



FIRST NEWFOUNDLAND REGIMENT

Coff

ATTESTATION OF

No. 2873 Name Samuel Mitchelmore Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|--|
| 1. What is your name? | 1. <u>Samuel Mitchelmore</u> |
| 2. What is your full Address? | 2. <u>Green Island Cove</u>
<u>Strait of Bellefleur</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name
Corps
Service } |
| 11. Are you willing to serve upon the conditions as embodied in the roll to be signed by you if you are accepted? | 11. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, Samuel Mitchelmore 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.

June 11th /16 Samuel Mitchelmore SIGNATURE OF RECRUIT.
Charles Ayle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Mitchelmore 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 12th day of June 1916.

Signature of Attesting Officer Charles 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:

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

Date 191 } Approving Officer.
Place

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Mitchelmore
 Apparent age 23 years 5 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 2 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Miss Thomas Mitchelmore, Green Island Cove Straits Belknap | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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

CofE

ATTESTATION OF

No. 2873 Name Samuel Mitchelmore Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Samuel Mitchelmore</u> |
| 2. What is your full Address? | 2. <u>Green Island Cove</u>
<u>Spants of Bellefild</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>23</u> Years <u>5</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Samuel Mitchelmore 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.

June 11th/16 Samuel Mitchelmore SIGNATURE OF RECRUIT.
Chas H. Aye Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel Mitchelmore 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. Johns on this 11th day of June 1916.

Signature of Attesting Officer Chas H. Aye Capt

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191..... } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Whitehouse
 Apparent age 23 years 5 months. Height 5 feet 6 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 1 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Thomas Whitehouse, Green Island Cove, St. John's, Nfld. | Relationship Mother

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>11-6-16</u>									
Joined at <u>St John's</u> on <u>June 11-16</u>									
Embarked for Lt 28-8-16									<u>St John's S.S. Station</u> <u>Embarked for 136.3.30/12</u> <u>Admitted to</u> <u>Ft. Stance. 3-3-17</u> <u>Died of Hoand 3-3-17</u>
Joined <u>Battle</u> 12-12-16									
 									
 									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-3-17</u> [date of discharge] - years <u>266</u> days									
" " " Pension " " " " " " " " " " " "									



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 *Samuel Hitchemore*

aged *23 yrs* conducted at *Ed. B.*

Date: *June 17/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no no*
- 10 *n*
- 11 *n*
- 12 *n*
- 13 *n*
- 14 *n*
- 15 *n*
- 16 *n*
- 17 *n*
- 18 *n*
- 19 *Both.*
- 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 *no*

2873

5'-6"
127 lbs
35-37 1/2
\$400.00 annu.
Mother Mrs Thomas Hatchedmore Green Island
Mother

JW

Signature of Medical Examiner:

L. W. Borden
Lieut.

Cone.

187

G.

17th November, 1917.

Dear Madam,

I desire to inform you that a report has now been received from the Newfoundland Pay and Record Office, London, in which it is stated that the grave of No. 2873, Private Samuel Mitchlemore, is located one half mile S.W. of Guillemont and two miles W. of Combles.

Yours faithfully,

Colonial Secretary.

Mrs. Thomas Mitchlemore,
Green Island Cove.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

March 13, 1917.

To

Mrs. Thomas Mitchelmore,

Green Island Cove,

St. Barbe.

Regret to inform you Record Office, London,
today reports that your son, No. 2873, Private
Samuel Mitchelmore, died of wounds at Sixtieth
Field Ambulance, France, on March third.

J.R. BENNETT

Colonial Secretary.

NOTE FOR OPERATOR:

This message is not to be sent until receiving
office notifies that message to Rev. Mr. Richards has been delivered
and acted upon.

FOR TYPEWRITER

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 Telegrams be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Recd	By	Sent	by	Check

Dated

March 13, 1917.

To

Rev. J. T. Richards, R.D.,

Green Island Cove,

St. Barbe.

Regret to inform you Record Office, London, today reports No. 2873, Private Samuel Mitchelmore, son of Mrs. Thomas Mitchelmore, died of wounds in Sixtieth Field Ambulance, France, March third. Please inform relatives.

J.R. BENNETT

Colonial Secretary.

C.R. 2873

Extract from Nominal Roll Draft (All Ranks) to 1st Bn.
B&E.F. Embarked Southampton.

n2873 Pts. S. Mitchelmore.

39-11-16.

C.R. 2873

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/16.

2873 Pte. S. Mitchelmore.

C.R. 2873

Extract from Nominal Roll of Rfld. Regt. Draft No.14
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 30-11-16.

