



# FIRST NEWFOUNDLAND REGIMENT

*6072*

## ATTESTATION OF

No. *5293*

Name *Alfred Nurse*

Corps

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

1. What is your name? ..... 1. *Alfred Nurse*
2. What is your full Address? ..... 2. *Leharney S.B.I.*
3. Are you a British Subject? ..... 3. *yes*
4. What is your age? ..... 4. *26* Years *5* Months
5. What is your Trade or Calling? ..... 5. *Plumber*
6. Are you Married? ..... 6. *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... 7. *no*
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. *yes*
9. Are you willing to be enlisted for General Service? ..... 9. *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } *yes*

I, *Alfred Nurse* 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.

*Alfred Nurse* .....SIGNATURE OF RECRUIT.

*50 Dec 16.*

*A. H. Jones* .....Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this *4* day of *Dec* 191*6*

Signature of Attesting Officer *J. H. Jones*

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....191

Place.....

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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



# FIRST NEWFOUNDLAND REGIMENT

*6078*

## ATTESTATION OF

No. *5293* Name *Alfred Nurse* Corps .....

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

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <i>Alfred Nurse</i> .....             |
| 2. What is your full Address? .....  | 2. <i>Leharney St. S.B.I.</i> .....      |
| 3. Are you a British Subject? .....  | 3. <i>yes</i> .....                      |
| 4. What is your age? .....   | 4. <i>26</i> Years <i>5</i> Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <i>fireman</i> .....                  |
| 6. Are you Married? .....  | 6. <i>no</i> .....                       |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>no</i> .....                       |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>yes</i> .....                      |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>yes</i> .....                      |
| 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. <i>yes</i> .....                     |

I, *Alfred Nurse* 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.

*Alfred Nurse* .....SIGNATURE OF RECRUIT.

*W. H. Hines* .....Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at .....

on this *4* day of *Dec* 191*6*

*J. H. Knight* .....Signature of Attesting Officer

### †CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....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 Alfred Gurse  
 Apparent age 26 years 0 months. Height 5 feet 7 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 0 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Anne Walker  
4 St Columba St | Relationship Sister  
St Johns

### 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  
 " " " Pensions " \_\_\_\_\_ [ " " ] \_\_\_\_\_ " \_\_\_\_\_ "



# FIRST NEWFOUNDLAND REGIMENT

*copy*

## ATTESTATION OF

No. *5293*

Name *Alfred Nurse*

Corps

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

1. What is your name? ..... *Alfred Nurse*
2. What is your full Address? ..... *Camp Street 5131*
3. Are you a British Subject? ..... *yes*
4. What is your age? ..... *26* Years *5* Months
5. What is your Trade or Calling? ..... *fisherman*
6. Are you Married? ..... *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... *no*
8. Are you willing to be vaccinated or re-vaccinated? ..... *yes*
9. Are you willing to be enlisted for General Service? ..... *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. { Name .....  
Corps .....
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. *yes*

I, *Alfred Nurse* 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.

*Alfred Nurse* ..... SIGNATURE OF RECRUIT.

*W. H. Jones* ..... Signature of Witness.

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

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

### CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at *St. John's* on this *4* day of *Dec* 191*6*.

Signature of Attesting Officer *John H. Knight Lieut.*

### †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.....

Place..... } Approving Officer.

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

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







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

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

Examination of *Alfred Nurse*  
aged *26 yrs. 5 months* conducted at *6 F. B.*  
Date: *Nov 29/16* Recruiting Officer:

NO OF TEST	FINDING
1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>yes</i>
8	<i>yes</i>
9	<i>no - no.</i>
10	<i>n</i>
11	<i>n</i>
12	<i>n</i>
13	<i>n</i>
14	<i>n</i>
15	<i>n</i>
16	<i>n</i>
17	<i>n</i>
18	<i>n</i>
19	<i>6/4 R. 46 left</i>
20	<i>n</i>
21	<i>n</i>
22	<i>n</i>
23	<i>n</i>
24	<i>n</i>
25	<i>n</i>
26	<i>n</i>
27	<i>n</i>
28	<i>n</i>
29	<i>n</i>
30	<i>n</i>
31	<i>n</i>
32	<i>n</i>
33	<i>178 1/2"</i>
34	<i>5-7"</i>
35	<i>135 lbs.</i>
36	<i>34 3/4"</i>
37	<i>\$6.40 per week.</i>
38	<i>sister Annie Walters 122 Colonial St</i>
39	<i>alone.</i>

*32192*  
~~*[scribble]*~~  
*see 211*  
*[scribble]*

*5/11*

Signature of Medical Examiner: *[Signature]*



C.R. 3293

Nov 7th, 1919

Ex-No. 3293 Pte. A. Nurse  
C/o Mrs. Thomas Walters  
Abber Paper Pulp Co.,  
Iriquois Falls  
Ontario, Can.

Dear Sir:-

With reference to my letter of August 29th dealing with a bill sent this Department from Mrs. J. Long, "Centre Hotel," Clarendville for board and lodgings on your account, and requesting if it was your desire that this should be paid from your War Service Gratuity, as you had already been paid your board money, I should be glad to receive a reply thereto, as the bill has now been outstanding for some time.

In the event of our not receiving a reply from you, and Mrs. Long makes a further request for payment of this bill, we shall be obliged to make payment as stated above.

Yours faithfully,

Lieut-Col.,

Chief Staff Officer

C.R. 3293

August 29th 1919.

No. 3293 Pte. A. Nurse,  
C/O Mrs. Thos. Walters,  
Abor Paper Pulp Co.,  
Iriquois Falls,  
Ontario, Can.

Will you please inform me if  
it is in order for this Department to pay to  
Mrs. J. Long the sum of \$40.00 which she states  
is due to her for your Board whilst at her  
house.

I am informed by the Paymaster  
that you were paid your board money and that  
you undertook to pay the amount of your board.  
You apparently have overlooked this settlement  
and Mrs. Long has written us.

I shall be glad to receive a reply  
at your earliest convenience.

Lieut. Col.

Chief Staff Officer.



C.R. 3293

Extract from Daily Orders Cart 11 Unit The Royal Nfld.

Regt. St. John's, July 19-1919

The discharge of the undernoted on demobilization has been

*Amended*  
~~Approved~~ by Officer i/c Records from 12-7-19

3293 Pte. Alfred Nurse.

C.R. 3293

Extract from ~~Monthly Statement~~ Casualties received from  
the P.S.R. London dated 6-5-19.

3293 Pte. A. Nurse ex Surgical Sheppards Bush  
2/5/19. was granted furlough to 11/5/19 Classified for  
Discharge. To report to Depot on latter date.



C.R. 8293

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 4th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 28-6-19

3293

~~3293~~ Pte. A. Nurse.

C.R. 3293

Extract from Daily Orders Part 11 Depot, Sg. Johns,

Date

June 18th 1919.

3293, Pte. Nurse.

Reported at Headquarters 1/6/19. ex "Gorsican"

which sailed Liverpool May 22/1919.

C.R. 3293

Extract from Daily Orders part 11 Unit The Royal Hfld.  
Regt. France, dated 21-7-18.

6

3293 Pte. A. Nurse.

Invalided to England 21-6-18. Wound.



C.R. 3293  
Serial No.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept of Militia

Line Number	Rcd	By	Sent by	Check
				St. John's Nfld.

Dated June 25th, 1918

To Mrs. Thomas Walters, C/o Aber Paper Pulp Co.  
Iriquois Falls, Ontario, Canada

Regret to inform you that Record Office, London,  
officially reports No. 3293, Private Alfred Nurse  
at Military Orthopaedic Hospital, Sheppard's Bush

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

W.F. Rendell Lieut. Col.

Chief Staff Officer.

for Minister of Militia.

FOR TYPEWRITER

C.R. 3293

Extract of NOMINAL ROLL from Various Hospitals received from  
Pay and Record Office June 24th 1918.

