



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1994 Name George H. Parsons Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. George H. Parsons
2. What is your full Address?..... } 2. 69 Springdale Street
3. Are you a British Subject? 3. Yes
4. What is your Age?..... 4. 24 Years 2 Months.
5. What is your Trade or Calling?..... 5. Accountant
6. Are you Married?..... 6. No
7. Have you ever served in any Branch of His Majesty's } 7. No
Forces, naval or military, if so,* which?
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 } 10. { Name
meaning, and who gave it to you?..... } Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes
to be signed by you if you are accepted?..... }

I, George H. Parsons 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.

Geo. H. Parsons SIGNATURE OF RECRUIT.

C. Nov. 22nd 1915 Donald W. Carr Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. Johns, Nfld.
on this 23rd day of November 1915 Donald W. Carr
Signature of the 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 _____
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, the 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.

1994

Name George H. Parsons -1
 Apparent age 24 years 2 months. Height 5 feet 5 1/4 inches.
 Chest measurement { Girth when fully expanded 36 inches.
 Range of expansion 2 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Wm. C. Parsons, 69 Springdale St.
 | 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	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged August 11 1919</u>									
<u>[Signature]</u>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1794 Name George H. Parsons Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>George H. Parsons</u> |
| 2. What is your full Address? | 2. <u>67 Springdale Street</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>24</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Accountant</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. _____ { Name |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, George H. Parsons 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.

_____ SIGNATURE OF RECRUIT.
George H. Parsons
 _____ Signature of Witness.
Donald W. Gage

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, George H. Parsons 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.

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, Nfld. on this 23rd day of November 1915.

_____ Signature of the Attesting Officer.
Donald W. Gage

† Certificate of Approving Officer.

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

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

Date _____ 1915 } 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, the 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.

1994

Name George H Parsons

Apparent age 24 years 2 months. Height 5 feet 5 1/4 inches.

Chest measurement { Girth when fully expanded 36 inches.
Range of expansion 2 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Wm E Parsons, 69 Springdale St.

| 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	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>22-11-15</u>									
Joined at <u>St John's</u> on <u>November 22/15.</u>									
<u>Embarked St John's train to St John</u>					<u>15</u>	<u>15</u>	<u>19</u>	<u>16</u>	<u>Launce Corporal</u>
<u>1916</u>					<u>16</u>	<u>16</u>	<u>30</u>	<u>12</u>	<u>16</u>
<u>17-1-17</u>					<u>17</u>	<u>17</u>	<u>23</u>	<u>2</u>	<u>17</u>
<u>2-3-17</u>					<u>17</u>	<u>17</u>	<u>27</u>	<u>4</u>	<u>18</u>
<u>24-6-19</u>					<u>19</u>	<u>19</u>	<u>1</u>	<u>7</u>	<u>19</u>
<u>Demobilization St John's</u>					<u>4</u>	<u>8</u>	<u>19</u>	<u>19</u>	<u>19</u>

Total Service forfeited as above

Total Service towards Engagement to 4-8-19 (date of discharge) 3 years 25 days

" " " Pension " " " " " " " "

C.R. 1994

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 22nd 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 4-8-19.

1994, Sgt. Geo. Parsons.

C.R. 1994

Extract from Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated Aug. 6th 1919.

The discharge of the undernoted on demobilization has
been approved by U.C. Discharge Depot from noted date

21-7-19.

1994, Col. Sgt. G. Parsons.

C.R. 1994

Extract from Daily Orders part II, Unit ~~the~~ Royal
Newfoundland Regiment, by Lieut. Col. B.J. Barton, ⁵
D.S.O. Officer Commanding 2nd. Battalion dated 22-~~8~~-19.

1994 A/Cpl. Sergt. P. Parsons. to be Col. Sergt.

C.R. 1994

Extract from Daily Officers Report Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

Reported at Headquarters 1-7-19 on "Casamira" which sailed
Glasgow June 24th, 1919. 1994 Col. Sergt. S. Parsons.

Reported at Headquarters 1-7-19 on "Casamira" which
sailed Glasgow June 24th, 1919.

Extract from Daily Officers Report Unit The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

CR 1994

**Extract from Nominal Roll of Mfld. Regt. Draft No.16
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 30-12-16.**

1994 Bgt. H.G. Parsons.

C.R. 1994

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

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

1994 Sgt. Parsons, G.

"H" Company to be Acting Colour Sergeant.

Instructor of Musketry, as from this date.

C.R. 1994

Yg. Vide X $\frac{961}{11.3}$

No. 431

Code Telegram to Major Timewell.
(sent 19 March 1917)

Your Telegram 9th March (No. 953)
D 1994 Newman
Is it correct?

Governor.

G.

