



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2926 Name Henry O'Farrell Corps 60th

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Henry O'Farrell
2. What is your full Address? 2. St. John's, Newfoundland
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 17 Years 4 Months
5. What is your Trade or Calling? 5. Student
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 } **FOR THE DURATION OF THE WAR.**
11. Are you willing to serve upon the conditions as embodied in the Roll of service to be signed by you if you are accepted? 11. Yes

I, Henry O'Farrell do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Henry O'Farrell SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at on this day of July 1915.
 Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been 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 Henry Deford

Apparent age 4 years 4 months. Height 5 feet 11 1/2 inches

Chest Measurement { Girth when fully expanded 41 inches
Range of expansion 6 inches

Distinctive marks.....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Samuel Deford
..... | Relationship father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [" "] _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2926 Name Henry Dufour Corps 60th

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Henry Dufour
2. What is your full Address? 2. Belvedere St. St. John's B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 4 Months
5. What is your Trade or Calling? 5. Student
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? 11. Yes

I, Henry Dufour do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Henry Dufour SIGNATURE OF RECRUIT.

A. C. Williams Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Henry Dufour 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 fully 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 3 day of July 1916.

Signature of Attesting Officer Chas. 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 60th.

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 *O Henry Sanford*
aged *18* conducted at *CSB*
Date: *June 29.* 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 *26/6 Bath*
- 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 *Yes. 2 yrs ago 1 in left arm*
- 34 *5-11 1/2*
- 35 *167*
- 36 *35-41*
- 37 *nothing*
- 38 *father Samuel Sanford Recounts*
- 39 *none*

Report July 3rd.

29 26

SM

Signature of Medical Examiner:

J. W. Borden
Leut

C.R. 2926

Extract from Daily Orders part II, Unit
St. John's dated May 6th, 1919.

The discharge of the unemoticed demobilisation
has been CONFIRMED by Officer i/c Records on 1-5-19.

2926 Cpl. Henry Okford.

C.R. 2926

Extract from Daily Orders part II, Depot St. John's dated 17,4,19.

The discharge of the u/n on demobilisation has been APPROVED by
C. J. Discharge Depot on 17-6-19.

17-4-19

#2926 Cpl. Henry Oxford.

C.R. 2926

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

2926 Pte. H. Oxford.

C.R. 2926

Extract from Daily Orders Part II Unit The Royal W.M.

Regt. St. John's, 11-10-19.

The indicated returned from overseas and reported to
Regt. ⁷⁻²⁻¹⁹ 11-10-19.

Registered on L.D. 1109.

2926 Cpl. Henry Oxford

C.R. 2926

Extract from Nominal Roll of the Royal Field Artillery.
Embarked S.S. Corsican, Jan. 30, 1919.

2926 Cpl. Oxford.

C.R. 2926

Extract of Daily Orders part 11, by Lieut.Col. G.W.
Whitaker, Commanding 2/1st Newfoundland Regiment.
dated 28/11/17

#2926 Pte. H. Oxford.

to be Lance Corporal.

C.R. 2926

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

The undermentioned will report at the Headquarters British Troops
Winchester at 14.00 O'clock sharp Nov. 2nd under Lieut. James
who will make all necessary arrangements:-

2926 Cpl. H. Oxford.

2926 PTE. HENRY OXFORD

C.R.4398

EXT.OF CASUALTY LIST RECEIVED SEPT.6th 1917.

DEBILITY AFTER DIPHTHERIA. "ADMITTED WANDSWORTH."

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

Red

By

Sent

by

Check

Dated

September 6, 1917.

To

Mr. Samuel Oxford,

Rencontre, F.B.

Regret to inform you that Record Office
London, officially reports No. 2926, Private
Henry Oxford, has been admitted to Wandsworth
suffering from debility after diphtheria.

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

JOHN ROCKBENNETT, F.A. SQUIRES

Colonial Secretary.