#3293 Pte. Nurse, Alfred.

*G.S.W. Thigh. Frac. femur.*

ADMITTED TO ORTHOPAEDIC HOSPITAL DUCANE RD, SHEPHERD'S BUSH

W. ON 21/6/18

C.R. 3293

Extract from Telegram received from London, dated  
June 24th, 1918.

At Military Orthopaedic Hospital , Sheparás Bush.

#3293 Pte. Nurse.



**NEWFOUNDLAND POSTAL TELEGRAPHS.**

C.R. 3293

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

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

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

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

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

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

**(NOT TRANSMITTED)**Signature of Sender \_\_\_\_\_ Address **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

*Dated*

April 22, 1918

*To*Mrs. Thomas Walters, C/o Abor Paper & Pulp Co. **Orsis Falls, Ontario, Can.**

Regret to inform you that Record Office, London,

officially reports

No. 3293, Private Alfred Nurse at

8th Stationary Hospital, Wimereux, April 14th G.S.W.

right thigh fractured femur severe.

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

**J.R. Bennett**

Acting Minister of Militia.

**FOR TYPEWRITER**

C.R. 3293

Extract from Nominal Roll of Draft No 59. 50 Other Tanks  
from 2 Bn. Royal Newfoundland Regiment, to 1st Bn. Royal  
Newfoundland Regiment, B.E.F.

Embarked Southampton, 1/3/18.

3293 Pte. A. Nurse.

C.R. 3293

Extract from Daily Orders Part 11, UFIT: The Royal Newfoundland  
Regiment, dated 29th. December 1917.

STRONG.

3293 Pte. A. Nurse.

Invalided to U.K. 26/11/17. Wled.



C.R. 3293

Extract of Casualties received from Pay & Record  
Office, London, dated December 29, 1917.

#3293 Pte. A. Nurse.

Discharged from Richmond Military Hospital, on 28/12/17.  
and granted furlough from 29/12/17 to 7/1/18.

Auth:- Memo. from Hospital.

✓

C.R. 3293

Extract of Casualty receive from Pay & Record Office,  
London, dated December 4, 1917.

#3293 Pte. A. Nurse. ✓

Wounded 20/11/17.

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

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

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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 **November 30, 1917.**

To **Mrs. Thomas Walters,**

**C/o Abor Paper & Pulp Company,**

**Iroquois Falls, Ont.**

**Reported No. 3293, Private Alfred Nurse, admitted  
Military Hospital, Grove Road, Richmond, gunshot  
wound left thigh.**

**R.A. SQUIRES**

**Colonial Secretary.**

**FOR TYPEWRITER**



C.R. 3293

NO. 3293<sup>3</sup> PTE. ALFRED NURSE.

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

"AT MILITARY HOSPITAL GROVE ROAD RICHMOND GUNSHOT WOUNDS  
LEFT THIGHT"

✓

C.R. 3293

Extract from Nominal Roll of Draft No. 25 Rebatted Southampton 11/6/17  
from 2/1st Newfoundland Regiment Newton-on-Ayre, to 1/1st Newfoundland  
Regiment B N.F.

3293 Pte. Nurse, A.

MP.

C.R. 3293

Extract from Officers and men Embarked St. John's 21-1-17

Sailed Halifax S. S. NORTHLAND 17-4-17.

#3293 Pte. A. Nurse.



C.R. 3293

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Dec. 4th, 1916.

~~3293~~ Pte. Alfred Nurse.

Attached to the Strength from Dec. 4th, 1916.

A. Kuser

C.R.

3293

~~PKD~~



4 / 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Alfred Nurse, Regl. No. 3293  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 60 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins February 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3470	Self	Bank ? Montreal in name of Alfred Nurse <u>and</u> <u>or</u>	St. John's	
	Sister	Mrs Thomas Walton	42 Conical St. St. John's	60
Total Allotment, \$				

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

(Sig.) Charles A. [Signature]  
 Officer Commanding  
 ? Company  
 St. John's  
 January 13<sup>th</sup> 1917

(Sig.) Alfred Nurse  
 (Rank) Private



No. 3297



4 / 1ST. NEWFOUNDLAND REGIMENT  
ALLOTMENTS

I, Alfred Nurse, Regl. No. 3293

hereby agree, until further notification by me, and in similar official form to make an Allotment of 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins February 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3470</u>	<u>Self</u>	<u>Bank</u>	<u>St. John's</u>	
		<u>Montreal</u>		
		<u>in name of</u>		
		<u>Alfred Nurse</u>		
		<u>and</u>		
		<u>or</u>		
	<u>Sister</u>	<u>Mrs Thomas Wallis</u>	<u>42 Croftal St.</u>	
			<u>St. John's</u>	<u>60</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.) Charles R. Ayres  
Officer Commanding  
6 Company

(Sig.) Alfred Nurse  
(Rank) PC

St. John's  
January 13<sup>th</sup> 1917

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

Army Form W. 3016.  
(In Book of 200.)

No. 1209 Date 28. 12. 1917

- (1) To the Officer i/c Records, \_\_\_\_\_ (Station).  
1<sup>st</sup> Newfoundland  
(2) The Officer Commanding, \_\_\_\_\_ (Station).  
(3) The Paymaster, \_\_\_\_\_ (Station).

Regimental No. 3293  
Rank and Name 7th Nurse Alfred  
Regiment or Corps 1<sup>st</sup> Newfoundland

has been granted a furlough from Do Report to \_\_\_\_\_

His address while on leave will be: 58 Victoria St S.W.

I consider he is fit for\* Furlough 29-12-17  
Sahau 7-1-18  
\* Strike out that which is inapplicable. Major, R.A.M.C.

Officer in charge O i/c Richmond Military Hospital, Surrey. (Station).

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



# Transfer Statement of Clothing and Necessaries.

INSTRUCTIONS—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units.

STATEMENT showing the Articles in possession of (Regimental No.

3293  
 Rank and Name) No Parson &  
Surfacedland  
 proceeding from the MILITARY HOSP.  
RICHMOND.

to the \_\_\_\_\_

Date of Enlistment \_\_\_\_\_

Date of Transfer 28/12/1917

**FOR DETAIL OF ARTICLES, see overleaf.**

Certified that this Statement, as detailed overleaf, is correct in every particular.

(1) Station RICHMOND.

Galla Major, R.A.M.C.  
 O i/c MILITARY HOSP.  
Commanding Squadron, Battery, etc.  
RICHMOND.

Date \_\_\_\_\_

Name of Unit man is leaving.

(2) Station \_\_\_\_\_

Commanding Squadron, Battery,  
 or Company

Date \_\_\_\_\_

Name of Unit man is joining.



# Articles of Clothing & Necessaries in Possession.

Articles not in possession should be struck out of the list. Any articles not included should be inserted.

Clothing	No.	Necessaries.	No.
<del>Aprons, knit</del> .. ..		Badge, cap .. ..	/
Boots, ankle, pairs ..	/	Bag, Kit .. ..	/
Caps, Service Dress ..	/	Braces, pairs .. ..	/
<del>Caps, Glengarry</del> .. ..		Brass, Button .. ..	
Drawers, pairs .. ..	1-1	Brush, Brass .. ..	
<del>Frocks, Canvas</del> .. ..		.. Blacking .. ..	
Greatcoat, D.M. .. ..	/	.. Clothes .. ..	/
Jackets, Service Dress ..	/	.. Hair .. ..	/
Kilts .. ..		.. Polishing .. ..	/
<del>Pantaloon, cord, pairs</del> ..		.. Shaving .. ..	/
Putties, pairs .. ..	/	.. Tooth .. ..	/
<del>Spurs, Jack, pairs</del> .. ..		Cap, Comforter .. ..	
Trousers, Service Dress, pairs	/	Comb, hair .. ..	/
<del>Trousers, Canvas or Khaki</del>		Disc, identity, with cord ..	
<del>Drill Overalls, pairs</del> ..		Fork .. ..	
Waistcoat, cardigan .. ..	1	<del>Carters, Highland, pairs</del> ..	
<del>Coat, waterproof</del> .. ..		Holdall .. ..	
<del>Gloves, leather, pairs</del> .. ..		Hose Tops, pairs .. ..	
<del>Gloves, Motor Cyclist, pairs</del>		Housewife .. ..	
<del>Goggles, pairs</del> .. ..		Knife, Clasp .. ..	
		Knife, Table .. ..	
		Laces, leather, spare, pairs ..	1
		Shirts, flannel .. ..	1-1
		Socks, worsted, pairs .. ..	1-1
		Spoon .. ..	
		<del>Titles, metal, pairs</del> .. ..	
		Towels, hand .. ..	
		Wax Polish, tin .. ..	1
		<i>Keyes</i>	

I certify that this statement is correct.