6th March, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 1994, Sergt. George H. Parsons, has been admitted to Wandsworth Hospital, suffering from Appendicitis.

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

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

Yours faithfully,

**Mr. William E. Parsons,
69 Springdale Street.**

Colonial Secretary.

C.R. 1994

Extract from Nominal Roll Entrained St. John's for Overseas,
June, 19.1915. "H".

1994 Pte. Parsons George H.

C.R. 1994

Geo. H. Parsons was attested for General Service with
the NEWFOUNDLAND CONTINGENT on Nov. 22nd 1915.

Regimental No. 1994 was allotted to Pte G.H. Parsons.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

J. H. Parsons.

CR.

1994

Per O

FORM K

No 1750



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, George Heber Parsons, Regl. No. 1994
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Fifty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{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 December 19th

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1125	Father	William Edgar Parsons	169 Springfield Street	50
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.) J. P. H. Parson
 for
 Officer Commanding
 H Company
 St. John's B. 25. v.
December 11th
1915

(Sig.) Geo. H. Parsons
 (Rank) Private

Transcription

With reference to your telegram
9th March - D 1994 Newman
is it correct.

7 Governor

Should read D 1944 Newman

CABLEGRAM

016

No. _____



LAOUI

SR 496



No. of Message _____

Date, _____

The following CABLEGRAM received, at London M. "Via Commercial Cables,"

From

Pf Govt St Johns Newfoundland

No. of Words, 8

To

Synoptical for

*Unexpurgated D. 1994 newman
crisofora = Governor*

1ST N. W. FOUNDLAND REGIMENT
PAY & RECORD OFFICE

Ref. No. 1173

Rec'd. MAR 1 1 1917

Ans'd. _____

File No. _____

No Inquiry respecting this Message can be attended to without the production of this paper. Repetitions of doubtful words should be obtained through the Company's Offices, and not by direct application to the Sender.

No.

195/73

ANGLO - AMERICAN

WESTERN UNION DIRECT UNITED STATES
CABLEGRAM

SENT

FOR STAMPS

Prefix

Code

At

To

By

WORDS

CHARGE

VIA ANGLO.

THIS FORM WILL BE ACCEPTED AT ALL
POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

On Newfoundland Government Service.

11/3/17.

To GOVERNOR,
ST. JOHN'S.
(NEWFOUNDLAND)

DICTATORS 11TH HORNSING ROUEN MANTELROCK 2753 GOODYEAR SILVERGOD
UNEXTEND D1944 NEWMAN.

SYNOPTICAL.

Translation: Died of wounds- 11th- Stationary Hospital- Rouen-
March 10- 2753- Goodyear- full stop- ref. your telegram 11 March-
1944 Sgt.- Newman-

NOT TO BE
TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western
Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature

Address 59, Victoria St., S.W.

CABLE ADDRESSES REGISTERED IN EVERY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE
LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

NEWFOUNDLAND CONTINGENT

10. _____
 Paymaster & Officer i/c Records,
 Newfoundland Contingent,
 53, Victoria Street,
 London, S.W.

Please remit per Postal Money Order to:

Bleakdown Military Hospital
West Byfleet.

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

NEWFOUNDLAND CONTINGENT	
PAYMASTER RECORD OFFICE	
Reg. No.	1611
Rec'd.	APR - 6 1917
Acct.	3127/7
Ans'd.	
File No.	

Regtl. No. 1994 Rank Lt.

Name G. J. Parsons

Approved K. J. Speis Malton

Officer i/c

Dated 7 April 1917

Bleakdown Auxiliary Hospital.

West Byfleet
Surrey

3127/7

9th, April, 1917.

Bleakdown Military

West Byfleet.

1994, Sgt. G. H. Parsons, 1st. Newfoundland Regt.

#49378

2. 0. 0.

NEWFOUNDLAND CONTINGENT

N.F.P./35.

Temporary A/c.

Regtl No. 1994 Rank Sgt.

Name Parsons G. H.

Pay	F. Allow	Working	Total
1 <u>35</u>	154		1 <u>50</u>
Less Allotment			50 ✓
Net Rate			1 <u>00</u>

Date	DEBITS	£	s	d	CREDITS	£	s	d	
1917									
	Balance	1	1		Balance	4	15	00 ✓	
	<u>P.M. ADVANCES:</u>				<u>Pay @ Net Rate:</u>				
	A.B. 84								
	Acquittance Rolls	3	18	10 ✓	20 11/17 to 115/17 = 102 days				
	Hospital Advances	1	10	6 ✓	21/00 = \$ 102.00	20	19	20 ✓	
	<u>STOPPAGES:</u>				<u>Ration Allowance</u>				
	Hospital dys =				30/17 to 9/15/17 = 10 days	1	00	00 ✓	
	Forfeited Pay dys =				2/- = \$				
	Miscellaneous				1/1 to 1/1 = days				
	Cables				2 = \$				
	<u>P. & R.O. PAYMENTS:</u>								
	Sundry Bills	2	5	9 ✓					
	Cash								
			1	15					
			18	10			26	14	2