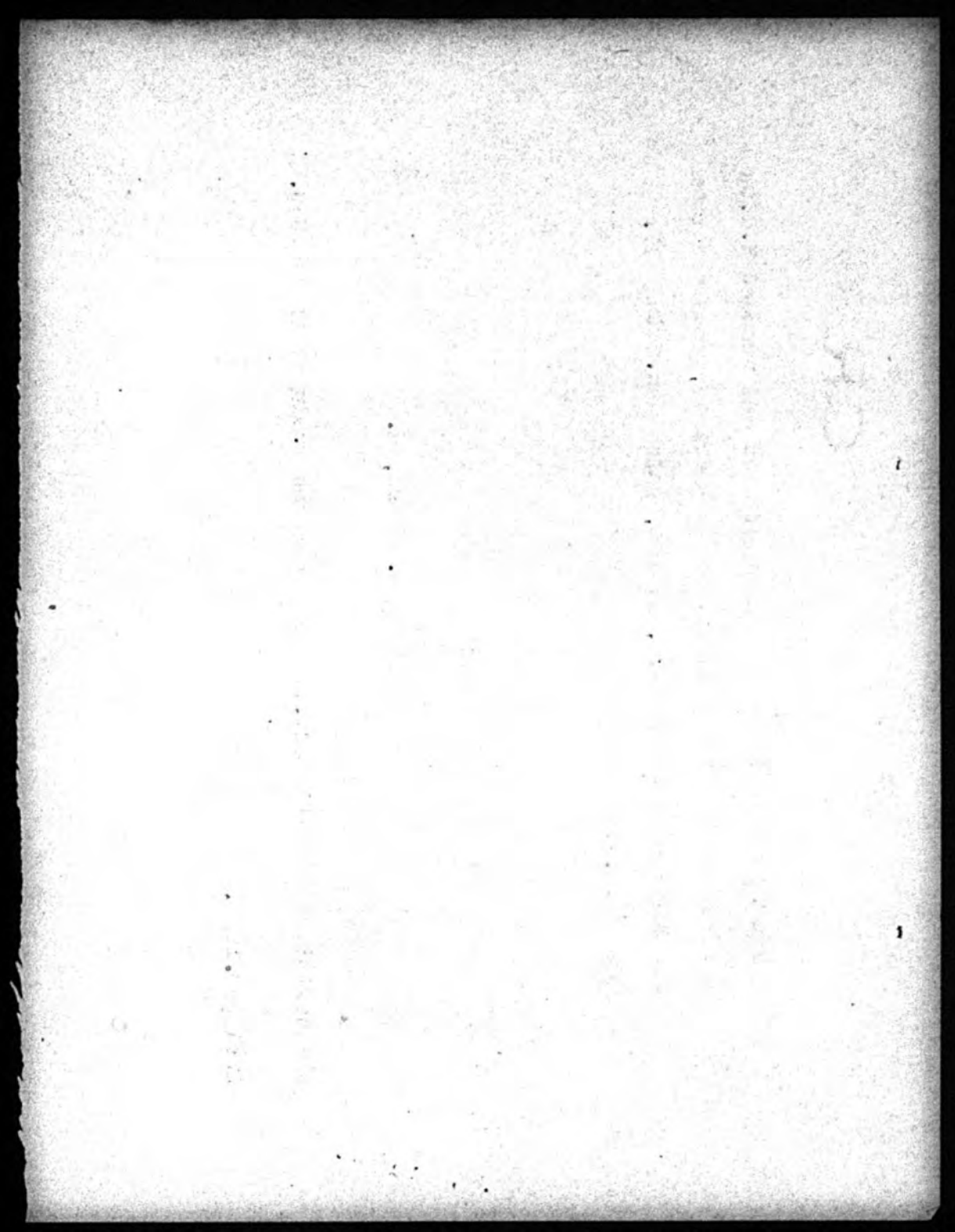
FOR TYPEWRITER

C.R. 2926

Extract from Daily Orders Part 11 By Lt. Col. B.J.
Barton. D.S.O. Commanding 2nd Bn. Royal Wfld. Regt.
dated 2-8-18.

THE FOLLOWING TO BE ACTING CORPORAL

2926 L/C. Oxford, H.



C.R. 2926

Extract of Casualties from list of sick and wounded N.C.Os
and men of the Expeditionary Force - France, received from
the Pay and Record Office, London, Dated Jan. 24th 1917.

List NO.H.A.6034.

2926 Pte. Oxford, H.

Blepharitis Marginalis Slt...To Eng per Amb Train ex 11 Sty Hos.

17th Jan. 1917.

C.R. 2926

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.& R.O.
January 24th. 1917.

2926, Pte H. Oxford. ✓

1 Newfoundland Blephratis Marginalis Slight Trahs to
Con. Dep. Rouen ex 11 Sty. Hos. 17th. January 1917.

C.R. 2926

Extract of Casualty List received from P.&.R.O.
January 22nd. 1917.