Date .....

Signature of the Soldier .....

*A Nurse*

No. 19118/1

**SPECIAL MILITARY  
SURGICAL HOSPITAL,  
DUCANE ROAD,  
SHEPHERD'S BUSH**

N.F.P/48.



To: Officer Commanding,  
Special Surgical  
Military Hospital,  
Shepherds Bush, W. 12.

**SPECIAL MILITARY  
SURGICAL HOSPITAL,  
DUCANE ROAD,  
SHEPHERD'S BUSH**

**FINANCE**

With reference to request of (No) 3293 (Rank) Pte W.12

(Name) Alfred Nurse

Cheque No. 11103 for

£ 3:0:0

is enclosed for payment to this Soldier as may be deemed fit.

Kindly complete receipt form on back of cheque before

representing at a Bank.

**SPECIAL MILITARY  
SURGICAL HOSPITAL,  
DUCANE ROAD,  
SHEPHERD'S BUSH  
W.12.**

MILITARY  
ORTHOPÆDIC HOSPITAL,  
DUCANE ROAD,  
SHEPHERD'S BUSH, W.  
23 NOV. 1918  
1189

*A. J. Minshall Maj.*  
Chief Paymaster & O. i/c Records.

*A. R. M. O.*  
Capt. R.A.M.O.

*Received  
A Nurse*

# Special Military Surgical Hospital, Shepherds Bush, W. 12.

To the Regimental Paymaster..... Victoria Street .....

Please forward the sum of..... £ 4 .....

to the undermentioned and debit my account,

Signed; Name..... Nurse. A. .....

Rank..... Pt. .....

Number..... 3293 .....

Regt..... 1st Royal New Zealand .....

Coy..... A .....

Remittance to be forwarded to:— Name..... Pt. Nurse .....

Address.....

Approved :

W. J. Dobson  
Capt., R.A.M.C.,

for Officer in Charge.

SPECIAL MILITARY  
SURGICAL HOSPITAL,  
SHEPHERDS BUSH,  
W. 12.

O.K. 74-0-0  
M.R. 12/3/19  
Receipt No 1643

L. E. A.



INDEX & RECORD  
Ref. Nos. in 8393  
Ack'd 15 SEP 1918  
Ref. Nos. 001

P/46

15453/3

# Military Orthopaedic Hospital, Ducane Road, Shepherds Bush, W.12.

To the Regimental Paymaster..... *Victoria St London* .....

Please forward the sum of..... *Three Pounds* .....to the undermentioned and debit my account

Signed: Name..... *Alfred Russ* ..... Rank..... *Pte* ..... Numbers..... *293* .....

Regt..... *Royal Newfoundland* ..... Coy..... *C* .....

Remittance to be forwarded to:— Name..... *Alfred Russ Orthopaedic Hospital* .....

Address..... *Ward 6 Ducane Rd Shepherds Bush W12* .....

*Q.R. £3.0.0*  
*25/9/18 W.R.*  
Receipt No.

Approved:

  
R.A.M.C. (for Officer in Charge.)

MILITARY  
ORTHOPAEDIC HOSPITAL  
DUCANE ROAD,  
SHEPHERD'S BUSH,  
W.

No. 3293 Rank Plt Name Nurse A.

Pay	F.A.	w/kg	Total
100	10		110
Less: Allotment			60
Net Rate			50

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
<del>Dpd one days pay</del>					✓							
Balance			4	6	Balance		8/6/17					6 5 ✓
Acquittance Rolls		7	7	10	✓ Pay @ Net Rate	9/6/17	28/2/17	20 3	50	101	50	20 17 ✓
Hospital Advances			3	6	✓ Ration allow.							1 0 0 ✓
A.B. 34					10 days @ 2/-	29/12	3/1/18	6	50	3	00	12 4 ✓
P. & R.O. Payments					(14-7-8)							
					0-0-10							
7-15-10 Receipt No 4948	28/12/17		14	0 0								22 15 ✓
21-15-10 Cash 5059			1	0 0								

CHECKED.  
*HC*

Pay

Military Orthopaedic Hospital, Ducane Road, Shepherds Bush, W.12.



To the Regimental Paymaster..... 58 Victoria St

Please forward the sum of..... 3 £ .....to the undermentioned and debit my account

Signed: Name Nurse Alfred Rank Pl Number 3293

OK: [3-0-Shep] 17/7/18

Regt. Royal Newfoundland Coy. A

Remittance to be forwarded to: Name Alfred Nurse

Address Orthopaedic Hospital Ducane Rd

9 Shepherds Bush West W.12

Approved:

Ed Hargreaves

Capt., R.A.M.C. (for Officer in Charge).

MILITARY ORTHOPAEDIC HOSPITAL DUCANE ROAD SHEPHERD'S BUSH, W.

11224/2/12/7/18



11224/2



Military Orthopaedic  
Ducane Road,  
Shepherds Bush, W.12

12th, July 1948

3293 Pte.

Alfred Nurse

3.0.0

Handwritten signature and date: JB 13/7/48



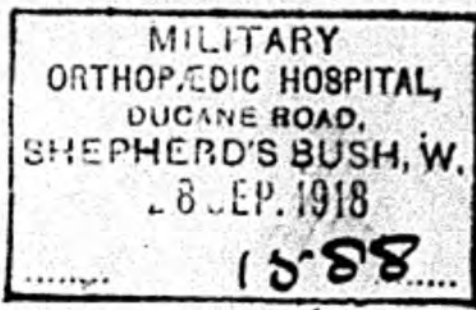
**FINANCE:**

To: Officer Commanding,

Military Orthopaedic Hospital,Duncan Road, Shepherd's Bush. W.Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,Sept. 25th, 1918

With reference to request of (No) 3293 (Rank) Private  
(Name) Nurse, Alfred Cheque No. 8876 for  
£3.0.0. is enclosed for payment to this Soldier as may  
be deemed fit.

Kindly complete receipt form on back of cheque before  
presenting at a Bank.



*A. A. Maxwell*  
Chief Paymaster & O. i/c Records.

*Received 28.9.18.*

*A. Nurse*

64  
No. 11224/2.

# FINANCE.

NEWFOUNDLAND CONTINGENT

N.F.P./48.

Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

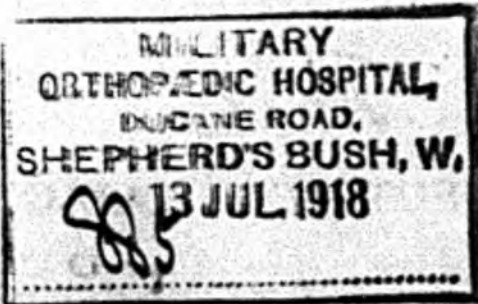
To: Officer in Charge,

~~Military Orthopaedic~~ Hospital,  
Ducane Road,  
~~Shepherds Bush, W.12~~

12th, July 1918

With reference to request of (No.) 3293 (Rank) Pte.  
(Name) Alfred Nurse Cheque No. \_\_\_\_\_ for  
£ 3. 0. 0 is enclosed for payment to this Soldier as may  
be deemed fit.

