

Mr Deod. E.

24

Ray Dept



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 34.

Name in full Ernest Fredrick McLeod Age 30.

Address 149 Gower St.

Married S. Height _____ Weight 141 lb.

Single _____
Color Brown Hair Brown Eyes Blue

Other distinguishing marks None

Nearest relative Neil Lehas. McLeod

Address 149 Gower St

Dependents None

Occupation Coachman Present Wage \$17.00 per wk

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____



I, Ernest Fredrick McLeod, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Ernest Fredrick McLeod

Declared before me this _____ day
of OCT 1 1914

Augustus A. H. ...

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 24

Name Ernest Frederick McLeod

Apparent age 20 years _____ months. Height _____ feet _____ inches.

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

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

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Neil Charles McLeod, 149 Gower St., St. Johns

Relationship Brother

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth



STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension	Service in Reserve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries.
					years days	years days	
Service towards limited engagement reckons from <u>2/9/14</u>							
Joined at <u>St. John's</u> on <u>2nd September '14</u>							
<u>Appointed Regt. Butcher 11/2/15</u>							
<u>Embarked SS Florida for U.K. 3rd</u>							
<u>Embarked Plymouth for U.K. 20th</u>							
<u>Disembarked Alexandria 21st</u>							
<u>Embarked Alexandria for Malta 13th</u>							
<u>Arrived at Suda Bay 20th Sept 15</u>							
<u>Evacuated & arrived Alexandria 5th Proceeded to Suez 17th</u>							
<u>Embarked Port Suez 14th Disembarked Newcastle 22nd</u>							
<u>Admitted 2nd General Hospital Bronchial Pneumonia 11th</u>							
<u>Attained N. Coy. Depot Lt for duty 2nd</u>							
<u>so transferred in Blue Peter leave 4 M.S. 4 hours leave from</u>							
<u>Trillick to Sney, 6th</u>							
<u>Reported Depot 14th Admitted John New Hosp. 9th</u>							
<u>Discharge from Hosp & returned Discharge Pen 11/1 29/19</u>							
Total Service forfeited as above ... 2 ... 3							
<u>Demobilization Approved. 13/19 Confirmed 13/14</u>							
Total Service towards Engagement to <u>13-3-19</u> (date of discharge) <u>4</u> years <u>192</u> days							
" " " Pension " " " " " " " "							

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 24

Name Ernest Frederick McLeod

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

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

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Neil Charles McLeod, 149 Gower St., St. John's.

| Relationship Brother.

Particulars as to Marriage.

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

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

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from				2/9/14					
Joined at <u>St. John's</u> on <u>2nd September '14.</u>									
		<u>Appointed Regtl Butcher</u>		<u>11/2/15</u>					
<u>Discharged March 3/19.</u>									
Total Service forfeited as above									} Total Service towards Engagement to _____ (date of discharge) _____ years _____ days " " " Pension " _____ (") _____ " _____



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 34.

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Single _____

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Occupation Coachman Present Wage \$17.00 per wk

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

I, Ernest Fredrick McLeod, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

Ernest F. McLeod
Ernest Fredrick McLeod

Declared before me this _____ day
of OCT 1 1914

Augustus Allen

Sept. 2nd 1914

DESCRIPTION REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 24

Name Ernest Frederick McLeod

Apparent age 29 years _____ months. Height _____ feet _____ inches.

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

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

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Neil Charles McLeod, 149 Gower St., St. John's

Relationship Brother

Particulars as to Marriage.

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
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(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regl. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>2/9/14</u>									
Joined at <u>St. John's</u> on <u>2nd September '14</u>									
<i>Appointed Regimental Butcher 11/2/15</i>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " "									



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

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 McLeod Ernest (48)
aged 20 years conducted at C. F. B. Army
Date: 28/8/14 Recruiting Officer:

NO. OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yes
8	yes
9	no
10	n
11	n
12	n
13	n
14	n
15	n
16	n
17	n
18	n
19	n
20	n
21	n
22	n
23	n
24	n
25	n
26	n
27	n
28	n
29	n
30	n
31	n
32	n
33	about 10 years
34	5ft. 4"
35	141 lbs.
36	35-38
37	eyes for mark
38	Burton Norman St. Led 149 Lower St
39	no

Fit. Signature of Medical Examiner: Clayton Murpherson

Casualty Form—Active Service.


Regiment or Corps 1st Newfoundland

Regimental No. C.R. 24 Rank Pte Name E. MacLeod

Enlisted (a) Oct 2/14 Terms of Service (a) Duration of war Service reckons from (a) Oct 2/14

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 218, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3.10.14	
		Disembarked Alexandria		1.9.15	
		Embarked for Gallipoli		13.9.15	
		Emb'k'd Port Suez		14.3.16	
		Disemb'k'd MARSEILLES		22.3.16	
		Unit. <u>With Battalion</u>	<u>France</u>	4.7.16	
		<u>O.C. Unit Ad Hosp.</u>	<u>With BATT</u>	25.1.17	B 213.
		<u>636.66. Ad. D.A.H. & Haemoptysis</u>		11.9.17	A.F. A 36.
		<u>Shewhauer</u>	<u>Transferred to England ex 20th Gen^l Camp</u>	27/10/17	W 3083

J. Healey

2nd Lt for MAJOR
Infantry Section
C.R. 3rd Echelon

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 214 Rank Plat Name E. M. Seod

Intended place of residence 1249 Gousses St. John's

2. Occupation Butcher

Classification of soldier R Medical Category C



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

Date Comanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date

Signature of soldier

Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date St John's E. M. Seod

Signature of soldier

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 2. 9. 14

No of days on Military

Discharged from service 12-2-19 plus 14 days

1639

Service 158 days

APPROVAL OF DISCHARGE

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

Place St. John's R. H. Lair Capt.