2926, Pte H. Oxford. ✓

1 Newfoundland R. Blepharitis Adm. 11 Sty. Hos. Rouen
15th. January. 1917.

Extract from Casualties List No.H.A. 5958

C.R. 2926

2926 Pte.Oxford, H.

Adm.11 Sty.H.Rouen 25th Jan. 17. Blepharitis. Marginalis Slit.

C.R. 2926

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

2926 Pte. H. Oxford.

30-11-16.

C.R. 2926

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

2926 Pte. H. Oxford.

C.R. 2926

Henry Oxford was attested for General Service
with the NEWFOUNDLAND REGIMENT on July 3rd 1916..
Regimental No. 2926 was allotted to Pte Henry Oxford

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

H. D. Ford

C.R.

2926

~~1.1.1.1~~

Medical Report on an Invalid.

Station Bozley Down Camp
Date 6 3-12-18.

1. Unit Royal Newfoundland 7. Former Trade }
or Occupation }
2. Regimental No. 2926.
3. Rank Corpl
4. Name OXFORD. H.
5. Age last birthday
6. Enlisted { on July 1st 1916.
at St John's
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Debility after Rheumatic Fever.Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Contracted Diphtheria in France July, 1917. Treated in Wandsworth, recovered. Contracted Rheumatic Fever at Brocklehurst whilst on Bombing course, recovered without heart affection. He has flat feet.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

He is now recovered from both disabilities, and simply complains of slight pains in joints during wet weather. Feet become very flat. He states his age is 18 Feb 1919.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
 (b) Where?
 (c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Rehabilitation
 done 2/1
 C. A. & Co. on one
 1/10/1919*

 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station _____

 Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed hereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



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1st. NEWFOUNDLAND REGIMENT

12.

ALLOTMENTS

I, Henry Oxford, Regl. No. 2926

hereby agree, until further notification by me, and in similar official form to make an Allotment of Sixty 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 /16.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2850</u>	<u>Father</u>	<u>Samuel Oxford</u>	<u>Rinconche, Hermitage Bay,</u>	<u>60</u>
		<u>Commencing</u>		
		<u>1/9/16</u>		
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.) Chas. Aye Capt.
 Officer Commanding
C. Company

(Sig.) Henry Oxford
 (Rank) Private.

Headquarters
August 18th 1916.

No. 2926 Rank 2nd Lt Name Coxford H.

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

M.F.P./33.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d				
						From	To							
Balance					Balance						18	4	3	
Acquittance Rolls		2	7	8	Pay @ Net Rate	9/6/17	20/9/17	104	50	52	00	10	13	8
Hospital Advances		1	0	0	Ration allowance							1	0	0
A.S. 34					10 days @ 2/-									
P. & R.O. Payments					(£ 21-10-3)									
3-7-8														
20/9/17 Cash (4036)		20	0	0										

24-7-11

CHECKED.
 PFA
 27/6/17

Oxford, Mass.

2926

Joseph

Rencontre
Hermitage Bay
Newfoundland
Aug. 18th / 19

W. W. Blackall:-

Dear Sir:-

I am sorry
I am obliged to write to you, but
knowing you do your best for
the return soldiers, I would
be very much obliged if you would
do me a favour.

As you know I am entitled to
Ex gratia Service Money. I draw
one month's pay \$70. while in Lt.
Johns May ¹⁸. Since then I have
received none, and there is
\$280 more due me. I have

2

written to the Pay Master and
have received no answer. If
you could look after it for me
I would indeed be very much
obliged. Of course I would
come down myself but at
present it is very inconvenient
for me to do so.

Trusting you will oblige

I remain


Your Obedient Servant

1926 Cpl. Henry Oxford

May,	7000
June	7000
July	7000
Aug	7000

21,700.
289
5340

Echo mailed Aug 28



May 1st., 1919

#2926 Cpl. Henry Oxford,

Rencontre,

Hermitage Bay.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2157."