Kindly complete Receipt Form on back of cheque before  
presenting at a Bank.



*W. A. ...*  
Chief Paymaster & Officer i/c Records.

MILITARY  
ORTHOPÆDIC HOSPITAL  
DUCANE ROAD  
SHEPHERD'S BUSH,  
W.



17.7.18.

Received Cheque / A Nurse

13.7.18.

Here with receipt complete as  
as requested.

Walter Hill

LIEUT. COL., R.A.M.C.



19118/1

*Chiquito No. 11103*

Special Surgical  
Military

Shepherds Bush, W. 12.

22nd November 8

3293 Pte

Alfred Nurse

3:0:0

*P.f.d.*

O.K. £ 3-0-0 M.R. 27/11/18  
Cheque No 11103

# Special Military Surgical Hospital, Shepherds Bush, W. 12.

To the Regimental Paymaster  
PAY & RECORD OFFICE.

58 Victoria St London

Please forward the sum of *100 62* *100 62* to the undermentioned and debit my account.

Signed, *22 Nov 1918* Name *Edith Nurse* Rank *Pt* Number *3293*

Regt *Royal Newfoundland* Coy *A*

Remittance to be forwarded to: Name *Edith Nurse* *Otho paedic*

Address *Hospital Shepherds Bush*

P & SPECIAL MILITARY  
R. & SURGICAL HOSPITAL  
B & F DUCANE ROAD,  
P. S. SHEPHERD'S BUSH  
W. 12

Approved :

*Ward 64*  
*London W. 12*  
*1918/1*

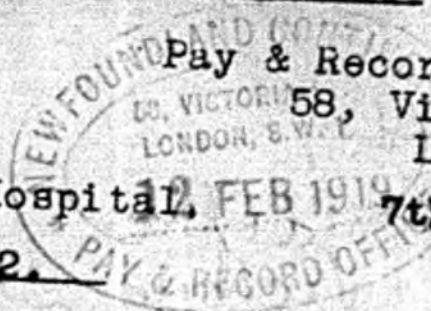
*A. W. Bacon*  
Capt., R.A.M.C. (for Officer in Charge).

No. 2258/1

# FINANCE

NEWFOUNDLAND CONTINGENT

N.F.P/48.



Pay & Record Office,  
58, Victoria Street,  
London, S.W. 1,

To: Officer Commanding,  
Special Military Surgical Hospital,  
Shepherds Bush, W.12. 7th. February, 1919

With reference to request of (No) 3293 (Rank) Private  
(Name) Nurse, A. Cheque No. 11596 for  
£ 6:0:0 is enclosed for payment to this Soldier as may  
be deemed fit.

Kindly complete receipt form on back of cheque before  
presenting at a Bank.

HOSPITAL  
 SHEPHERDS BUSH, W.  
 11 FEB. 1919  
 545

*Jm*  
*F. J. Marshall*  
 Chief Paymaster & O. i/c Records.

64



Office of Records,  
Pay & Record Office.  
58 Victoria St.  
London S.W.1

Received Cheque Value £6.0.0, on 11<sup>2</sup>/<sub>9</sub>.  
3293 A Nurse Royal  
Newfoundland

V. H. M. Green  
Capt RLM 8.

Patient in

SPECIAL MILITARY  
SURGICAL HOSPITAL,  
SHEPHERDS BUSH,  
W. 12.

2258/1

Special Military Surgical  
Shepherds Bush, W.12.

7th. February, 9

Nurse, A.

3293

Private

6:0:0

*Chiquito*  
*Dato*

11596  
10-2-19

**Special Military Surgical Hospital, Shepherds Bush, W. 12.**

To the Regimental Paymaster.....

*Victoria Street*

Please forward the sum of.....

*£ 6*

to the undermentioned and debit my account,

Signed:

Name.....

*Nurse: Alfred*

Rank.....

*Plt.*

Number.....

*59293 (3293)*

Regt.....

*Royal Newfoundland*

Coy.....

*A*

*2258/1*

Remittance to be forwarded to:— Name.....

Name.....

*Plt Alfred Nurse*

Address.....

*Special Mil. Surgical Hosp. - Queen Rd  
Shepherds Bush  
W. 12.*

Approved :

*The Regt Capt. Jms*

Capt., R.A.M.O.,

for Officer in Charge.



*P/4*  
*6/1/19*  
*R. J. G.*  
*0. R. 6-0-0*

NEWFOUNDLAND CONTINGENT,  
PAY & RECORDS OFFICE.  
*NOTE*  
*5-1-1919*  
*COY. LOS. A*



Curse, A

3293

Hay Sept.

July 17, 1919

#3293 Pte. Alfred Nurse,

Chapney's T.B.

Dear Sir:-

Please find enclosed Discharge Certificate #3066.

Yours truly

Captain & Paymaster

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3293 Rank Pvt Name Murphy A  
 Intended place of residence Blampney, Trinity

2. Occupation Fisherman  
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

### DEMobilIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUN 27 1919

*A. Murse*  
 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, ST. JOHN'S

Date 27-6-19

*A. Murse*  
 Signature of soldier

*J. H. Mowlapt*  
 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, ST. JOHN'S

Date 27-6-19

*A. Murse*  
 Signature of soldier

*James O. Newman*  
 Signature of witness  
 SP1

### STATEMENT OF SERVICE

7. Enlisted for service 29-11-16 No. of days on Military  
 Discharged from service 28-6-19 Plus 14 days Service 95 1/2

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUN 28 1919

*R. H. Sait Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date July 12/1919

*M. Bowley Capt*  
 Officer in Charge  
 The Royal Newfoundland Regiment

*A 2132079/3066*



## Civil Re-establishment Committee



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

To resume former Occupation.

*A Nurse.*

Signature of Man.

*J. H. Snowbapt.*

Signature of the Vocational Officer or his Representative.

Reg. No. 3293

**ST. JOHN'S.**

Place

JUN 27 1919

Date

191

# 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 .....

Regimental No. 3293

Name Russell Alfred Rank Pte

Address Champneys

Present Medical Category F

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

Members of Board

R. H. Last Major  
O.C. Discharge Depot.

Watkinson  
Senior Medical Officer

Seaburden  
M. O. Depot

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

# MEDICAL HISTORY

Surname *Muse*

OF  
Christian Name *Alfred*



Table 1.—GENERAL TABLE.

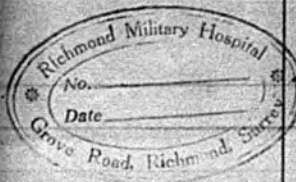
Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_

		SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on <i>29<sup>th</sup></i> day of <i>Nov</i> 191 <i>6</i>	on	day of	191	191
Declared Age	at <i>St John's</i> <i>Newfoundland</i>	at			
Trade or Occupation	<i>26</i> years <i>5 months</i>		years	days	
Height	<i>fisherman</i>		feet	inches	inches
Weight	<i>7</i>		lbs.	lbs.	lbs.
Chest Measurement	Girth when fully expanded		<i>135</i>	inches	inches
	Range of expansion		<i>3 1/2</i>	inches	inches
Physical Development					
Vaccination Marks	Arm				
	Number				
When Vaccinated	<i>never</i>				
Vision	R.E.—V=			R.E.—V=	
	L.E.—V=			L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease					
(b) Slight defects but not sufficient to Cause Rejection					
Approved by (Signature)	<i>Lamont Paterson</i>				
(Rank)	<i>Major</i>				
	Medical Officer.				Medical Officer.
Enlisted	at <i>St John's</i>	at			
	on <i>11</i> day of <i>Dec</i> 191 <i>6</i>	on	day of	191	191
	Corps _____		Corps _____		Corps _____
	Regtl. No. _____		Regtl. No. _____		Regtl. No. _____
Joined on Enlistment	<i>Newfoundland</i>				
	<i>Regiment 3293</i>				
Transferred to	<i>NEWFOUNDLAND CONTINGENT.</i>				
Became non-effective by					
	on _____ day of _____ 191	on	day of	191	191
(Signature)					
(Rank)					





Table II.—Only for admission to hospital or to the sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
	27	11	17	28	12	17	Bullet wd thigh (lower 1/3)		
<b>SPECIAL MILITARY SURGICAL HOSPITAL, DUCANE ROAD, SHEPHERD'S BUSH W. 12</b>	21	6	18	2	5	19		315	95. W.

list in case of Warrant officers treated in quarters.