OK: [Signature]

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.
 In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* } 7. Former Trade or Occupation }
2. Regtl. No. *1994* 3. Rank. *Serjt.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Parsons* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at..... in category (or grade).....
8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty? (b) Date of Discharge;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *Nil.*
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

went to France Dec 1916. Remained there 3 months. upon a wash performed, symptoms had disappeared. Discharged cured.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. *Yes* ..
 - (ii.) Previous active service .. *Yes* ..
 - (iii.) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Good. Tells quite well. Complains of no pain or disability

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatration
W. O.
ROYAL NEWFOUNDLAND REG.

Station .. *HAZELEY DOWN CAMP* ..
Date .. *8 JAN 1919* ..

Medical Officer in charge of case.

* 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

No. 1994 Name *Sgt. Parsons* Sqn., Batty., or Company } *H* Corps *4, R. F. L. D.* Date of enlistment } *22. 11. 15* G.C. Badges } Service or Proficiency Pay }

Date of last entry in Company Conduct Sheet } *clean* No. and date of last drunk } Period not reckoning towards } freedom from extra fine } Sheet No. } Signature O.C. } *A. W. [illegible]* Company, etc. } Character } *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
				<i>Invalided to England 23. 11. 15.</i>					

Army Form B. 153

U

Parsons, G. H.

1994

Hay Sept

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1994 Rank Colour Sgt Name Parsons G.H.
 Intended place of residence 69 Spruce Dale St.

2. Occupation Accountant
 Classification of soldier E Medical Category A 2

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 JUL 21 1919

H. M. St.
 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 21-7-19

Geo. H. Parsons
 Signature of soldier

M. C. St.
 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 21-7-19

Geo. H. Parsons
 Signature of soldier

James O'Sheehan
 Signature of witness S.P.

STATEMENT OF SERVICE

7. Enlisted for service 28-10-15 No. of days on Military
 Discharged from service 21-7-19 Plus 14 days Service 1377

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, ¹⁴twenty-eight days from date.

Place, ST. JOHN'S

Date 21.7.19

H. R. Lodge Capt.
 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 August 4/1919

M. Howley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

9
31
24
28
31
26
31
30
31
4
6

W.D. B 207912770

August 18, 1919

#1994 Sgt. George Parsons,
#69 Springdale St.,
City.

Dear Sir:-

Please find enclosed Discharge Certificate #3770.

Yours truly,

Captain & Paymaster.

C.R. 1984

Extract from Casualties received from P.&.R Office London,
March 6th, 1917.

Wandsworth.

D 1984 Parsons.

Appendicitis.

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 18/19

Regimental No. *1974*

Name

Parsons. S. H.

Address

69 Springdale St.

Present Medical Category

A1

Recommended for:—

(a) Immediate discharge

(b) Standing Medical Board

Members of Board

A. R. Cooper Capt.
O. C. Discharge Depot.

Peterson
Senior Medical Officer

H. W. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 994 Rank Sergeant Name Parsons J.A.
 Date of Enlistment 2.10.16 Address 69 Springdale St. St. John's District St. John's
 Occupation Accountant Classification for Discharge A1 Medical Category C.A.1
 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 18.7.19O. C. Discharge Depot. J.A. Parsons

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

J.A. Parsons

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

Amel Johnston

Date 21-7-19

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. 3756 issued.

Date 21-7-19

 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 4-8-19

Date 21-7-19

 Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 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 22-8-19

 Demobilization Officer.

APPROVED.

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

Eligible for War Service Gratuity

Date 21.7.19

L. R. COOPER, 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 resume former Occupation.

.....
.....
.....

Geo. H. Parsons
Signature of Man.

M. Blonstein
Signature of the Vocational Officer or his Representative.

Reg. No. 1994

Place

St. John

Date

21-7-18

191

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

MEDICAL HISTORY

OF

Surname Passero


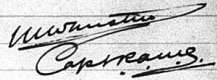
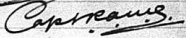
Christian Name J. H.