2873 Pte. S. Mitchelmore.

S Mitchellmore

C.R. 2873

S. H. D.

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

MEDICAL HISTORY

Surname Mitchelmore

OF
Christian Name Samuel

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 12 day of June 1916	at St Johns St.	on day of 191	
Declared Age	23 years 5 mo. 5 days		years	days
Trade or Occupation	fisherman			
Height	5 feet 6 inches		feet	inches
Weight	127 lbs.			lbs.
Chest Measurement	Girth when fully expanded	37 1/2 inches		inches
	Range of expansion	2 1/2 inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V	6/6	R.E.—V	
	L.E.—V	6/6	L.E.—V	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns		at	
	on 12 day of June 1916		on day of 191	
Joined on Enlistment	Corps.	1st Newfld Regiment	Corps.	
	Regtl. No.	2893	Regtl. No.	
Transferred to				
Became non-effective by				
	on day of 191		on day of 191	
(Signature)				
(Rank)				

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	
28-7-16	1st Inoculation	T & P LD
1-8-16	2nd "	LD
7-8-16	3rd "	LD
26/8/16	Vacc.	LD
12.10.16	Dental treatment complete.	

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

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps
 No. *2878* Rank *Pte.* Name *Mitchelmore S.*
 Died (a) *Intestate* at *Bramble* on the *3rd* of *March* 191*7*.
 Deserted at _____ on the _____ of _____ 191*7*.

I Certify to the correctness of above in every particular.

 { Commanding Squadron, Troop,
 Battery or Company.

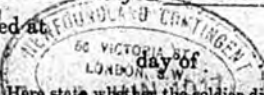
STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	<i>3</i>	<i>3</i>	<i>17</i>
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster	<i>5</i>	<i>12</i>	<i>10</i>	Balance due to the Paymaster			
		£	<i>5</i>	<i>12</i>		<i>5</i>	<i>12</i>	<i>10</i>

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

Dated at _____ this _____ day of _____ 191*7*.



191 _____ Paymaster.

Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto if not already sent to War Office with Army Form B. 2090 or Army Form O. 1615.

Words in Italics to be struck out when there is no debtor balance.

CHECKED.
18.6.17
[Signature]

O.C. Records

72

Newfoundland Contingent Pay Office
58 Victoria Street
S.W.

Will you please inform me of the names
names & next of kin (with relationship)

2873 Pte. S. MICHELLMORE

1st Newfoundland Regt. ?

1178

MAR 12 1917

Recd

Asks

Ans'd

File No

15/13/17

8/3/17

(Rev) R. Burtwick
S.C.F. C/2
20th Division

March 13th. 7.

2206/1.
HA-RC.

Rev. R. Bulstrode,
S. C. F. C of E.
20th Division, B.E.F.

~~2873 the late Pte S. Mitchelmore.
1st Newfoundland Regiment.~~

With reference to your memorandum of the 8/3/17:
I beg to inform you that the address of the next -of-
kin of the late Private S. Mitchelmore is:

(Mother) Mrs Thomas Mitchelmore,
Green Island Cove,
Straits of Belle Isle.
Newfoundland..

Major,

Paymaster



3 1ST. NEWFOUNDLAND REGIMENT //

ALLOTMENTS

I, Samuel Mitchelmore, Regl. No. 2873

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

Allotment begins Sept 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2867</u>	<u>Wife</u>	<u>Mrs Mary Mitchelmore</u>	<u>Green Id. Cove Shants of Belle Isle</u>	<u>60</u>
		<u>Commencing</u>	<u>1/2</u>	
Total Allotment, \$				

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 H. Aye Capt.

Officer Commanding
Company

St John's
Aug. 25th 1916

Sig. Samuel Mitchelmore

(Rank)

Sgt.

ORIGINAL.



Army Form B. 2090a.

FIELD SERVICE

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

REGIMENT } 1st. NEWFOUNDLAND REGT. Squadron, } C. Company.
or } Troop, Battery }
CORPS } or Company }

Regtl. No. 2873. Rank Private.

Name Mitchelmore.S.

Date 3/3/17/.

Died Place 60th. F.A. France.

Cause of Death* Died of Wounds. received in Action.

Nature and Date of Report Memo. 3/3/17/.

By whom made O.C. 60th F.A.

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

Place

Burial Date

By whom reported

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not yet received.
(b) in Small Book (if at Base). ditto.
(c) as a separate document ditto.

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

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

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

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

H. Birchall

Capt. for Lt. Col.

Station and Date 3rd. Echelon. 8/3/17/.

Officer i/c Records. Reg. Inf. Sec. Nol. 3rd. Echelon. G.H.Q. B.E.F.