Yours truly

Paymaster & U. i/c Records Captain,

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2926 Rank Cpl. Name DeFord Henry
 Intended place of residence Renecontra

2. Occupation Student
 Classification of soldier E Medical Category AI

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 APR 15 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S
15-4-19
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
12-4-19
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 29-6-16. No of days on Military
 Discharged from service 17-4-19 Plus 14 days Service 1137

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date APR 17 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld.
 Date May 1st 1919
 Officer i/c Records
 The Royal Newfoundland Regiment

3
20
20
63
36
63
30

A.B. 2079/2157

The Royal Newfoundland Regiment

Class for Demobilization:

7
6

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *12.4.19*

Regimental No. *2926*

Name *Henry Dwyer Capt.*

Address *Renouville*

Present Medical Category..... *A-1*

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

Members of Board {

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

H. Peterson
.....
Senior Medical Officer

W. B. B. B. B.
.....
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2901 Rank lpl Name Osmond Henry
 Date of Enlistment 27.6.16 Address Conception District Conception
 Occupation Student Classification for Discharge E Medical Category 7'
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	/	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122	/	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			" 6	
B 179c	B 120	M 93				

Date 12.4.19

H. Mans H
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

H. Osmond

Particulars passed to Vocational Officer for information and action.

Date 14-4-19

Alfred Lewis Tom
 Lieut

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable H.60.00

(b) Clothing Supplied Alfred Bloustone

Date 15-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. 2134 issued.

Date 15-4-19

J.A. Snowford
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 1-5-19

Date 15-4-19

W. H. Kelly Capt.
Depot Paymaster.

Discharge approved for. 17-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	1	
F 178	W 3494	B 122	Board 1st	" 2	1	<i>5/12/19</i>
B 178a	D 400A	B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date 15-4-19

J.A. Snowford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records,
Board of Pension Commissioners.
with following additional documents.

Eligible for War Service Gratuity

APR 17 1919

Date

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

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

Date

Civil Re-establishment Committee



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

To go to St. Breton with St. Evesit

H. Oxford

Signature of Man.

Reg. No. 2956.

St. Murphy - Capt.

Signature of the Vocational Officer or his Representative.

Place *St. Helier.*

Date *April 15,* 1919.

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

MEDICAL HISTORY

Surname Oxford OF Christian Name Henry

Table I.—GENERAL TABLE.

Birthplace:—Parish	SPECIAL RESERVE.		REGULAR ARMY	
	County	County	County	County
Examined	on <u>29</u> day of <u>June</u> 191 <u>6</u>	on	on	191
Declared Age	at <u>St John's</u>	at	at	days
Trade or Occupation	<u>18</u> years <u>4</u> mo. <u>0</u> days			
Height	<u>Student</u>			
Weight	<u>5</u> feet <u>11</u> ¹ / ₂ inches			
Chest Measurement	<u>167</u> lbs.			
Girth when fully expanded	<u>41</u> inches			
	Range of expansion	<u>6</u> inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
		<u>1</u>		
When Vaccinated	<u>2 years ago</u>			
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/6</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Camille Watson</u>			
(Rank)	<u>Major</u>	Medical Officer.		Medical Officer.
Enlisted	at <u>St John's</u>	at	at	
	on <u>29</u> day of <u>Jan</u> 191 <u>6</u>	on	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>1st New Brunswick Regiment</u>			
	<u>Newfoundland</u>			
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
London Genl Hosp Wandsworth	3	9	17	20	9	17	Stability after diphtheria	17	Went sick in France on 14/7/17 with diphtheria. Swabs still positive 1/9/17	McCarthy Capt Rams



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

Henry Osford

Regiment from which discharged

Royal Newfoundland

Regimental number

2926

Intended address

Rencontre

Height on discharge

5 Feet 11 1/2

Color of hair on discharge

Brown

Complexion

Fair

Color of eyes

Brown

Descriptive Marks

Tall

Figure on discharge

Samuel

Christian name of Father

Samuel

Christian name of Mother

Annabella

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Rencontre 1900 Febry 28

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)

Henry Osford(Rank) *Capt*

Station

St John's

Date

12. 11. 19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



410

10/19

2976 1/2 Oxford.

- 1 Suit Underwear
- 1 Top Sheet
- 2 P. Socks

W. Bailey, Capt



Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 2926

Regiment or Corps 2/1 Newfoundland Regt.

2175

Rank ptc Surname Oxford Christian Name Henry

Religion 6 of 2 Age on Enlistment 18 years 4 months.

