T. to Stornaway and return and leave from noon 18.10.18 to 11 p.m. 24.10.18 under C.R.P.G. 23662(para 21)

p.p.

(SD) C.H. Linton
Captain & Adjutant.

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

POST OFFICE TELEGRAPHS.



BYRE & SPOTTISWOODS, Ltd., Lond.

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

Office of Origin and Service Instructions.

Office Stamp.



Darius New Milton

Charges } s. d.
to pay }

Handed } Received }
in at *4/10* here at *6/36*

TO

*O. B. Records
58 Victoria St. Ldn Ew
3131 The March 10th*

*Newfoundland Regt leaves here for
Waterloo Wednesday morning*

OR

*O. B. Barton Dysentery
Convalescent Hospital New Milton*

Sender

Page 1

3131 The March W

Royal Newfoundland Regt

Stut 47 D Div

4. 10. 18

Military Convalescent

Hospital

Barton on Sea

Hants

Sir,

Would you please forward to
the above address 2£ (two Pounds)
of my Credits. By doing so you
will greatly oblige

Your Obedient Servant
The March W

NEWFOUNDLAND CONTINGENT
& BEYOND OFFICE

8619
9 - OCT 1918

~~U.K. £2.0.0~~
7/10/18 W.R.

16146/1
8/10/18

Receipt No.

94 1/45
16146/1

March Wm.

3121

Ray D. Jr

sent
~~four~~

Green Her

April 22-19

J. R. Bennett. Esq
Minister of Militia
St Johns

Dear Sir

I am writing to know if there is any separation allowance due me as a mother I have a son with the regiment. Private Wm March No 3131 and he is my only help on whom I am depending for a living, my other sons are all married and have families. I trust if there is anything due me as a mother you will look it up and have it sent along. Please reply

Respectfully Yours
Amelia March

July 8, 1919

#3121 Pte. William March,
Green Harbor, T.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2288."

Yours truly

Captain,
Paymaster & C. i/c Records.

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

Signature of Man.

Reg. No.

W March

J. Snow Capt.

Signature of the Vocational Officer or his Representative.

Place

St Johns -

Date

4-6-19

1919

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* } Former Trade
 or Occupation }
2. Regtl. No. *3121* 3. Rank..... *Pte* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
4. Name *MARCH*
 (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
 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
 (b) Where (if any)
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *Dysentery.*
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. *G.S.W. left arm healed no disability*



Casualty Form - Active Service.

Regiment or Corps *1st Newfoundland*
 Rank *Pte* Surname *March* Christian Name *William*
 Religion *Methodist* Age on Enlistment *21* years *-* months
 Enlisted (a) *4-10-16* Terms of Service (a) *Duration* Service reckons from (a) *4-10-16*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate.....
 Occupation *Fisherman* *W. Frost* Signature of Officer.

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 <i>Hampton</i>		<i>11.6.17</i>	
		Disembarked... <i>Rover</i>		<i>12.6.17</i>	
		Joined Battalion		<i>2 JUL 1917</i>	<i>B 213</i>
<i>18.8.17</i>	<i>OC Unit</i>	Wounded in Action		<i>16 AUG 1917</i>	<i>B 213</i>
<i>18.8.17</i>	<i>89 F.A.</i>	<i>Ad. G.W. Arm & trans.</i>	<i>4 G. G.S.</i>	<i>16.8.17</i>	<i>E.O. 9317</i>
	<i>"Stad. Antwerpen"</i>	<i>Invalidated to England</i>	<i>ca</i>	<i>18.8.17</i>	<i>W 3085</i>
		<i>1 Bon. G.H. & staples</i>			
		<i>W. Frost</i>			
					MAJOR
				<i>O. i/c No. 1 Reg. Infantry Section</i>	<i>G. H. Q. 3rd Echelon</i>

(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.

Casualty Form—Active Service.

Regiment or Corps 21st Newfoundland

Rank Priest Surname March Christian Name William

Religion Methodist Age on Enlistment 22 years — months

Enlisted (a) 11/10/17 Terms of Service (a) Duration Service reckons from (a) 2/10/17

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

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

Occupation Fireman J. Seymour Signature of Officer.

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>Southampton</u>	<u>5-12-17</u>	
			Disembarked... <u>Reven</u>	<u>7-12-17</u>	
			<u>Joined Battalion</u>	<u>12-12-17</u>	
		<u>WITH .En. 30-12-17.</u>			
<u>18/7</u>	<u>O.C.</u>	<u>Adm. Hoop</u>	<u>—</u>	<u>9-8-18</u>	<u>1313</u>
<u>21/8</u>	<u>46. S.H.</u>	<u>Adm. - Obs. dispensing in</u>	<u>Staples</u>	<u>9-8-18</u>	<u>HA. 2288</u>
<u>10/9</u>	<u>Newman</u>	<u>to England</u>	<u>W. 3083</u>	<u>14-9-18</u>	<u>W 3083</u>
			<u>Infantry Section</u>		
			<u>G.H.Q. 2nd Echelon</u>		

(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. W. 11814—M1188 1000m 1/17 (27227) SP & Co, Ltd. Forms B./103/4 E./354. [P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
193.