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date FEB 13 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's M. Howley Capt.

Officer i/c Records

The Royal Newfoundland Regiment

Date March 13/1919

Handwritten signature/initials at bottom of page.

29
31
30
31
28
13
193

DEPARTMENT OF MILITIA.



WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name.. *Ernest*..... 2. Surname... *McLeod*.....

3. Rank... *Private*..... 4. Regtl. No... *74*.....

5. Address in full to which future payments of gratuity are to ~~far~~ be forwarded..... *149 Gower Street*.....

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

6. Date of enlistment in the Regiment..... *September 2nd 1914*.....

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, *Not applicable*.....

9. Address in full of such dependent.....

..... *Not applicable*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service..... *I. Served over Seas*.....

.....

.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas..... *Four years and 193 days*.....

.....

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

..... *I had only one enlistment*



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.....

..... *Yes... one War Service Gratuity pay of Service Dollars paid to me by Capt. Hawley*

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

16. Have you, during the present war, served in the Imperial Forces *etc.*..

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.. *etc.*.....

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.. *etc.*.....

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

19. Are you now serving in the Regt.? *etc.*.... If not give:- (a) Date of discharge.. *March 13, 1919*... (b) Reason for discharge.. *Demobilization*

..... *and absolutely unfit for general service*

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

..... *Sicily 1915... France 1916... Belgium 1918 & 1917*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com? ..

(b). If (a), are you in receipt of full pay and allowances from that Committee... *A. etc. B. etc.*.....

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: Ernest McLeod.

Place of Residence: 149. Gower St.

Declared before me at: St. Johns

This 13th day of May 19.19

Chas. B. Hunt

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			6 mos.	\$42000.
Certified Correct.			Paymaster.	





DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND,

ADDRESS REPLY TO
DEPARTM'T OF MILITIA
AND QUOTE NO.

RECEIVED FROM PAY & RECORD OFFICE "DISCHARGE
CERTIFICATE NO. 1357."

Sgd. *E. McLeod*

Date *14/3/19*

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 24 Rank. Plt Name E. Seed
 Date of Enlistment. 8.14 Address St Johns District St Johns
 Occupation Butcher Classification for Discharge B Medical Category C
 Recommendation S.M.B. Permanent Profit Disability Rating Less Than 20%
 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: 12.5.19 W. S. Kelly Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am am in a position to resume civilian occupation.

E. M. Seed

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

Date: 13-2-19 CMJ O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home at and Release Certificate No. 1059 issued.

Date 13-2-19

[Signature]
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

.....
Depot Paymaster.

Discharge approved for 13-2-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1	
B 178	1 W 3494	B 122		Board 1st	" 2	1	Form B
B 178a	D 400A	1 B 1915		do 2nd	" 3	2	
B 179	1 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 13-2-19

[Signature]
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

FEB 13 1919

[Signature]
R.H. Sait Capt.

Date

.....
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

*To take up employment with
St Johns Meat Coy.*

E. McLeod.
Signature of Man.

Reg. No.

24

Asst. Dick's Cap.
Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

13-2 191 *9*

Struck off strength 23/11/18

LAST PAY CERTIFICATE

ORIGINAL N.F.P./94.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Atl No. 24 Rank _____ Pte. Name McLeod E. Unit Royal Nfld.Regt. who was sent _____
Newfoundland on 21/7/18 Authority _____ Cause B.P.L.

STATEMENT OF ACCOUNT

CR.

PERIOD: FROM 26/10/18 TO 22/11/18

PARTICULARS						PARTICULARS					
		\$	d	£	s	d			£	s	d
Balance Dr. from							Balance Cr. from H. Coy. 25/10/18		9	17	5
Allotment 28 days @ 80.		16	80	3	9	0	Pay 28 days @ \$1.00		28	00	
Cash Payments:							Field Allce 28 days @ \$.10		2	80	
									30	80	
							Other Allces days @ \$		6	6	7
Other Debits							Other Credits:				
Overcredit ration allce.					2	6					
Total Debits				3	11	6	Total Credits		16	4	0
Balance due by Paymaster				12	12	6	Balance due to Paymaster		16	4	0
				16	4	0					

CHECKED
R. G. B.
 16 JAN 1919

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191 U.C. Company _____
 signed/Checked in accordance with information received in the Pay & Record Office London 25/15/1/19
 and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London, Chief Paymaster & O. W. Records.
 15 : 1 : 1919

A. G. Munnell Maj.



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. Johns*

Date *24th January 1919*

- | | |
|-----------------------------------|--|
| 1. Unit <i>Royal Newfoundland</i> | 5. Age last birthday <i>24 yrs</i> |
| 2. Regimental No. <i>24</i> | 6. Enlisted on <i>Aug 1914</i> |
| 3. Rank <i>Pte.</i> | at <i>St. Johns</i> |
| 4. Name <i>McLeod Ernest</i> | 7. Former trade or occupation <i>13 stitches</i> |
| 8. Disability | |

Broncho - Pneumonia

9. History *Developed Broncho. pneumonia & Tracheitis Oct 1917. Transferred to 2nd London and treated there 3 months. Came home from depot in Blue Puttees "leave" - Since coming home he had amputation of 2nd toe left foot. (for haemorrhage).*

10. What is his present condition?

No evidence of anything of any account

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

no auscultation

Complain of dry cough at all

times -

General condition good.

July - 80.

temp. 98.4.

11. Was sanatorium advised and refused?
operation

✓

12. Do you recommend discharge as permanently unfit?

Y.

Signature

[Handwritten Signature]

Rank or Qualification

[Handwritten Rank/Qualification]

Remarks if any by Officer in Charge Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x may be considered as aggravated by due to
 (a) Service during this war. ✓ (b) Climate. ✓ (c) Ordinary Military Service
 Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

yes

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
 (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
 (State in percentage.)

Remarks if any:—

Less than 20%.
Am.