Enlisted (a) St John Terms of Service (a) duration Service reckons from (a) 2/1/16

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.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Shampton	30 NOV 1916	
		Embarked	...		
		Disembarked	Rouen	1-DEC 1916	
		Disembarked	...		
	<u>29 ASD.</u>	<u>Defined 2 Days Pay (Defec of Kt)</u>	<u>Flouen</u>	<u>3/12/16</u>	<u>O1810. 4713.</u>
	<u>Unit</u>	<u>Joined Battalion</u>	<u>France</u>	<u>12/12/16</u>	<u>B215</u>
	<u>88 FA.</u>	<u>Admitted Blapharitis</u>	<u>17/12/16</u>	<u>temp 29 DAS.</u>	<u>ED 7645.</u>
	<u>29 DAS</u>	<u>Admitted Do.</u>	<u>France</u>	<u>17/12/16</u>	<u>ED 7669</u>
	<u>29 DAS</u>	<u>Transferred to Duty</u>	<u>Blapharitis</u>	<u>17/12/16</u>	<u>ED 8074</u>
	<u>21 CCS.</u>	<u>Admitted Blapharitis</u>	<u>France</u>	<u>12/1/17</u>	<u>ED 8515</u>
	<u>11 Sig Hosp.</u>	<u>Admitted Do.</u>	<u>Flouen</u>	<u>15/1/17</u>	<u>Ha. 5188</u>
	<u>29 ASD.</u>	<u>Joined Base Dep</u>	<u>Flouen</u>	<u>2/1/17</u>	<u>Northwell</u>
	<u>10.5.17 o.c. Unit</u>	<u>Re - Joined Battalion</u>	<u>In the field</u>	<u>17.2.17</u>	<u>B 213</u>

(a) In the case of a man who has re-engaged for, or called into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

[P.T.O.]

2926 pte. Oxford, H.

A.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
14.7.17	87 F.A. Stab Antwerpen	^{trans.} Ad. Diphtheria Invalided to England (Debility) in 74 S. Hosp., 8 Sept 17	61 S.S.S.	14.7.17	ED 7618. W 3083

Salisbury

B 1/6

Medical Report on an Invalid.

Station

Hazeley Down Camp

Date

3-12-18

1. Unit *Royal Newfoundland Regt.*
2. Regimental No. *29th*
3. Rank *Cpl*
4. Name *OXFORD H*
5. Age last birthday
6. Enlisted $\left\{ \begin{array}{l} \text{on } \textit{July 1916} \\ \text{at } \textit{St John's Nfld.} \end{array} \right.$
7. Former Trade }
or Occupation }
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

*Debility after Rheumatic fever.*Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*Contracted Diphtheria July 1917
treated S.L.G.H recovered. Contracted
Rheumatic fever at Brockenhurst
whilst on a Bombing course, recovery
without heart affection came back to
Unit in April. He has flat feet.*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

He is now recovered from both disabilities & simply complains of slight pain in joints in wet weather. Feet have become very flat. He states his age is 18 July 1918.

13. What is his present condition?
Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.
14. If the disability is an injury, was it caused—
 (a) In action?
 (b) On field service?
 (c) On duty?
 (d) Off duty?
15. Was a Court of Inquiry held on the injury?
 If so—(a) When?
 (b) Where?
 (c) Opinion?
16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—
 (a) Discharge as permanently unfit, or
 (b) Change to England?

Reputation
none
Capt. D. D. D. King
M. C. King

 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except* †

Station _____

 Officer in charge of Hospital.

Date _____

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.
 † Delete this word if no exceptions are to be made.

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

MEDICAL HISTORY OF

Surname Oxford Christian Name A.

TABLE I.—General Table.

Birthplace { Parish... County...
Examined { on... day of... 191... at...
Declared Age... years... days.
Trade or Occupation...
Height... feet... inches
Weight... lbs.
Chest Measurement { Girth when fully Expanded... Range of Expansion...
Physical Development...
Vaccination Marks { Arm... RIGHT | LEFT
When Vaccinated...
Vision { R.E.—V=... L.E.—V=...
(a) Marks indicating congenital peculiarities or previous disease—
(b) Slight defects but not sufficient to cause rejection—

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

Table with 2 columns: Date, Brief Details and Signature.

Approved by... Rank... Medical Officer.

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation. Includes joined on enlistment (Royal Newfoundland 2926) and transfer information.

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
NEW ZEALAND GENERAL HOSPITAL BROCKENHURST, HANTS.	15	2	18	27	4	14	Rheumatism Rheumatic Fever	71	Complains of pain in chest Wrist's swollen and painful Ankles slightly swollen Shins tender. Rheumatic nodules present F. Heart and lungs negative T. 22.2.18. Pains not so severe nodules less marked 8.4.18. Free of pain for a month. Now up. 26.4.18. Chest normal. No pains. Has flat feet.	N. N. Prior Capt.

From O.C.No.1.New Zealand General Hospital.