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

Signature of Medical Officer

had healed  
Discharged at No 3016 (1)

Front Rt Femur. Discharged for  
Refractation.

F. J. Cunningham  
Capt for Major, R.A.M.C.  
O/10 Richmond Military Hospital,  
Surrey.

A. H. B. B. B.  
Capt. R.A.M.C.

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.

Brief Details, and Signature

Dec 15/16

Vaccination 20

11-1-17

20

17-1-17

20

24-1-17

20

T.A.B.

3

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

2.11.19  
Date of S.M.B.

Discharge Depot—Newquand

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
S.S. Fingel	July 31	Feb 3"			
Windsor	Feb 3"	1914			





## 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 *Alfred Nurse.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3293*

Intended address *Champneys*

Height on discharge *5 Feet 8*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Left & Right Leg*

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Champneys. 23-7 age 24. 1891*

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) *Alfred Nurse.*

(Rank) *PTE*

Station *Pt. of Hms*

Date *June 24-1919.*

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.

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

Station

Date

1. Private Militia  
J. H. Jones

attached bill sent to U. S. Dept. to be certified.  
Lawrenceville, Aug 12/79

R. 3293

Dear Sir:

Referring to attached I beg to say that I have written Private A. Nurse in connection with the forty dollars \$40. due me for his board while at Lawrenceville but cannot get any satisfaction from him. When Nurse left here he asked me to forward his Board Bill to your department - saying you would forward a cheque for same. As you say the Board money was paid to him personally he has received and kept that which does not belong to him. And as there seems to be very little chance for me to get the amount from Private Nurse I wish to ask you to have this amount stopped from his next month's cheque and forwarded to me direct from your office.

I am inclosing a Bill for Oiler Soldiers Board which has not been yet attended to by your Dept and I would like to ask that you have this account settled as soon as possible. Kindly reply.

over

Yours truly  
Mrs. Joseph Long

b. S. O.

Can you authorize payment?

MSB





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5393 Rank Pr. Name Nurse A. [unclear]  
 Date of Enlistment 29-11-16 Address Stampsney's District Trinity  
 Occupation Tuberman Classification for Discharge B Medical Category 14  
 Recommendation S. M. B. permitted to [unclear] Disability Rating 30% 3 Mos  
 Passed to Demobilization Officer with following documents:—

N. F. 136	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 178b	D 400B	Form L	do 3rd	" 4
B 178c	D 400C	Form K	do 4th	" 5
B 179a	B 103	ME 2	3068-1	" 6
B 179b	B 120	M 93	1237-3	

Date 27-6-19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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 [Signature]

Date 27-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 3058 to his home at Champrays and Release Certificate No. 3058 issued.

Date 27-6-19

*J.A. Snowball*  
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 27-6-19

Date 27-6-19

*H. M. S. H.*  
Depot Paymaster.

Discharged approved for 28-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	<u>3068-1</u>	" 6
B179c	B 120	M 93	<u>1237-3</u>	

*2 Form B*

Date 27-6-19

*J.A. Snowball*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:-  
Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**JUN 28 1919**

**Eligible for War Service Gratuity**

Date .....

*R.H. S. J. S. J.* MAJOR  
O. C. Discharge Depot.

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

Date .....





**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**.....

**June 24/19.**

Date.....

- |                                   |   |
|-----------------------------------|---|
| 1. Unit <b>Royal Newfoundland</b> | 5. Age last birthday <b>28 Years.</b>           |
| 2. Regimental No. <b>3293.</b>    | 6. Enlisted on <b>11/12/1918.</b>               |
| 3. Rank <b>Pte.</b>               | at <b>St. John's.</b>                           |
| 4. Name <b>Nurse Alfred.</b>      | 7. Former trade or occupation <b>Fisherman.</b> |

8. Disability

**G.S.W. Fracture Femur.**

9. History

1st. wd. G.S.W. Knee Cambrai. in Nov. 1917. Evacuated U.K. Treated Richmond M Mil Hp. Discharged Cured 2nd. Wd. G.S.W. R. Thigh Fracture Femur. April 1918 Belgium Evacuated U.K. Treated Shepherd's Bush Mil. Hp. States leg was re-fractured 2. Dis. for repatriation per S.S. Corsican.

10. What is his present condition?

**Sears L. Leg above Knee, healed movement Knee Joint good. Scar below R. Trochanter of os. from Middle Thigh. Wasting muscles R Thigh. Slight shortening. Walks with Limp. Movements at Hip-Joint full & free. No pain in Thigh.**

Department of Military Neurology

Medical Department

Medical Record on health

11. Was sanatorium advised and refused?  
operation

12. Do you recommend discharge as permanently unfit? **"Y"**

Signature **J. ST. P. KNIGHT, MAJOR.**

Rank or Qualification .....

Remarks if any by Officer in Hospital.

Place ..... Signature .....

Date ..... Rank .....

Report of the Surgeon General, U.S. Army, 1917. Prepared by the Surgeon General's Office, Washington, D.C. 1917. This report is a summary of the medical records of the following soldiers: Sears, L. (No. 100,000,000); ...

## 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.

**Some thickening of bone. Loss of feeling below the scar very slight movement at Knee-Joint.**

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **30%.**
- (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.) **30% 3 Months. Treatment & observation of Knee Joint.**
- Remarks if any:—

16. Is the disability permanent?

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 retention in the Army

Remarks if any:—

..... **N. S. FRASER** .....  
President

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

..... **L. PATERSON, MAJOR**.....

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

Date **June 24/19**.....

APPROVED

Station.....

Date.....



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





**Casualty Form - Active Service.**

Regiment or Corps 1st Newfoundland

Surname Hurse Christian Name Alfred

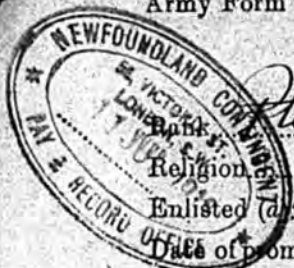
Age on Enlistment 26 years 5 months

Enlisted (a) 4-12-16 Terms of Service (a) Duration Service reckons from (a) 4-12-16

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

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

Occupation Fisherman



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks B.213, Army Form A.36, or other official documents
Date	From whom received				
			Embarked <u>Hampton</u>	<u>11.6.17</u>	
			Disembarked... <u>Rover</u>	<u>12.6.17</u>	
			Joined Battalion	<u>2 JUL 1917</u>	<u>B 213</u>
<u>26 NOV 1917</u>	<u>O.L.</u>	<u>WOUNDED IN ACTION</u>	<u>20 NOV 1917</u>		<u>A.F.B. 213.</u>
<u>2/1/17</u>	<u>3774</u>	<u>D. Cowherd trans</u>	<u>55 CES</u>	<u>25/1/17</u>	<u>8A 3827</u>
	<u>10/1/17</u>	<u>D°</u>	<u>Rover</u>	<u>22/1/17</u>	<u>HA 16643</u>
	<u>Spencer</u>	<u>Transferred to England</u>		<u>26-11-17</u>	<u>W 3083</u>
			<u>J. Maury</u>		
			<u>O. 1/c No. 1</u>		<u>Infantry Section</u>
					<u>G.H.Q. 3rd Division</u>

*[Handwritten signature]*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.  
 (6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B.103/4 (E. 538) P.T.O.