16. Is the disability permanent? no
17. Has the disability been aggravated by (a) Intemperance ✓ (b) Misconduct ✓
18. The refusal of operation sanatorium is:— (a) Reasonable ✓ (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
 Naval and Military Convalescent Hospital,
 Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
~~retention in~~

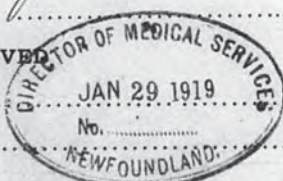
Remarks if any:—

less than 20% of

.....
 Signatures James D. Paterson President
Paterson

Place St. John's
 Date Jan. 29. 1919

APPROVED
 Station
 Date
 No.
 NEWFOUNDLAND



Chas. Macpherson
 Administrative Medical Officer

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

January 29th 1919

Regimental No. 24.....

Name .. M^r L. East .. Corporal .. SG ..

Address .. 149 .. St. John's .. St. ..

Present Medical Category .. E ..

It is hereby certified that this soldier
has been before the Standing Medical
Board and has been classified as
15
for discharge on Demobilisation.
Medical category E

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

R. H. Lait Capt

O.C. Discharge Depot.

29-1-19
Date of S.M.B.

W. S. Purden Members of Board
Captain
Assistant Adjutant
Discharge Depot-Newfoundland

Senior Medical Officer

W. S. Purden

M. O. Depot

FORM K



No. 10

1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, E. J. McLeod, Regl. No. 24

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

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person).
418	Manager	Bank of Montreal		= 60
		commence 17 th april		
Total Allotment, \$				= 60

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

(Sig.) G. J. Carthy Capt
Officer Commanding
A Company
Edinburgh
7. 4 1915

(Sig.) E. J. McLeod
(Rank) Pte

May 12th., 1919

Officer Commanding,
Discharge Depot,
Headquarters.

Sir :-

The undermentioned man has been discharged
on account of Demobilization, on the following date:

#24 Pte. E. McLeod-----13-3-19 ✓

I have the honour to be,

Sir,

Your obedient servant.

Captain,
Paymaster & O.i/c Records



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Feb. 13th, 1919 191


From Asst. Adjutant and Paymaster,
Discharge Depot

To Paymaster and Officer i/c Records,
Militia Department

24 Pte. E. McLeod ✓

The marginally noted man, who was on "Blue Puttee" leave, has been before the Standing Medical Board and passed for discharge under Class B. His discharge has been approved by O.C. Discharge Depot, effective from 13-2-19, and he is herewith passed to you for pay and allowances. No payment of any kind has been made him at the Depot.

Documents will be forwarded you in due course.


Assistant Adjutant & Paymaster Captain
Discharge Depot - Newfoundland

CCD/C

Temporary.

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

MEDICAL HISTORY of

Surname McLeod.

Christian Name E

TABLE I.—General Table.

Birthplace { Parish
County

Examined { on day of 191
at

Declared Age years days

Trade or Occupation

Height feet inches

Weight lbs

Chest Measurement { Girth when fully Expanded
Range of Expansion

Physical Development

Vaccination Marks { Arm RIGHT LEFT
Number

When Vaccinated

Vision { R.E.—V =
L.E.—V =

(a) Marks indicating congenital peculiarities or previous disease—

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

Approved by Rank Medical Officer.

Enlisted at on day of 191

Joined on enlistment	Corps	Regtl. No.
	<i>1st Newfoundland</i>	<i>24</i>
Transferred to		

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

TABLE III.—Boards; Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and Signature
<i>2/5/18</i>	<i>MS</i>
	<i>[Signature]</i>
<i>21.6.18</i>	<i>[Signature]</i>

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

No.



1st NEWFOUNDLAND REGIMENT

VOUCHER

In Acct. with Mrs. M. Peckham, Voucher No 26994.
149 Gower St. Cheque No 26994.

Reg'l A/c No. Name C.B. Folio No.

Table with columns: Date, Req'n No., Invoice No., Particulars, Amount. Entry: Jan. 11, 274, Special remittance from E. McLeod, \$48 66.

\$48 66

CERTIFICATION

Dissect Sheet No.

Recap. Sheet No. 274.

Checked by

Signature of Paymaster

PAYMASTER

RECEIPT

January 11th 1917.

Received from the 1st. NEWFOUNDLAND REGIMENT the sum of Forty Eight Dollars and Sixty Six Cents in Payment as above stated.

January 1917.

\$ 48.66

[Sig.] Mrs. M. Peckham.

1918-1917

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 18⁰⁰

Sept 28th 19 18

Received from the First Newfoundland Regiment
the sum of Eighteen ⁰⁰/₁₀₀ Dollars.
on account of Pay.
balance

C. F. McLeod.

Ch. No. 3306	Initials <u>ew</u>
Pay Ledger... 26	Initials <u>wn</u>
Gen. Ledger.....	Initials.....

Regtl. No. 24. Rank pte.

C. F. McLeod

January 13th

7

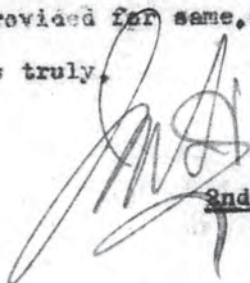
24

Mrs. M. Peckham,
149 Gower St.,
City.

Dear Madam,-

I enclose herewith Cheque for \$48.66 as a special remittance from E. McLeod. Kindly sign the attached voucher in the space provided for same, and return.

Yours truly,



2nd. Lieut. & D/Paymaster.

C. F. Leod

C.R. 24

C. F. Leod

24

To be used for recruits enlisting direct into the Regular Army only.
 Army Form B. 178^a to be used for Special Reserve recruits
 and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname McLeod Christian Name E.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish _____ County _____

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

Declared Age ... years _____ days.