To :-

OC Lt. Bombing School Lyttelton.

I enclose herewith Nominal Roll of / patients being discharged ~~transferred~~ to you this day, together with :-

-I. Medical Transfer Certificates - A.F.B. 172.
-J. Temporary Medical History Sheets - A.F.B. 178.
- Transfer Statements of Clothing NZO. Form 1.

Kindly acknowledge the receipt hereon.

BROCKENHURST.

.....*27/4/*...1918

Capt. H.E.M.C.

Registrar No.1.N.Z.General Hospital

NOMINAL ROLL of patient discharged to S. C. Bombing School, Lyndhurst.

27/4/28.

Ryl. Nwfland. Rgt. 2926. L/C. Oxford H. Acute rheumatism

13

W. J. Sewell

Lieut.-Colonel N.Z.M.C.

O.C. No. 1 N.Z. General Hospital...

MEDICAL TRANSFER CERTIFICATE. (To accompany a Man Transferred from one Hospital to another).

Army Book 172.

Extract from Admission and Discharge Book of..... Hospital at..... Date.....

No. of Case.	Regiment or Corps.	Troop or Company.	Regt. No.	RANK AND NAME. Surname first. If Married, write "M" under name.	Completed Years of		DATES.		Religion.	DISEASE. (a) Primary. (b) Secondary. (c) Operations.	Destination on Transfer, and to what Hospital or Ship Transferred.	
					Age last birthday.	Service.	Service in the command.	Admitted into Hospital.				Transferred.
	<i>Regiment</i>	<i>2</i>	<i>2926</i>	<i>Y/c. Oxford H.</i>	<i>19</i>	<i>20/12</i>	<i>10/12</i>	<i>15.2.18</i>	<i>27/4/18</i>	<i>C.E.</i>	<i>Acute Rheumatism</i>	<i>Back to Unit. Leatherhead.</i>

State here briefly reasons for Transfer, and note any particulars of Case for information of Medical Officer.

Has had no ascertainable Heart affection. Has flat-feet.

Walking case. Ordinary diet. Up since 8.4.18 only.

N. H. Prior Capt.

Medical Officer in Charge.

CERTIFICATE BOOK.

Stationery Office by Tee & Whitten and J. Mead, Ltd.

A.S.D. 98

All details must be filled in before the glasses can be supplied.

Date



DRAW A LINE FROM CENTRE TO EDGE OF SCALE FOR AXIS.

Visual Acuity
without glasses
R. Eye

6/6

Visual Acuity
without glasses
L. Eye

6/9

Sph. + 0.5

Sph. - 0.5

Cyl.

Cyl. - 0.5

Axis

Axis 165

Visual Acuity
with glasses
R. Eye

6/6

Visual Acuity
with glasses
L. Eye

6/6

Signature of Ophthalmic Surgeon testing vision:—

Name

Rank

Frame No.

20

Alteration (if any)

Optician's
SignatureFROM SPRINGATE, 1, IMP^o
SOUTHAMPTON.

Postal address of Ophthalmic Centre:

No. of
Ophthalmic
Centre

Regt. No., Rank and Name (Surname and Initials) of Soldier

2926 Sgt. H. Oxford

Corps

Royal Newfoundland Corps

Category

Service

Age

Postal Address of Soldier's Unit

Hazel Down Camp
Winchester

Are Spectacles to be sent to Ophth. Centre or to C.O. of Unit?

Signature of Medical Officer finally approving Spectacles

Receipt for one pair Spectacles and Case to be signed by
Soldier or Officer i/c Hospital or C.O. of Unit.

Date

To be returned to Superintendent, Army Spectacle Depot
duly receipted, within 3 days of delivery of Spectacles.

[P. 10.]

6003

Rencontre
Hermitage Bay
Newfoundland
July 12th 19

To, Paymaster, -

Dear Sir, -

I beg to inform you that up to the present date I have not received any of my Gratuity Service Money of which \$70 was due to be paid me on June 1st and \$70 more on the 1st of present month (July).

If you would kindly look into matters for me I would be very much obliged. If not I will be obliged to take a trip to St. John's and see to it myself.

Yours truly

Sir

James Obedient Sennard
2926 Cpl. St. Onford

P.S. Received my final discharge on May 1st

May 1	7000
June	7000
July	7000
Aug	7000

~~Have not a...~~

Chs mailed Aug 28/19



6462

Burger
Sept 9th 1919

Minister of Education
St. John's

Sir

The enclosed letter speaks for its self
which was written for the purpose of entering my
help It seems a pity that these boys should
have to complain I feel ~~you~~ sure you will see
that the complaint of Oxford and others are
attended to

I am Sir

Your obedient servant
Joseph Small S. J. W.