## FIELD MEDICAL CARD.

A.T. Serum  
Dose and date

} 1st	500	13-4-18
	500	20-4-18
} 2nd	500	27-4-18
	500	4-5-18

## FIELD AMBULANCE NOTES.

Morphia  
Dose and timeDate of wound or  
onset of illness

Religion

Ch.

No.

3292

Rank

Plc

Name

NURSE A.

Unit

1st ROY N.F.L.D.

Battle Casualty ~~Accidentally Wounded.~~ "Sick"  
(Strike out description which does not apply)

No. of F.A.

57

Date of admission

13-4-18

F.A. diagnosis

Fract Femur R.

[Holmes Capt  
NATU

Additional F.A. Notes to be written on back of card.

C.C.S. diagnosis (if altered from above)

Base Hospital diagnosis (alterations or additional)

Date of entry and medical unit admitting must be recorded immediately on admission. Brief clinical notes to be added later and signed by M.O.

No. of C.C.S. 10

Date of entry 13/4/18.

Clean E & E. lacerated wound.

Fractured femur.

Dressed & splinted.

M. W. B. Oliver.

Cyber Ramp.

Grace.

No. of Hospital

Date of entry

No. 8 S. 104

114 APR 1918

Comp. comminuted fracture  
Upper 1/3 R femur.

Union  
Good position  
had healed.

Trac. by A.G.'s order

J. Miller  
Capt. Rame

This F.M. Card must not be destroyed, and it must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

**Transfer Statement of Clothing and Necessaries.**

INSTRUCTIONS.—This Statement will be made out by the Depot and will be sent to the Commanding Officer of the unit receiving the transfer, who will retain it as a voucher to the unit's Clothing Account. The Statement will also be forwarded in the case of men in the United Kingdom passing from Hospitals to Depots or units, and in all cases of Transfer, except when men proceed overseas.

STATEMENT showing the <sup>3293</sup>Articles in possession of ~~(Regimental No.,~~

Rank and Name Private A. R. Newfield

proceeding from the SPECIAL MILITARY  
SURGICAL HOSPITAL,  
 to the SHEPHERD'S BUSH, W.12

Date of Enlistment \_\_\_\_\_ Date of Transfer 2/5/57 1957

**FOR DETAIL OF ARTICLES, see overleaf.**

Certified that this Statement, as detailed overleaf, is correct in every particular.

SPECIAL MILITARY  
SURGICAL HOSPITAL,  
 (1) Station DUCANE ROAD,  
SHEPHERD'S BUSH  
W.12

[Signature]  
 Commanding Squadron, Battery, &c.

Captain R. H. D.

Date \_\_\_\_\_ Name of Unit man is leaving

(2) Station \_\_\_\_\_  
 Commanding Squadron, Battery,  
 or Company.

Date \_\_\_\_\_ Name of Unit man is joining.



# Articles of Clothing and Necessaries in Possession

Articles not in possession should be struck out of the list. Any article not included should be inserted.

CLOTHING	IN POSSESSION	ISSUED	NECESSARIES	IN POSSESSION	ISSUED
<del>Apron, Kilt</del> ... ..			Badge, cap ... ..		
Boots, ankle, pairs ... ..	X	1	Bag, Kit ... ..	X	1
Caps, Service Dress ... ..	X	1	Braces, pairs ... ..		
<del>Caps, Glengarry</del> ... ..			<del>Brace, Button</del> ... ..		
Drawers, pairs ... ..		2	Brush, Brass ... ..		
<del>Frocks, Canvas</del> ... ..			" Blacking ... ..		
Greatcoat, D.M. ... ..	X	1	" Clothes ... ..		1
Jackets, Service Dress ... ..			" Hair ... ..		
Khaki ... ..			" Polishing ... ..		1
<del>Pantaloon, cord, pairs</del> ... ..			" Shaving ... ..		1
<del>Putties, pairs</del> ... ..			" Tooth ... ..		1
<del>Spurs, Jack, pairs</del> ... ..			Cap, Comforter ... ..		1
Trousers, Service Dress, pairs ... ..	X	1	Comb, hair ... ..		
<del>Trousers, Canvas or Khaki</del> } <del>Drill Overall, pairs</del> }			Disc, identity, with cord ... ..		
Waistcoat, cardigan ... ..	X	1	Fork ... ..		
Coat, Waterproof ... ..			Garters, Highland, pairs ... ..		
Gloves, leather, pairs ... ..			Hobdail ... ..		
Gloves, Motor Cyclist, pairs ... ..			Hose Tops, pairs ... ..		
<del>Goggles, pairs</del> ... ..			Housewife ... ..		
			Knife, Clasp ... ..		
			Knife, Table ... ..		
			Lacet, leather, spare, pairs ... ..		2
			Shirts, flannel ... ..		2
			Shoes, worned, pairs ... ..		
			Spoon ... ..		
			Tikka, metal, pairs ... ..		
			Towels, hand ... ..		
			Wax Polish, tin ... ..		
			<i>Rayne</i>		1

I certify that this statement is correct.

Date 2/5/19

Signature of the Soldier *A. Murre*

## MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3299	Pte	Nurse	Alfred
Year	Unit.	Age.	Service.	
	1 Royal Newfoundland	28	1 9/12	
Station and Date.	Disease 9.3 W Thigh R. & fract. femur comp.			
Date of Admission.	Date of injury. 12.4.18 at Amiens			
	Cause of injury. Rifle bullet			
	How long before splintage. 24 hrs			
	Nature of splintage. Thomas knee			
	Operation (if any). Wound excised and cleaned at CCS			
	Hospital or C.C.S. treated at. #10 CCS #8 Gen. Hosp.			
	Date at which wound healed. 20.5.18			
STATE.	Site of wound. Outer side of thigh 2 1/2 in below top of trochanter			
	Site of fracture. Upper 1/3 of femur			
	Displacement. Slight inward displacement of lower end of upper fragment. Shown by old X-Ray.			
	Union and nature of. Early bony.			
	X-Ray appearance.			
	Shortening. 1/4 in.			
	Nerve lesion. None			
	Musculature. Atrophy of quadriceps. moderate			
	Condition of joint above. Good.			
	Condition of joint below. Good			
	Requires: 1. New X-Ray 2. 3.0. extension cast Thomas Splint 3. Massage 4. etc.			



Station and Date.	
1.4.18.	Internal bowing at point of fracture. to be corrected by padding of straps.
8.4.18.	Seen
15.4.18.	To start massage thru extension off.
22.4.18.	Seen.
5/8/18	To be measured for Caliper brace splint off.
8/8/18	Patient <del>in bed</del> <sup>in bed</sup> and re-fractured leg at site of old fracture (Does not know how) Thomas splint applied with extension.
	To have X Ray.
19.8.18.	Seen Doing well - Awaiting X-Ray to show position of since re-fracture.
24/8/18	Had a modified Thomas splint applied with appliance to let knee move.
30/8/18	motion of knee improving and is comfortable.
2.9.18	Seen
9-9-18	Knee motion very much improved.
16.9.18	Comfortable -
23.9.18	Knee movement from complete to 45° To have Massage
30.9.18	Condition Good -
7.10.18	To have new X Ray of upper & middle 1/3 of Right Femur.
14.10.18	X Ray shows - Steris. Good alignment with callous
21.10.18	To have caliper tried on. L. leg 90° R. leg 89°
28.10.18	To get on with caliper
11-11-18	Femur re-fractured - Loss of fixation several gradings 3 days To see how & obtain X ray

<b>MESSAGE</b>	
Com: <u>237</u>	
Term: _____	



MEDICAL CASE SHEET.