Trade or Occupation ... _____

Height ... feet, _____ inches.

Weight ... lbs.

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

Physical Development ... _____

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

When Vaccinated ... _____

Vision ... { R.E.—V= _____
 { L.E.—V= _____

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

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

Original

COPIES SENT		
To	No.	DATE
M. of M.	20482/201	R+C 11/12/18 CM
O.C. 1st B.		
" 2nd B.		

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

Enlisted ... { at St. Johns Rfd.
 { on _____ day of _____ 191 .

Corps.	Regtl. No.
<u>1st Rfd.</u>	<u>24</u>

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

(Signature) _____
 (Rank) _____

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
2nd. Lon. Gen. Hosp. St. Marks College Chelsea	8	10	17	30	11	17	Broncho Pneumonia	52		Adj. M.D. Stone C.S. Rame
Rushford (V.A.)	1	12	17	2	1	17	Do.	32		Adj. E. Colville

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

Date	Brief details, and signature
2. 5. 18	<u>T. A. B.</u> Gd. J. S. P. Knight 2 Capt. Rame.
21. 6. 18	Re - Inoc. —

Table IV.—Service Table.

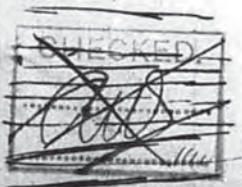
Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

No. 24 Rank PLS Name McLean 7

Pay	F.A.	Wkg	Total
100	10		110
Less: Allotment			60
Net Rate			50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d			
		£	s	d		From	To			£	s	d	
Balance					Balance		8	17			14	13	8
Acquittance Rolls		5	13	8	Pay @ Net Rate	9	17						
Hospital Advances		1	10	6	Rate allow	3	18	20	9	50	104	50	21
A.B. 54					10 days @ 2/-								9
P. & R.O. Payments		5	10	0	(23 9 0)								0
13.14.2													
back		18	0	0	23-9-0								
Cheque 7359		23	0	0									

J.R.P.133. 12 ✓
 12 ✓
 37.3.2 ✓
 -
 -



NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Pay	F. Allice	Working	Total
1 ⁰⁰	10	50	1 ⁶⁰
Less Allotment			60
Net Rate			1 ⁰⁰

Regtl No. 24 Rank Private

Name W. McLeod

Date	DEBITS	£ s d			CREDITS	£ s d			
		£	s	d		£	s	d	
191	Balance	/	/	1	Balance	4/8/16	19	6	9 1/2
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>				
	A.B. 64.			1					
	Acquittance Rolls			5	5/8/16 to 7/12/16 40 days				
	Hospital Advances				@ 50 = \$ 65 ⁰⁰		13	7	2
	<u>STOPPAGES:</u>				31/8/15 to 12/12/16 470 days				
	Hospital dys @ =				@ 50 = \$ 235 ⁰⁰		48	5	9 1/2
	Forfeited Pay dys @				1/1 to 1/1 = days				
	Miscellaneous			10	@ = \$.				
	Cables			0					
	<u>P.&.R.O. PAYMENTS:</u>								
	Sundry Bill			50					
	Cash			64					
12/22				80					
2/12				13					
				3					

W. McLeod

80/19/8 1/2

No.

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.



*OK 3
aw 24/10/17
R. No 4261.*

Please remit to Ernest F. McLeod

the sum of Three 3 pounds shillings, on
account of any balance that may be due to me.



Regtl. No. 24 Rank Private

Name Ernest F. McLeod

Approved *[Signature]*
Officer i/c.,

Comdg. 2nd London General Hospital.
 Hospital.

Dated at 2nd London Gen. Hospital

October 22nd 1917

No. _____

N.F.P./45.

NEWFOUNDLAND CONTINGENT

To: Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

Please remit to

Ernest McLeod.

1st Newfoundland Regt.

the sum of Two (2) pounds _____ shillings, on
account of any balance that may be due to me.

Regtl. No. 24 Rank Private.

Name Ernest McLeod.

Approved [Signature] Officer i/c.,

[Signature] Hospital.
Lt.-Col.,

Dated at 2nd London Sea Hospital Contd. 2nd London General Hospital.

22/11/ 1917.

*OP & 2=0=0
AW. 23/11/17
Receipt no 4515*



516/7

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
13, VICTORIA STREET, 24,
LONDON, S.W. 1.
ENGLAND.

Pte. E.F. McLeod,
1st Newfoundland Regt,
C/o Mrs. Armstrong,
Burnflat Cottage,
Hawick.

10th Jan

8

With reference to your letter 8/1/18
(401) you should report on the expiry of your
furlough to Officer Commanding, 2nd Battalion
1st Newfoundland Regiment, Winchester.

Railway Warrant for the journey is
enclosed.

Major,
Chief Paymaster & O. i/c Records,

FM/JS

6/o Mrs Armstrong
Bunflat cottage
Hawick
8. Jan 1918

Dear Sirs

I was discharged from
Bantersburg Hospital on the 3rd Jan 1918.
leave being granted until 12th Jan. 1918.
Will you please tell me where I have to
report. Please to send a warrant for
traveling and oblige. Wm. E. F. Marshall

No. 24. 1st N. F. LD
Regt.

Mr Marshall
to report
Winchester.
Will you please
send warrant?

✓	401
11 JAN 1918	
	516/1
Cor.	11/1/18
	<i>[Signature]</i>

1490/39/P&A

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
53, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

Officer Commanding,
1/Bn. The R. Nfld. Regt..
B. E. F.

FM/WF

Pay & Record Office,

28th, Jany. 8 .

24, PTE. E. F. McLEOD,
WORKING PAY.

It is understood that the
above Soldier was employed as
Butcher with the 1st. Battalion
from 19/8/17 to a date in
December 1916 when he was
employed as cook and continued
to be so employed up to the
date he was evacuated from the
Unit.