Number of Sheets

Regiment of

1st Newfoundland

Signature of O. C. Company


Task
Frank Dye Capt.

Regimental Number and Name	
No.	<i>3131 March W</i>
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment	
Age on	<i>21</i> years <i>-</i> months
Place and Date of Enlistment	<i>St. John's Nfld. 4.10.16</i>
Period of	{ with Colours <i>2</i> ^{<i>27</i>} years. with Reserve <i>34</i> ^{<i>5</i>} years.

Trade	<i>Seaman</i>
Religion	<i>W.M.</i>
Place of Birth	

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Windsor</i>	<i>8.2.17</i>	<i>Plt.</i>		<i>Not out of bed @ 7.15 a.m.</i>	<i>Sgt Newman</i>	<i>2 days CB.</i>	<i>8.2.17</i>	<i>Major Montgomery</i>	<i>N.M.</i>
									
<p><i>Demobilized St. John's - 2/17</i></p>									
<p>To be carried over</p>									

Army Form B. 121.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3131 Rank Platoon Name March
 Intended place of residence Green Hill Trinity

2. Occupation Industrious
 Classification of soldier E Medical Category A L

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 Date JUN 4 1919
 Commanding 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 12th March
 Signature of soldier
J. A. Snow Capt.
 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 12th March
 Signature of soldier
J. A. Snow
 Signature of witness Wm.

STATEMENT OF SERVICE

Enlisted for service 4-10-16 No of days on Military Service 1082
 Discharged from service 18-6-19 14 days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S Date JUN 16 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Nfld. Date July 2/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

Handwritten note: a/13009/2288

29
31
30
4
94
365
271

The Royal Newfoundland Regiment

3131

DEMOBILIZATION OF

Reg. No. 3131 Rank Plt Name March W^{mn}
 Date of Enlistment 11.10.16 Address Greens Ar District Trinity
 Occupation Fisherman Classification for Discharge 16 Medical Category A.I.
 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 3494	B 122	Board 1st	" 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 93		

Date 11.6.19 for H. March O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation. W^{mn} March

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable £ 60.00
- (b) Clothing Supplied W^{mn} March Capt.

Date 4-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P. 586* to his home at *Green Oak T. B.* and Release Certificate No. *2247* issued.

Date *4-6-19* Demobilization Officer *J.A. Snow Capt.*

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 *15-7-19*

Date *1-1-19* Depot Paymaster. *H. M. R. K.*

Discharge approved for *18-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	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.....
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 Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. Sait Capt.

Date *JUN 18 1919* O. C. Discharge Depot.

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

Date *June 18/19* *James Scott*
for O.C. Records

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3131 Rank Plt Name March W^m
 Date of Enlistment 4.10.14 Address Green St District Imperial
 Occupation Fisherman Classification for Discharge H Medical Category A1
 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 3494.....	B 122.....	Board 1st.....	" 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 93.....		

Date 4.6.19 O. C. Discharge Depot. H. March

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable 60.00
- (b) Clothing Supplied Imperial

Date 4-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R. 086* to his home
 at *Green Hill T. B* and Release Certificate No. *2247* issued.

Date *4-6-19*

J. H. Sait Capt.
 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 *4-6-19*

H. M. Ross Lt.
 Depot Paymaster.

Discharge approved for.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....	
E 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....	<i>Form B.</i>
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 93.....			

Date *4-6-19*

Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 18 1919*

R. H. Sait Capt.
 O. C. Discharge Depot.

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

Date



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 *W^m March*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3131*

Intended address *Green St. St. John's*

Height on discharge *5 Feet 11"*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks *Tall*

Figure on discharge *Tall*

Christian name of Father *Wm*

Christian name of Mother *Ammelea*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Green St. 1895 Oct 20th*

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)

W^m March

(Rank)

Private

Station

St. John's

Date

4. 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 M.F.C. Regt.*
2. Regtl. No. *3131* 3. Rank... *P.L.*
4. Name *M.A.R.C.H.* (Surname) *(Christian Names)*
5. Age last birthday.....
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
 (b) Date of Discharge ;
 (c) Cause of Discharge.
 (d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—
 (a) When
 (b) Where
 (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 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."
ISSW Dysentery
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.
*ISSW Left arm healed
 no Disability*