TRIPPLICATE FIELD SERVICE.

Army Form B. 2090A.

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

REGIMENT } **1st. NEWFOUNDLAND REGT.** Squadron, } **U. Company.**
 or } Troop, Battery }
 CORPS } or Company }

Regtl. No. **2075.** Rank **Private.**

Name **Mitchelmore, S.**

Date **3/3/17/17**

Died { Place **60th F.A. France.**

Cause of Death* **Died of Wounds received in Action.**

Nature and Date of Report **None. 3/3/17/17**

By whom made **C.C. 60th F.A.**

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

Burial { Place _____

Date _____

By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) **Not yet received.**
 (b) in Small Book (if at Base) **ditto.**
 (c) as a separate document **ditto.**

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

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

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

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

Mr. Burchell

Capt. for Lt. Col.

3rd. Echelon. 3/3/17/17

Officer i/c Records, Reg. Inf. Sec. Vol. 3rd. Echelon, C.F.C. B.F.F.

Station and Date _____



C. 2873

Samuel Mitchelmore was attested for General Service
with the NEWFOUNDLAND REGIMENT on June ~~1914~~¹⁹¹⁶
Regimental No. 2873 was allotted to Pte Saml. M tchelmore

AUTHORITY:

Record Ledger

Dept. of Militia,

March 25th. 1919.

No. 2873 Name *Mitchellmore, Samuel* *Sq., Batty.,* *C B Corps 2/1 1st Regt.* Date of enlistment *11/6/16* G.C. Badges *1* Service or Proficiency Pay *1005*
 Date of last entry in Company Conduct Sheet *clean* No. and date of last drunk *clean* Period not reckoning towards freedom from extra fine *clean* Sheet No. *1* Signature O.C. Company, etc. *J. H. Douglas Capt* Character *1005*

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>Rowles</i>	<i>10/1/16</i>			<i>when on active service being deficient of Regt</i>	<i>SM Charnell</i>	<i>10 days pay</i>	<i>10/1/16</i>	<i>1st Lt. G. H. G. G. G.</i>	<i>1/6</i>
				<i>Died of Wounds 3/3/17</i>					
						<i>Wounded</i>	<i>3-3-17</i>		

Army Form B. 193

Hitchelmore, S

2873

Rayner

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 2873

Rank Pte.

Name Mitchelmore, S.

Died^(a) Intestate at France

on the 3rd of March 1917 .

Deserted at

on the . of 191 .

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month				Balance Cr. last month 3/3/17.....	5	12	10	
	Cash issues (Date of each issue to be stated)				Pay days at from to _____				
	£ s. d.				Proficiency, Service or good conduct pay days at from _____ to _____				
	191				Messing allowance days at from _____ to _____				
	"				Kit allowance				
	"								
	Consolidated stoppage								
	Balance due by the Paymaster	5	12	10	Balance due to the Paymaster				
		£	5	12		£	5	12	10

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

CHECKED
11/2/17

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

Dated at _____ day of _____
55, VICTORIA ST.
LONDON, S.W.

NEWFOUNDLAND CONTINGENT.
191
[Signature]

(a) State whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed to this form and sent to War Office with Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 2873

Rank Pte.

Name **Mitchelmore, S.**

Died^(a) Intestate at **France**

on the **3rd** of **March** 1917

Deserted at

on the _____ of _____ 191_____

I Certify to the correctness of above in every particular.

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

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 3/3/17	5	12	10
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
		£	s.	d.	Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowances			
	Consolidated stoppage							
	Balance due by the Paymaster	5	12	10	Balance due to the Paymaster			
		£				£		
			5	12			12	10

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b).

NEWFOUNDLAND CONTINGENT.

(Signature)

CHECKED
1917



(a) If the soldier died intestate, or without leaving a will. In the latter case the will should be annexed to the account. See also War Office with Army Form O. 1626 or Army Form O. 1915.
(b) Work in France to be struck out when there is no debtor balance.

DUPLICATE. FIELD SERVICE.

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

REGIMENT } 1st. NEWFOUNDLAND REGT. Squadron, }
 or } Troop, Battery }
 CORPS } or Company } C. Company.



Regtl. No. 2370. Rank Private.

Name Mitchelmore, S.

Died { Date 3/3/17/5

{ Place 60th. F.A. France.

{ Cause of Death* Died of Wounds. received in Action.

Nature and Date of Report Memo. 3/3/17/5.

By whom made O.C. 60th F.A.

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

Burial { Place _____

{ Date _____

{ By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not yet received.

{ (b) in Small Book (if at Base) ditto.

{ (c) as a separate document ditto.