Please advise the following
dates on which he

- (1) Ceased to be employed as
Butcher?
- (2) Appointed Cook?
- (3) Evacuated from Unit (Sick)?

... Major,
Chief Paymaster & O. I/C Records.

24 McLeod. E. F. Pte

Butcher from Tami Batt went
on active service until 9/12/16

Cook. from 9/12/16 till wounded.

No information received at ~~PTRO~~
of date on which, he ceased duties
as butcher or commenced duties
as cook.

WAB

Hutchinson
4159/117/P&A
(3004) W. W. W. 20/12835. 30,000,000. 9/17. G. & Co.

Army Form C. 348.



MEMORANDUM f. Nos IN 3967

From
To Officer Commanding
1/Bn. Royal Nfld. Regt.,
B. E. F.

From
Ack'd
Ans'd
16 9 APR 1918
Ref. Nos. (U)

FM/WF

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
Comd. ANSWER ENGLAND.

R. & C.	
B. & E.	
P. S.	April 6 th 1918

Pay & Record Office,
14th, March 1918
24, PTE. E. F. MacLEOD.

With reference to the enclosed copy of this office No. 1490/39/P&A, 28/1/18, and your reply 9/2/18 (1496): MacLeod states that after ceasing to be employed as Cook with "A" Company at Officers' Mess he was employed as Cook with "A" Company from November 1916 to April or May 1917 and subsequently as Cook attached to Officers' Mess from April or May to the date of his evacuation. He was employed for a short period in November 1916. His A. B. 64 issued to him in France 9/6/17 shews "Rate of pay as \$1.60 per day which would appear to confirm his statement but dates of employment are not available in this office.

He MacLeod, was re-employed as Cay Cook to "A" Company from 5th January 1917 to date of evacuation.

James Lewis
LIEUT. COL
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT

R. D. Munroe
Major,
Chief Paymaster & O i/c Records.

PAID
C.P.M.S.
25 78
Date
Co'y

1490/39/P&A

CHIEF PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1,
ENGLAND.

From, O. C.
1st Newfoundland Regt.

To, Pay & Record Office,

Officer Commanding,
1/Bn The R.Nfld.Regt.
B. E. F.

February 9th 1918

FM/WF

Pay & Record Office,
28th January 1918.

Ref. Minute 1.

14. Pte. E. F. MacLeod,
Working Pay.

(1) Pte. MacLeod ceased to
be employed as Butcher about
June 5th 1916.

It is understood that the
above Soldier was employed as
Butcher with the 1st Battalion
From 19/8/15 to a date in December
1916 when he was employed as
Cook and continued to be so
employed up to the date he was
evacuated from the Unit.

(2) He was attached to H.Q.
mess as Officer's Cook from
that date to Nov.10/1916

(3) He was evacuated Sept.16,
1917.

(Sd) R. H. Tait, Capt. & Adjt.
for Lt. Col.

Please advise the following dates on which he

Cmdg. 1st Newfoundland Regt.

- (1) Ceased to be employed as Butcher?
- (2) Appointed Cook?
- (3) Evacuated from Unit (Sick)?

✓
1496
2/2/18

Major,
Chief Paymaster & O.I/c Records.

Pay
ans
25
18

4159/117/P&A



Officer Commanding
1/Bn. Royal Nfld. Regt.,
B. E. F.

FM/WF

Pay & Record Office,

14th, March 1918

24. PTE. E. F. MacLEOD.

With reference to the enclosed copy of this office No. 1490/39/P&A, 28/1/18, and your reply 9/2/18 (1496): MacLeod states that after ceasing to be employed as Cook with "A" Company at Officers' Mess he was employed as Cook with "A" Company from November 1916 to April or May 1917 and subsequently as Cook attached to Officers' Mess from April or May to the date of his evacuation. He was employed for a short period in November 1916. His A. B. 64 issued to him in France 9/6/17 shows "Rate of pay as \$1.60 per day which would appear to confirm his statement but dates of employment are not available in this office.

Major,
Chief Paymaster & O i/c Records.

Forms
C. 348

PAYMASTER & OFFICER I/C RECORDS
NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

MEMORANDUM.

To Officer Commanding,
1/Bn. The R.Nfld. Regt.
B. E. F.

FM/WF

From

OC.
1st Newfoundland Regt
Pay & Record Office

To

ANSWER.

Pay & Record Office,

28th, Jany. 1918

24, PTE. E. F. McLEOD,
WORKING PAY.

It is understood that the above Soldier was employed as Butcher with the 1st. Battalion from 19/8/17 to a date in December 1916 when he was employed as cook and continued to be so employed up to the date he was evacuated from the Unit.

Please advise the following dates on which he

- (1) Ceased to be employed as Butcher?
- (2) Appointed Cook?
- (3) Evacuated from Unit (Sick)?

R. A. D. ...
Major,
Chief Paymaster & O i/c Records.

Feb 9th 1918
Ref. minute I -
(1) Pte. McLeod ceased to

DEPARTMENT
Reference No. 1496
Date Rec'd. FEB 19 18 1918

(2) He was attached to
H.Q. Mess as Officer's
Cook from that date to.

(3) He was evacuated
Sept 16th 1917
BRANCH
ACTED UPON

BY 4459/117/11

DATE

COMDG. 1st. NEWFOUNDLAND REGT.

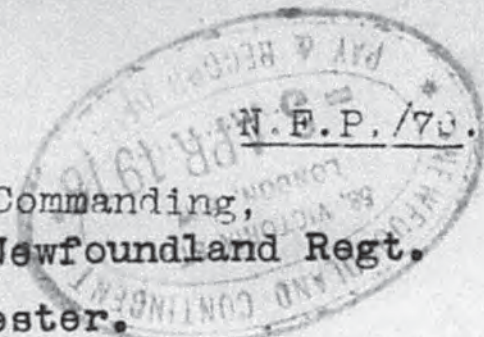
027474

No. 4721/344

NEWFOUNDLAND CONTINGENT

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

To
Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester.