No. in Admission and Discharge Book	Regimental No.	Rank	Surname	Christian Name
10	3293	Pte	Murce	Alfred
Year	Unit	Age	Service	
1918	1 Royal Newfoundland	28	18 1/2	
Station and Date.	Disease			
28.10.18	To have Electrical treatment for Quadriceps			
15-11-18	Xray shows separation of the femur which has given way chiefly on the inner side. R leg 36 3/4 L leg 34 1/4			
25-11-18	Do. of fracture good			
2-12-18	Position of leg good no shortening.			
9-12-18	Upright			
16-12-18	Doing well			
6-1-19	Fracture well united, to wear calliper during day & remove splint at night			
13-1-19	Started knee movement & remove splint left off			
20-1-19	Goin on well			
27-1-19	Knee flexion 20-25.			
3-2-19	Knee flexion same. wearing calliper			
10-2-19	Knee flexion increase limited by pain of retraction.			
	To have New X-ray of skew fracture upper 1/3 R. femur -			
17-2-19	X-ray shows good callus. to get on with knee movement			
	Recommended for leave to be going to Chadley			
	Waiting for leave for to be returned to Chadley			

## MEDICAL CASE SHEET.

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
	5293	Pte	Nurse	Dejed
Year	Unit No.		Age	Service.
	Royal Newfoundland.		25	
Station and Date.	Disease G. S. Wd. R. Femur. 71.			
25-2-19	Admitted to Cheswick Aux. Hosp.			
5-5-19	Wd. after 12-1918 Healed in May. good union wearing Caliper 5 wks.			
	Knee exercises & movements			
12-5-19	Seen knee 25-30			
19-3-19	seen			
26-5-19	Wants boot repairing			
	Seen to have caliper off 2-4-19.			
31-8-19	Seen to wear caliper			
9-4-19	Seen Co. with caliper exercises on stools			
16-4-19	Doing well - continue treatment			
23-4-19	. . . (Does not want to have adhesions broken)			
30-4-19	To be transferred to Duncannon for transfer to St. John's Does walk without caliper in hospital but it is recommended that patient wear caliper for journey 2 Knee bend 40° H. Kayan Capt. Surge.			
1-5-19	Transferred to St. John's			
25-19	Discharged to duty			



July 21, 1919

#3292 Pte<sup>3</sup> Alfred Nurse,  
Champney's Inst.

Dear Sir:-

Referring to your application I enclose cheque for seventy dollars (\$70.00), being amount of first payment due you on account of the war service Gratuity.

Yours truly,

Captain & Paymaster.

whether in Hfld. or Overseas..... *6 months* .....



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *Nurse* ..... 2. Surname..... *Alfred* .....

3. Rank..... *Private* ..... 4. Regtl. No..... *3293* .....

5. Address in full to which future payments of gratuity are to be forwarded.....

..... *Chapman's East Lundy Bay* .....

6. Date of enlistment in the Regiment..... *Dec 4/16* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *nd* .....

8. Relationship of such dependents.....

9. Address in full of such dependents.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....

11. Were you on active service only in Nfld. If so, give dates and particulars of such service.....

..... *In Belgium & France June 29/17* .....

..... *to Nov. 20/17* .....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *6 months* .....

..... *1.2* .....

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

.....  
..... *no* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *no* .....

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

..... *no* .....

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

..... *no* .....

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.....

..... *no* .....

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

..... *no* .....

(b) If so, was such reversion in consequence of Misconduct or inefficiency?.....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge.....

..... *June 27/19* (b) Reason for discharge..... *war* .....

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....

..... *Belgium & France* .....

..... *July - Nov 17* .....

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

..... *no* .....

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:

*A. Nurse*

Place of Residence:

*Champany East. T.O.*

Declared before me at:

*St. Johns*

This

*4th*

day of

*July*

19*19*....

*[Signature]*

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

POST DISCHARGE PAY.

Date paid	By	War Service Soldier, Dependent, or Liberty.	Net amount due
		<i>5 mos.</i>	<i>350.00</i>
Certified correct.			Paymaster <i>[Signature]</i>



42 Colonial St.  
St. Johns

Jan 25<sup>th</sup> 17

Capt. O. Grady.

Dear Sir,

When I  
made out my allotment  
I had it made out to the  
bank of Montreal. I want  
it now to be paid to  
my sister Mrs. J. Walters  
42 Colonial St.

Kindly fix this for me  
as soon as possible

I am

Yours  
Alfred Nurse  
No 3293.

No. 3297



## 4 / 1ST. NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Alfred Nurse, Regl. No. 3293

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 60 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins February 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3470	Self	Bank of Montreal in name of Alfred Nurse <u>and</u> <u>one</u>	St. John's	
	Sister	Mrs Thomas Walter	42 Colonial St. St. John's	60
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.)

Officer Commanding

Company

St. John's

January 18<sup>th</sup> 1917

(Sig.)

(Rank)

Pvt

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 43<sup>20</sup>

July 25 1919

Received from the First Newfoundland Regiment  
the sum of Forty three <sup>20</sup>/<sub>100</sub> Dollars.  
on account of Pay. W. S. G.  
balance

W. S. G.  
W. S. G.  
Regt. No. \_\_\_\_\_ Rank \_\_\_\_\_  
for Royal Stores L. E.

Ch. No. 3817	Initials... <u>W. S. G.</u>
Pay Ledger 457	Initials... <u>W. S. G.</u>
Gen. Ledger.....	Initials.....



No. 3293

Rank Pt

Name Nursie

Our Royal Steer

137 to 145 Water Street

ST. JOHN'S, N.F.,

July 25 1919

*Mrs. The Nurse #3293*

Dry Goods, Groceries  
Hardware, Furniture  
Croceryware

Sewing Machines  
Belting, Sole Leather  
Lines, Twines  
Herring Nets and  
Seine Corks

Agents for Yarmouth  
Duck

Stanton's Wall Papers

Devoo Paints

Manufacturers of  
Ready-made Clothing

Millinery and  
Dressmaking to Order

BOUGHT  
... OF

**The ROYAL STORES LIMITED**

TERMS

*Cash*

CONVEYANCE

Interest charged on overdue accounts at 6 per cent. per annum

*0 1 Sent -  
less 1070*

~~48 00~~  
4 80  

---

43 20

*Signed A Nurse*

Dec 13/19  
St John

dear Sir

Please forward  
the sum of \$21.00 of  
my war gratuity money  
to Mrs Long  
Blarenville  
for board Trinity Bay  
3293 A Church.

ACCOUNT	<i>W. S. J.</i>
CH NO.	<i>25168</i>
INL LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS



January 14, 1920.

Mrs. Long,  
Clareville,  
T.B.

Dear Madam:

With reference to  
your letter of December 13, I enclose cheque for  
\$21.00, amount due you on account of Board supplied  
No. 3293, A. Nurse.

Yours truly,



Major  
Paymaster.

IM-  
Enc.

H. M. M. A.

1 pair roots  
1 suit underwear

9.00

4.00

13.00

ADD. NO.	24673
DATE	
DIV.	
POST. NO.	
GEN. LEDGER	INITIALS

O.K. for 13.00  
W.T.H.

J.C.H.

H. M. M. A.

AMERICAN GUARANTEE

U.S.A.

I, ..... *A. Nurse* ..... being duly sworn  
depose and say, that the attached statement of claim for  
property lost in the fire at the Empire Hospital, is a  
correct statement of my losses.

..... *A. Nurse* .....

sworn before me at

Department of Militia, St. John's  
this... *16<sup>th</sup>* ... day of... *December* .....

A.D. 1919.

*C. G. Byrne*  
*Capt.*



St Johns Nov 26 1919

3293 A. nurse

Amount of clothing burned in hospital

one pair of boots. C.G.B.	10.00
one shirt of underwear. C.G.B.	<del>2.00</del>
trousers. C.G.B.	4.00
trousers. C.G.B.	<del>8.00</del>
trousers. C.G.B.	35.00
one pair of socks. C.G.B.	<del>1.00</del>

Total. 14.00

Approx value.	35.00
	20.00
	8.00
	1.00
	<hr/>
	\$64.00

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 55<sup>41</sup>/<sub>100</sub>

Dec 13 1919

Received from the First Newfoundland Regiment  
the sum of Fifty five Dollars.  
on account of Pay. W. S. G.  
balance

A. Nurse.

Ch. No. 2406	Initials... <i>AN</i>
Pay Ledger. 451	Initials... <i>AN</i>
Gen. Ledger.....	Initials.....