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

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

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

Signature of Officer in charge } Mr. Birchall
 of Section Adjutant-General's }
 Office at the Base } Capt. for Lt. Col.

Station and Date Srd. Echelon. 3/3/17/5 Officer i/c Records, Reg. Inf. Sec. Hol: Srd. Echelon. C.E.Q. B.E.F.

Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 2873Rank PteName Mitchelmore, SamuelEnlisted (a) 11.6.16Terms of Service (a) DurationService reckons from (a) 11.6.16Date 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. 213, 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. 213, Army Form A. 86, or other official documents.
Date	From whom received				
		Embke Southampton		30.11.16	
		Embke Rouen		1.12.16	
		29th B.D. Deprived 1 days pay (Dep of H.Q.)	Rouen	10.12.16	07810 4th
		Unit joined Battalion	France	12.12.16	B 213
		With do		23.1.17	
3.3.17	C. Hunt 60th F.A.	Dep of Wounds	60th B.D.	3.3.17	Memo

Sgt H. Burdell
Captcy
for the No. 1 Repulse Infantry Section
2nd 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, Shoemaking Smith, etc., etc., also special qualifications in technical Corps duties.

July 3rd.1918.

Mrs. Mary Mitchelmore,
Green Island Cove, Dist. St. Barbe.

Dear Madam:

I enclose herewith cheque for \$41.45
being the balance of the estate of the late No.2873,
Pte.S.Mitchelmore, payable to you as Administratrix.
I also enclose Letters of Administration.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

7/13/18

LM/

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 41.45

June 26th 1918

Received from the First Newfoundland Regiment
the sum of Forty One ⁴⁵/₁₀₀ Dollars.
on account of Pay. Estate
balance

Ch. No. 8082	Initials Kew
Pay Ledger 150	Initials J.P.
Gen. Ledger	Initials

Regtl. No. Rank

J.P.

No. 2873

Rank Pte

Name S. Mitchelmore

Mary Mitchelmore

Green Island Cove

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.....1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. *2873* Rank *Platoon Leader*
Name..... *Samuel Thomas*
Royal Newfoundland Regt.



..... *ec November* (Sgd.)

Mrs Thomas Relationship *Wife*

Address..... *Green Island Cove*

Receipt for Army Book 64

No. 2873 Name S. Mitchemore

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

Date Sept-6/1920

Place G. P. Cove

Name Mary ^{the} Mitchemore

Witness W. Richards

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

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

007

1921.

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

Mrs. Thomas Mitchelmore (Mother)

in respect of his service as No. 2873 Rank Pte.

Name Samuel Mitchelmore Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Oct-17

Signature

Mrs Thomas Mitchelmore

Date

1921

Address

Green Island Cove

[P.T.O.]

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number **C.R. 2823**

Rank **Pte** Regiment or Corps **2/1 Newfoundland Regt.** Surname **Mitchelmore** Christian Name **Samuel** **2149**

Religion **C of E** Age on Enlistment **23** years **5** months.

Enlisted (a) **24 Johns** Terms of Service (a) **Duration** service reckons from (a) **11/6/16**

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

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

Signature of Officer i/c Records.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form H. 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 H. 213, Army Form A. 36, or other official documents
		Embarked	Sit mpton	30 NOV 1916	
		Disembarked	Queen	1-DEC 1916	
	29 P.B.S.	Deprived 1 Day Pay (Defic of 1st) Lower	France	10/22/16	61810.4185.
	Mind	Joined Battalion		12/2/16	B 213
3/3/17	C.C. 60th	Died of wounds	60th P.A.	3/3/17	Mind
			H. B. Bouchell		CAPTAIN.
			for Officer i/c (Infantry) General Messengers, 2nd Ech.		

(b) 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.
 (c) Signaller, Shoeing-Smith, &c.
 (938). Wt. 15012/5155. 1,000,000. 1/16. P.P.Ltd. Forms/B.103/3. **[P.T.O.]**

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 [686] W:017/2124 1000m G:100a 03 56

Regiment of

Newfoundland.

Number of Sheet

Signature of O. C. Company

Regimental Number and Name	Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No. <u>2873</u> <u>Mitchellmore S.</u>	Ago on <u>23</u> years <u>5</u> months	Siberian	[Signature] Captain
Joined <u>Depot</u> Date <u>5/9/16</u>	Place and Date of Enlistment <u>St John</u> <u>11th 5th 16.</u>	Religion <u>Ep. C.</u>	
Joined _____ Date _____	Period of { with Colours <u>266</u> days with Reserve _____ years.	Place of Birth <u>Granddare</u>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Died of Wounds	3 3/17				
				To be carried over					

Army Form B. 121.