~~Subject:~~ 26th March 1918

Subject: 24, Pte. E. F. McLeod

With reference to the following telegram (2815) from the Hon. Minister of Militia, received 26 /3 /18

Pay to 24 McLeod £10:0:0

Draft £10;0;0 is enclosed for payment to this Soldier.

Kindly obtain his receipt hereon.

[Signature]
Chief Paymaster & O. i/c Records.

20/3/18 191

Receipt hereunder.
[Signature]

COMMANDING OFFICER
LIEUT. COLONEL
Officer Comdg. 2nd Bn
1st Newfoundland Regiment

Received the sum of £10
0 pence on account of
cable remittance from Newfoundland.

[Signature]
No. 24 Rank Pte.

No. 8506/738

A 038711/21
NEWFOUNDLAND CONTINGENT

N.F.P. /79.

From

To

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

Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

~~Subject:~~ 30th May 1918

June 1st 1918

Subject: 24, Pte. E. F. McLeod

With reference to the following telegram (4811) from the Hon. Minister of Militia, received

Receipt hereunder.

Cham LIEUT. COLONEL
Officer Comdg. 2nd Bn
1st Newfoundland Regiment

Pay to 24 MacLeod £20:0:0

Received the sum of *Twenty*

Pounds on account of

Draft £ 20:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

cable remittance from Newfoundland.

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

McLeod. E. F.

No. 24. Rank Private

TO, - The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir;-

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

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
22	Private	Mr. Good	2 50	E. M.

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

Date: 12 7-18

E. M. Good



10

E. F. MeLeod

Sixty

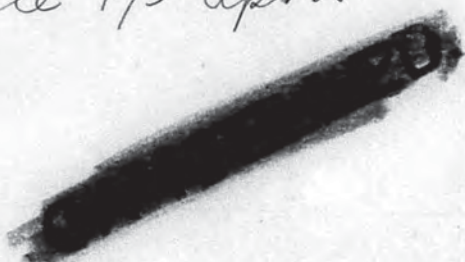
24

418

Manager
Bank of Montreal

=60

Commence 17th April



Erased

=60

Geo. S. Carby Capt

E. F. MeLeod.

Edinburgh

A

7. 11

5

Struck off strength 23/11/18
LAST PAY CERTIFICATE

OFFICE COPY N.F.P./94.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

gtl No. 24 Rank _____ Pts. Name McLeod E. Unit Royal Nfld. Regt. who was sent
Newfoundland on 21/ 7/ 18 Authority _____ Cause S.P.Ls

STATEMENT OF ACCOUNT

From 26/10/18 To 22/11/18
 PERIOD:

PARTICULARS	\$					PARTICULARS	CR.				
	£	s	d	£	s		d	£	s	d	
Balance Dr. from						Balance Cr. from H. Coy. 25/10/18			9	17	5
Allotment 28 days @ 60.	16	80	3	9	0	Pay 28 days @ £ 1.00	28	00			
Cash Payments:						Field Allow 28 days @ £ .10	2	80			
							30	80	6	6	7
Other Debits						Other Allowes days @ £					
Overcredit ration allow.				2	6	Other Credits:					
Total Debits			3	11	6	Total Credits			16	4	0
Balance due by Paymaster			12	12	6	Balance due to Paymaster			16	4	0
			16	4	0						

*Copy Sent
 M of M. 1322/3
 21-1-19*

CHECKED
R. C. M.
 16 JAN 1919

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191
 due up/checked in accordance with information received in the Pay & Record Office London to 17 1919
 and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London, Chief Paymaster & O. i/c Records.
 15 : 1 : 191 9

C.R. 24

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

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

Name *C. F. McDevitt*.....

Date *2/2/19*.....

Place *St. John*.....

C.R. 24

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 24. Name E. F. McLeod.

Witness. Wandy

Date 3/12/19.

Place St Johns.

CIRCULAR LETTER.

St. John's,

March 13th, 1919.

Riband of 1914-15 Star.

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

W. J. Readell
Chief Staff Officer,

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

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

I certify that I am entitled to this issue, having served on* *Gallipoli.*

from *September* 1915 to *December* 1915.

(Date) *2/3/19* (No) *24* (Rank) *Private* (Name) *McLeod, E. F.*

(Place) *St. John's*

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

C.R. 24

Extract from Daily Orders part II,
Depot St. John's dated May 15th. 1919.

The undernoted discharge on demobilization has
been CONFIRMED by Officer i/c Records on noted date.

13-3-19

#24 Pte. E. McLeod.

C.R. 24

Extract from Daily Orders part II, Depot St. John's dated
February 15th., 1919.

The discharge of the undernoted has been approved by
O.C. Discharge depot on noted date: 13.2.19

24 Pte. E. McLeod.

C.R. 24

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. John's, 10-1918.

24 McCleod E. Pte.

Admitted to General Hospital 9-10-18.

C.R. 24

Extract of Daily Orders Part 11 Unit: The Royal Newfoundland
Regiment, dated 2nd October 1918.

BLUE PUTTER LEAVE.

THE FOLLOWING REPORTED AT HEADQUARTERS ON THE FOLLOWING DATE:

Pte. R.F. McLeod

2/10/18.

C.R.

24

Extract from Daily Orders part 11, from Unit The Royal
Wfld. Regt. St. John's, dated August 5, 1918.

The following man returned from overseas and reported
at Depot August 4, 1918.

#24 Pte. R.F. McLeod.

On special "Blue Petter" leave and granted leave from
Depot to 4-9-18

C.R.

24

Extract from Casualties received from Pay and Record
Office, London dated 4th., January, 1918.

Discharged

From ~~Extraxxantion~~ No. 1. Military Hospital, Canterbury.