June 1.
July 1.
Aug. 1.

} three chs mailed Aug 28

Rencontre
Hermitage Bay
H. H. L.
2797.9

Mr. J. Small:-

Dear Sir:-

Knowing you
do your very best for returned
soldiers, I wonder would you
do me the favour of looking
into a small matter for me.
As you are aware, we get a certain
amount of Gratuity Service
Money, paid to us monthly for
a certain period. I received
my Final Discharge in St John's
on May 12th also receiving \$70. five
months wages. Now there is
four more months pay due

me, (£250.) yesterday 12th Sept. I
have not received one cent of
it. I have written to the Paymaster
in St-Johns two or three months
ago; but have received no answer.

Show Sir as you know that
amount is just a bit too much
to lose, and knowing you would
in St-Johns is worth a good many
of mine, I would indeed be very
pleased, if you would favour me
with your help.

I remain

Sir

Your Obedient Servant

(No. 2926) Henry Oxford

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 *Henry* 2. Surname *Oxford*

3. Rank *Corporal* 4. Regt. No. *2926*

5. Address in full to which future payments of gratuity are to be forwarded *Renouste St B*

6. Date of enlistment in the Regiment *July 1/16*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*

8. Relationship of such dependents *No*

9. Address in full of such dependents *No*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in field, if so, give dates and particulars of such service *Overseas*

12. Give total length of time which you served on active service, whether in field or Overseas *From July 1/16 to Aug 15/19*
date of temporary discharge

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 Gratitude? If so, state amount you and your dependents have already received and by whom paid.

Clothing allowance & back pay 92.71
Board allowance 64.86

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 Gratitude 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 Reserve? If not give - (a) date of discharge... (b) Reason for discharge

Apr 15/19
Temporary

Demobilization

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

France & Belgium - from Dec. 1916 to Sep. 1918
Monchy

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: *H. O'Leary*
 Place of Residence: *Reucortre, A. B.*
 Declared before me at: *St. John's field.*
 This *15th* day of *April* 19*19*

John McCarthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Legis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	due
.....			<i>5 mos.</i>	<i>35000</i>
.....				
.....				
Certified correct.			Registrar	<i>2</i>

FORM K

No. 2797



2. 1ST. NEWFOUNDLAND REGIMENT R.

ALLOTMENTS

I, Henry Oxford, Regl. No. 2926

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)
2850	Father	Samuel Oxford	Rencontres, Hermitage Bay	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 required payments on application.

(Sig.) Chas. Aye Capt.
Officer Commanding
C. Company

(Sig.) Henry Oxford
(Rank) Private

Headquarters
August 18th 1916

September 20, 1919

Mr. Joseph Small,
Magistrate,
Burgee.

Dear Sir:

With reference to your
letter of 9/9/19, (6462), I have to inform
you that three cheques were mailed to Ex
Pte. No. 2926, Henry Oxford on Aug. 28th. please.

Yours truly,

Lieut.
For Paymaster

3663

Cheque for Nov
mailed to Remonts
on Dec 7/18 H.B.

Remonts
Hermitage Bay
Dec 31 /18

Capt. O Grady
St. John.

Dear sir

I am writing you about
my son's salary due me since Nov. we received
no cheque for November & now there is another due
and as I did not know if it should be an oversight
I thought it wise to know of its whereabouts, my
son's name & number is

Corp Henry O Ford
2926 Royal Arld Regiment

now in Winchester please drop me word and
let me know its whereabouts. I am dear

To ant. adjutant Sir
Yours Truly
Samuel O Ford.

For your attention
please J O Grady Capt.

lance play dep. witness refer to an allotment.

JAN 7 1919

January 8, 1919

Mr. Samuel Oxford,
RENCONTRE, H.B.

Dear Sir:

With reference to your letter of December 31st. If it is your allotment cheque you refer to, I may say that this was posted to you on December 7th. and you should have received it previous to writing your letter.

If this is what you refer to by your son's salary not being received, write again and further enquiries will be made.

Yours truly,

Lieut.
For Paymaster

ST. JOHN'S, APR 15 191

Royal Newfoundland Regiment.