Regtl. No. Rank

No. 3293.

Rank

Ct

Name

A Nurse



3293

July 26, 1919

Mrs. J. Long,  
Centre Hotel,  
CLARENVILLE.

Dear Madam:

With reference to your letter of July 14th. concerning a bill for board and lodging on account of Pte. A. Nurse, I beg to advise you that Pte. Nurse was paid his board himself, and undertook to pay the amount of your bill to you.

I would suggest that you communicate direct with Pte. Nurse, and ask him to settle your bill.

Yours truly,

Capt.  
For Paymaster

Receipt for Army Book 64

No. 3293 Name Alfred Nurse

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

3293  
Name Alfred Nurse

Date 10/5/20

Place Irregular falls out Canada

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B, 121

Forms  
H 121  
32A

Number of Sheet

Regiment of 1st. Newfoundland

Signature of O. C. Company

*Sgt*  
*Wm. K. Ayers*



Regimental Number and Name  
No. 293 Nurse, Alfred  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_  
Joined \_\_\_\_\_ Date \_\_\_\_\_

Enlistment  
Age on 26 years 5 months  
Trade Fisherman  
Place and Date of Enlistment St. John's N.S.  
4-12-16  
Religion C. of E.  
Period of { with Colours 2 2/3 years.  
with Reserve \_\_\_\_\_ years.  
Place of Birth \_\_\_\_\_

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Ayr</u>	<u>9.5.17</u>	<u>Pvt</u>		<u>neglecting to clean arms</u>	<u>Sgt Mackenzie</u>	<u>3 days C.B.</u>	<u>10.5.17</u>	<u>Capt J. E. Fox</u>	<u>SS</u>
<u>Hogely Down Camp</u>	<u>20.2.18</u>			<u>Overstaying pass from midnight</u>					
<u>Hogely Down Camp</u>	<u>26.2.18</u>			<u>not shaved on 2.3.18</u>	<u>Cpl. News</u>	<u>Prohibit. days pay</u>	<u>23.2.18</u>	<u>Major Mack</u>	<u>Prohibit. days pay by R. Co</u>
				<u>not shaved on 2.3.18</u>	<u>Serge Butler</u>	<u>4 days C.B.</u>	<u>27.2.18</u>	<u>Sgt. Woods</u>	<u>SS</u>
<u>Demobilized St. John's 12/19</u>									
To be carried over									

Army Form B, 121.



# The Royal Newfoundland Regiment

3293

## DEMOBILIZATION OF

Reg. No. 3293 Rank Pls. Name Nurse A. J.  
 Date of Enlistment 29-11-16 Address Stamprays District Trinity  
 Occupation Tobacconist Classification for Discharge B Medical Category 1  
 Recommendation S.M.B. per medical report Disability Rating 30% 3 Mos  
 Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1	Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	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		5068-1	" 6	
B 179c	B 120	M 93		1237-3		

Date 27-6-19 O. C. Discharge Depot. H. M. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

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..... McLoughlin

Date 27-6-14

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 27-6-19 to his home at Chambers and Release Certificate No. 27-6-19 issued.

Date 27-6-19 *J.A. Knowlton*  
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 27-6-19

Date 27-6-19 *J.A. Knowlton*  
Depot Paymaster.

Discharge approved for 28-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2	3068-1	" 6
B179c	B 120	M 93	1237-3	

2 Form B

Date 27-6-19 *J.A. Knowlton*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date JUN 28 1919 *R.H. Lait* MAJOR  
O. C. Discharge Depot.

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

Date July 15 1919 *Stanley R. Fox*

Reg. No. 3294 Rank Pte Name Wm. A.  
Attested ..... Address Triguois Falls, Ont.  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 29.1.19.  
Returned on S.S. Rossican Cause Discharge

26.6.19

Rego. Discharge from Army  
Requires Treatment

27.6.19

**PASSED TO DEMOBILIZATION OFFICER**

28.6.19

**DISCHARGE APPROVED ON DEMOBILISATION.**



## DEPARTMENT OF VETERANS AFFAIRS

Ottawa Ont

To Copy for H.O. FILE

Attention of

NAME NURSE, Alfred.

Dept. of Veterans Affairs  
War Service Records

APR 25 1963

Date April 24/63

Returned to ~~293 WW1~~ C.P.C. No. 260350  
 SERVICE ~~NUMBER~~ BOY, NFLD. REGT W.V.A. No. 50255

NAVY  
 ARMY X  
 R.C.A.F.

The DEPARTMENT has received information from

P.M.E. TEL MEMO Toronto 12, Ont. April 23/63

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death April 20/63  
 Cause of Death  
 Place of Death Not stated

Name and Address of next of kin (if known)

Copies to: W.S.R.  
 V. I.  
~~PAF~~  
~~DOX~~  
 H.O.

} Destroy form if advice of death already received.

for *M J Wyell*  
 Chief, Central Registry



CANADA

WAR VETERANS' ALLOWANCE BOARD

URGENT

IN YOUR REPLY REFER TO FILE NO.  
AND PLEASE QUOTE  
YOUR REGIMENTAL NUMBER

DALY BUILDING,

OTTAWA, May 25th, 1950

Director of Records, (Army)  
Department of National Defence.

Re MURSE Alfred Regt. No. 3293  
(Surname) (Christian Names)

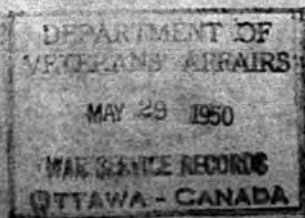
Veteran states he served in the following units: Nfld. Regt.

Dear Sir:

To enable the War Veterans' Allowance Board to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service during the Great War.

- |   |                              |
|---|------------------------------|
| 1. Did the applicant serve in the C.E.F.  | No                           |
| 2. If Permanent or Non-Permanent Active Militia Service, did any part of his service constitute service in the C.E.F. as under P.C. 1569 dated June 22, 1918. | N.A.                         |
| 3. Field of service in Great War.   | FRANCE                       |
| 4. If in France, unit and period of service.  | Nfld. Regt., 10 Mos.         |
| 5. Date and place of all enlistments.   | 4 Dec 1916, St. Johns, Nfld. |
| 6. Date of all discharges and reason.   | 12 July 1919, Demob.         |
| 7. Rank on discharge.   | Pte.                         |
| 8. Date and place of birth as per attestation paper.  | 26 Years, 5 Mos.             |
| 9. Domestic status, and if married, name in full of wife.   | Single                       |
| 10. Military Service prior to Great War, (or prior to enlistment in C.E.F.)   | Nil                          |
| 11. Has he received any special Medals or Decorations.  | Nil                          |

2085PS 29-5-50



for H.M. Jackson

Director of Records

639061







Department of Veterans Affairs

Address: TOR.

The Public Archives Records Centre,  
Tunney's Pasture,  
OTTAWA 3, Ontario.

PUBLIC ARCHIVES RECORDS CENTRE  
OCT 1 1963  
OTTAWA, ONT., CANADA

Dear Sirs:

In order that the Department may prepare an appropriate inscription for a departmental grave marker for the grave of the above named deceased veteran, will you please insert the particulars required on this form and return the form to this office.

1. Surname	<u>NURSE</u>
2. Christian names	<u>ALFRED</u>
3. Date of Birth	<u>23 July 1891</u>
4. Military Honours	<u>NIL</u>
5. <u>Units</u> (including that on discharge)	<u>Highest Rank in Unit</u>
ROYAL <del>NAVY</del> <u>NFLD</u> <u>REGT.</u>	<u>PTE</u>
(a)	
(b)	
(c)	
(d)	
(e)	
(f)	