Furlough: 3/1/18 -12-1-18.

Fit for. I Duty.

#24 Pte. E. F. McLeod.

M

McLeod

MC

October 11, 1917.

Dear Madam,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 24, Private Ernest F. McLeod, is at the 2nd General Hospital, suffering from bronchial pneumonia.

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

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

Yours faithfully,

Colonial Secretary.

Mrs. M. Peckham,
149 Gower Street.

C.R. 3744

✓ 24 Pte. Ernest F. McLeod.

Ext. of Casualty list received Oct 11, 1917.

At 2nd General Hospital, Bronchial Pneumonia.

C.R.

~~97~~

24

Extract from Daily Orders "art 11 U nit 24th Royal Nfld.
Regt. Station G.H.Q. 3rd Echelon 27-10-17.

Invalided to England.

24 Pte. E. MacLeod.

18-10-17.

C.R. 24

Extract of Telegram to Synoptical London dated May 27th, 1918.

Pay as follows:-

24 McLeod

Royal Nfld. Regt..... 20 pounds.

C.R. 24

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

24 Pte. E. McLeod.

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

CF

24

Extract from Nominal Roll Embarked St. John's per S.S. Florizel
Oct. 4, 1914.

#24 McLeod Ernest F.

C.R. 24

Ernest F. McLeod was attested for General service
with the NEWFOUNDLAND REGIMENT on .Sept. .2nd. 1914.
Regimental No 24 was allotted to Pte. Ernest F. McLeod.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 24 Rank Pvt Name McLeod E
 Date of Enlistment 8.14 Address St John District St Johns
 Occupation Butcher Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanent unfit Disability Rating Less than 20%
 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 12.2.19 W. Kelly Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

E. McLeod

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

Date 13-2-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home at and Release Certificate No. 1059 issued.

Date 13-2-19

Osborne Cpl.
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

Depot Paymaster.

Discharge approved for 13-2-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 13. 2. 19.

Osborne Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

FEB 13 1919

Date

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

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

Date July 18/19

*As a result of
Depot Records*

Reg. No. 24 Rank *Pvt* Name *Mac Lewis R. F.*

Attested, Address *149 Lower St.*

Allotment. Allottee

Date of Allotment Returned from Overseas *4-8-18.*

Embarked for Overseas Cause *Special Leave Without Pay.*

*Recommended by Dr. S. Frase, Admission to
Hospital for operation for supporting hammer
lock. 1 refer to Medical Department*

29-1-19. Rec. Dis - Permanently unfit.

12-2-18 PASSED TO DEMOBILIZATION OFFICER

13-2-19. DISCHARGE APPROVED ON DEMOBILISATION.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (3121) W 9042/1195 100m 12/14as 22 58

Forms
 B. 121.
 39.

Regiment of Newfoundland

Signature of O. C. Company H. J. Carby

Number of Sheet 7

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>24</u> <u>McLeod E</u>	Age on	20	years	months	<u>Coachman</u>
Joined		Place and Date of Enlistment		Religion		
Joined		27/9/14		<u>Cof. E</u>		
Joined		Period of		Place of Birth		
Joined		with Colours	4	197	years.	<u>St John's</u>
		with Reserve	3	65	years.	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dis-allowing with trial	By whom awarded	REMARKS
<u>Angle Camp</u>	<u>16-1-18</u>	<u>Pte.</u>		<u>Overstaying pass from 12-1-18 until 16-1-18</u>	<u>Capt Penny</u>	<u>Deprived 2 days pay</u>	<u>16-1-18</u>	<u>Major March M. C.</u>	<u>As S.C. ✓ R.A. 7 days pay</u>
<u>" "</u>	<u>19/4/18</u>	<u>"</u>		<u>Late on 2. PM. parade.</u>	<u>Serjt Gardner</u>	<u>2. days & P.</u>	<u>25/4/18</u>	<u>Capt. Munns.</u>	<u>J.M.S.</u>
				<u>Demobilized 13/3/19.</u>					
				<u>To be carried over</u>					



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 *McLeod, Ernest.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *24*

Intended address *149 Gordon St City*

Height on discharge *5* Feet *6*.

Color of hair on discharge *Dark brown*

Complexion *Ruddy*

Color of eyes *Blue*

Descriptive Marks

Figure on discharge *S.S.W Frig (right)*

Christian name of Father ✓

Christian name of Mother ✓

Wife's maiden name in full ✓

Date and place of marriage ✓

Christian names of children ✓

Place and date of soldier's birth *Brooklyn New York. 27th Sept 1894*

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) *McLeod, Ernest*

(Rank) *Private*

Station, *St John's*

Date. *29 Jan 1919.*

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.

St. W. B. Deane

Medical Officer i/c Hospital.
Unit, or Command Depot.

Station

St John's

Date

Jan. 29, 19

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.,

Dept. of Militia,

St. John's, Nfld.

Fold Here



June 15th., 1921

The accompanying King's Certificate, on his discharge,

(No. 77), is forwarded herewith to

Private Ernest MacLeod

in respect of his service as No. 24 Rank Pvte.

Name Ernest MacLeod Corps Royal Nfld. Regt

*Receipt of the same should be acknowledged hereon.

Received Kings Certificate.

Signature Ernest F. MacLeod.

Date June 23rd / 21.

Address 87 St. John's Street, Co. St.

Water St.

DEPARTMENT OF VETERANS AFFAIRS

R. Nfld. Regt.

Regt. No. 24 Pension No. NIL V.A. No. NIL

NAME AND NEW ADDRESS (Typewritten)

McLEOD, Ernest,
149 Gower St.,
St. John's, Nfld.