Billeting Account,

To *Cpl. H. Oxford*

Billeting Soldiers as undermentioned

from *Feb 8th /19* to *Apr 11th /19*

2926 - *Cpl. H. Oxford* *J.C.R.* 64 80

ACCOUNT	<i>B.M.</i>
CH. NO.	<i>163 63</i>
DATE	<i>See</i>
AMOUNT	<i>64 80</i>

Certified correct for \$ *64 80*

M. Johnston

Billeting Officer.

R.J.

H. Oxford

Reg. No. *2926* Rank. *Corp.* Name *Oxford Henry*
Attested Address *Reuncontre*
Allotment..... Allottee
Date of Allotment..... Returned from Overseas *7-2-19*
Returned on S.S. *Loisicau* Cause *Discharge*

12.4.19. PASSED TO DEMOBILIZATION OFFICE

17.4.19. DISCHARGE APPROVED ON DEMOBILIZATION

RECEIPT.

C.R. 2926

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of Victory Medal 1914-1919;

NO. 2926. NAME *H. Oxford* (C.R.)

DATE *Jan. 22. 1920*
PLACE... *Res. contal*...

Receipt for Army Book 64

No. 2926..... Name. H. Oxford.....

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

Date. Aug. 27th / 20..... Name. H. Oxford.....
Place. Rencontae.....

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

WV

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



OCT 11 1921.

The accompanying Victory Medal and/or British War Medal

is/are forwarded herewith to

Henry Oxford

in respect of his service as No. 4926 Rank Pte.

Name H. Oxford Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Victory Medal & British War Medal

Signature A. Boyard

Date Oct 25 1921

Address Renouveau St. Bay

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Colvill & Sons Ltd., Printers, Old Bailey, E.C.

Form
B. 121
39.

Regiment of

Newfoundland

Number of Sheet

First

Signature of O. C. Company

J. Hodgkinson
Capt

Regimental Number and Name
14th Oxford Lt. Bn.

Joined *Depot* Date *5/9/16*

Joined _____ Date _____

Joined _____ Date _____

Enlistment
Age on *15* years *5* months

Place and Date of Enlistment
St John's 7-7-16

Trade
Student

Religion
C of E.

Place of Birth
St John's

Good Conduct Badges, Service Pay or Proficiency Pay

Appointed Lt. Col. 2-8-18
11/17

Period of { with Colours *2 3/8* years.
with Reserve *3 6/8* years.

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>14th Bn</i>	<i>19/9/18</i>	<i>Capt</i>		<i>Improperly dressed at 7 3/4 p.m.</i>	<i>Sgt Bagg</i>	<i>Reprimanded</i>		<i>Lt Col. B. D. S. O.</i>	<i>HL</i>
				<i>Demobilized St John's</i>	<i>1</i>	<i>5/19</i>			

To be carried over

The Royal Newfoundland Regiment

2926

DEMOBILIZATION OF

Reg. No. 2926 Rank lpl Name Desjardis Henry
 Date of Enlistment 29.6.16 Address Leicester District George LaPelle
 Occupation Student Classification for Discharge E Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date 12.4.19

H. Mans H.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

H. Oxford

Particulars passed to Vocational Officer for information and action.

Date 14-4-19

Colons Tom Licut

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied _____

Colons Tom Licut

Date 15-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. *2121* issued.

Date *15-4-19*

J.A. Shaw
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 *1-5-19*

Date *15-4-19*

W. H. Kelly Capt.
Depot Paymaster.

Discharge approved for *17-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st.	" 2	<i>5000</i>
B 178a	D 400A	B 1915	do 2nd.	" 3	
B 179	D 400B	Form L	do 3rd.	" 4	
B 179a	D 400C	Form K	do 4th.	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date *15-4-19*

J.A. Shaw
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR 17 1919*

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

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

Date *19/4/19*

A. H. Snow Esq.
for officer i/c Records.

The Royal Newfoundland Regiment

CIVILIAN RE-ESTABLISHMENT ON DEMOBILIZATION

No. 296 Rank Cpl Name Joseph H
 Former Occupation Shoemaker Address St. John's District St. John's
 Class E Medical Category A Disability Rating Full

O.C. Discharge Depot.

Above noted man states he has no employment in prospect on his discharge. His personal wish is to obtain a position as clock. His case has therefore been referred this day to the Vocational Officer for action, and his discharge is therefore held in abeyance.

Date 14-4-19

J. McInerney
 for Demobilization Officer

To be forwarded Orderly Room in Duplicate.