PLATE IMPRESSION (H.O. use)

FILE IN REGISTRY "NF" DISTRICT

FOR A DEPENDENT PENSIONER DECEASED SOLDIER'S NAME
MUST ALSO BE INSERTED

Old District Office "NF"

New District Office "NF"

Issued at "NF" District Office

By Baxter Peckham
Signature in Full

Date 14 Feb. 50

1247 E

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. 1391

Regtl. No. 24 Rank Sgt Name Ernest McLeod

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Jan. 29th 1919

Pensionable disability Less than 20% for partial months

Pension granted: \$ per month for months

or Gratuity granted: \$ 50 payable in 2 equal monthly insts.

Granted to:
Name Ernest McLeod OR
Address 149 Gower St St. John's
City.

Date case disposed of MAR 1 1919

Approved by:
Members of Board
[Signature] Chairman
[Signature]
[Signature]

Remarks:



Department of Militia, Newfoundland
 Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **ST. JOHN'S.**
 Date **JAN. 24th. 1919.**

- 1. Unit *Royal Newfoundland*
- 2. Regimental No. **24**
- 3. Rank **PTE.** at **ST. JOHN'S**
- 4. Name **MCLBOD, ERNEST**
- 5. Age last birthday **24 YEARS.**
- 6. Enlisted on **AUG. 1914.**
- 7. Former trade or occupation **BUTCHER.**
- 8. Disability

BRONCHO- PNEUMONIA.

9. History **DEVELOPED BRONCHO-PNEUMONIA IN TRENCHES OCT. 1917. TRANSFERRED TO 2nd. L.G. UNDER TREATMENT THERE 3 MONTHS. CAME HOME FROM DEPOT ON BLUE PUTTEE LEAVE. SINCE COMING HOME HAS HAD AMPUTATION OF 2nd. TOE LEFT FOOT. (FOR HAMMER) (TOE)**

10. What is his present condition? **NO EVIDENCE OF ANYTHING OF ANY ACCOUNT ON ASCULTATION..**
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.) **COMPLAINS OF SLIGHT COUGH AT ALL TIMES. GENERAL CONDITION GOOD. PULSE 80 TEMP. 98.4.**

Medical Department

Medical Report on an Invalid

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit? **YES.**

Signature **F.W.BURDEN.**

Rank or Qualification **ACTG. M.S.**

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as ~~aggravated-by~~ due to
(a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. **YES.**

15. (a) **THE ENTIRE DISABILITY**—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
(b) **PENSIONABLE DISABILITY**—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

Remarks if any:—

16. Is the disability permanent? **NO.**
17. Has the disability been aggravated by (a) Intemperance (b) Misconduct
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army

Remarks if any:— **LESS THAN 20%**

N.S. FRASER.

.....
President

Signatures **J.S. TAIT.**

L. PATERSON. MAJOR.

Place **ST. JOHN'S.**

Date **JAN 29th. 1919.**

APPROVED

Station **JAN 29 1919**

Date No. **NEWFOUNDLAND.**

(SGD) CLUNY MACPHERSON. MAJOR.

Administrative Medical Officer

COPIED The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. **24** Rank **Pte.** Name **E. McLeod**
Intended place of residence... **149 Gower St.** City

2. Occupation **Butcher**
Classification of soldier **B** Medical Category **B**

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

ELIGIBLE for POST DISCHARGE PAY

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.** *W. H. C. Cost*
Date 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.** (sgd)
Signature of soldier
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date **ST. JOHN'S.** (sgd) **E. McLeod**
Signature of soldier
(sgd) **J. Daymond Sgt.**
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service **2-9-19** No of days on Military
Discharged from service... **12-2-19 Plus 14 Days** Service **1639**

APPROVAL OF DISCHARGE

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

Place **ST. JOHN'S.**
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
Date
Officer i/c Records
The Royal Newfoundland Regiment

1391



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **ST. JOHN'S.**

Date **JAN. 24th. 1919.**

1. Unit *Royal Newfoundland*

5. Age last birthday **24 YEARS.**

2. Regimental No. **24**

6. Enlisted on **AUG. 1914.**

3. Rank **PTE.**

at **ST. JOHN'S**

4. Name **MCLEOD, ERNEST**

7. Former trade or occupation **BUTCHER.**

8. Disability

BRONCHO- PNEUMONIA.

9. History **DEVELOPED BRONCHO-PNEUMONIA IN TRENCHES OCT. 1917. TRANSFERRED TO 2nd. L.G. UNDER TREATMENT THERE 3 MONTHS. CAME HOME FROM DEPOT ON BLUE PUTTEE LEAVE. SINCE COMING HOME HAS HAD AMPUTATION OF 2nd. TOE LEFT FOOT. (FOR HAMMER) (TOE)**

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

**NO EVIDENCE OF ANYTHING OF ANY ACCOUNT ON
ASCULTATION..
COMPLAINS OF SLIGHT COUGH AT ALL TIMES.
GENERAL CONDITION GOOD. PULSE 80 TEMP. 98.4.**

Medical Department

Medical Report on an Inmate

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit? **YES.**

Signature **F.W.BURDEN.**

Rank or Qualification **ACTG. M.O.**

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **MAY** be considered as aggravated by:—
~~due to~~
- (a) Service during this war. (b) Climate. (c) Ordinary Military Service
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.
YES.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.)

Remarks if any:—

16. Is the disability permanent? **NO.**
17. Has the disability been aggravated by (a) Intemperence (b) Misconduct
18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. }

20. We recommend discharge from the Army
retention in

Remarks if any:— **LESS THAN 20%**

N.S. FRASER..... President

Signatures **J.S. TAIT**.....

L. PATERSON..... MAJOR.

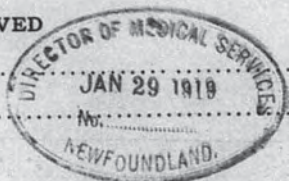
Place **ST. JOHN'S**.....

Date **JAN 29th 1919**.....

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON..... MAJOR.
Administrative Medical Officer