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County W. York

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>Oct</u> 19 <u>15</u>		on _____ day of _____ 19 <u>1</u>	
	at <u>St John's W. York</u>		at _____	
Declared Age	<u>24</u> years _____ days		_____ years _____ days	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet <u>5 1/2</u> inches		_____ feet _____ inches	
Weight	<u>130</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of expansion... <u>2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	<u>3</u>	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<u>6/9</u>	R.E.—V=	_____
	L.E.—V=	<u>6/9</u>	L.E.—V=	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>L. M. Paterson</u>		_____	
(Rank)	_____		_____	
Enlisted	at <u>St John's</u>		at _____	
	on <u>25</u> day of <u>Oct</u> 19 <u>15</u>		on _____ day of _____ 19 <u>1</u>	
Joined on Enlistment	Corps.	<u>1st W. York Reg</u>	Corps.	_____
	Regtl. No.	<u>1994</u>	Regtl. No.	_____
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 19 <u>1</u>		on _____ day of _____ 19 <u>1</u>	
(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, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	29	11	17	14	12	17	Indigestion	15	History recent colic app. appendicular but symptoms rapidly disappeared and he was discharged cured.	 



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 *Parsons, George, Heber*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1994.*

Intended address *69 Springdale Street*

Height on discharge *5 Feet 5 1/4*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *Ag. Scar*

Figure on discharge *Ag. Scar*

Christian name of Father *William Edgar*

Christian name of Mother *Mary Chase*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. John's 10-8-1892*

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) *Geo. H. Parsons* *Colon Serjeant.*
(Rank)

Station *ST. JOHN'S.* Date *17 7 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.



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

Station _____ Date _____

✓

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..... *S. H.* 2. Surname..... *Parsons*
3. Rank..... *Color Sergeant* 4. Regtl. No. *1994*
5. Address in full to which future payments of gratuity are to be forwarded..... *69 Springdale St. St. J.*
6. Date of enlistment in the Regiment..... *October 26/15*
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..... *—*
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 Mfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *Three years and nine months*

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.

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

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

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.

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

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

19. Are you now serving in the R.A.F.? *no* If not give:- (a) date of discharge *Aug. 4/19* (b) reason for discharge *Demob*

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 and Belgium

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Geo. H. Parsons*
 Place of Residence: *69 Springdale St. City.*
 Declared before me at: *St. Johns used*
 This *21* day of *July* 191*9*....

Signature of Barrister of the *John McCarthy*
 Supreme Court, Stipendiary Magistrate; Notary Public, Justice of the Peace, or Commissioner of affidavits. *J.P.*

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

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps *Royal Newfoundland*..... 7. Former Trade }
or Occupation }
2. Regtl. No. *1994* 3. Rank *Sgt.*..... 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *PARSONS*.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
- Dec '16 went to France remained 3 months admitted to hospital presumably appendicitis trans. 3rd L. G. H. no operations symptoms disappeared disch. cured.*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. . | ..... | ..... |
| (ii.) Previous active service .. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the man's part. } .. .. . | ..... | ..... |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition? *Good. feels quite well complains of no pain or disability*
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

16. Was an operation performed? If so, when and what was its nature?

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

18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Ripudiation
Produce M.O.
 ROYAL NEWFOUNDLAND REG.

Station *Hazelton Camp*

Medical Officer in charge of case.

Date *8 JAN 1919*

* 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

22. State whether the disabilities are:—

- | | | |
|--|---------------------|-------------------|
| | (a) Attributable to | (b) Aggravated by |
| (i.) Service during the present war .. .. . | ..... | ..... |
| (ii.) Previous active service .. .. . | ..... | ..... |
| (iii.) Climate in pre-war service .. .. . | ..... | ..... |
| (iv.) Ordinary military service before the war .. .. . | ..... | ..... |
| (v.) Serious negligence or misconduct on the part of the soldier .. .. . | ..... | ..... |
- Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

Casualty Form - Active Service

Regiment of Corps *1st A. Inf. Div.*
 Rank *Sgt* Surname *Paterson* Christian Name *George* **2309**
 Religion *Method* Age on Enlistment *24* years *2* months.
 Enlisted (a) *26 June* Terms of Service (a) *dur of War* Service reckons from (a) *22. 11. 15*
 Date of promotion to present rank *16. 11. 16* Date of appointment to lance rank *3. 12. 15*
 Extended { } Re-engaged { } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 21a, 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. 21a, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked <i>Souhampton</i>	<i>20/12/16</i>	
			Disembarked... <i>Down</i>	<i>31/12/16</i>	
			Joined Battalion <i>7 JAN 1917</i>		
				<i>With BATT. 28. I. IV</i>	
	<i>2/2 hon. Col</i>	<i>Admitted Diarrhoea</i>	<i>France</i>	<i>23/2/17</i>	<i>ED 889</i>
	<i>S. S. Hoop</i>	<i>Ad. do</i>	<i>Rouen</i>	<i>26.2.17</i>	<i>H.A. 716.3</i>
	<i>Parsons</i>	<i>Invalided to Engln</i>		<i>2.2.17</i>	<i>W. 202.2</i>
			<i>And Birchell</i>		CAPTAIN.
					for Officer in No. 1 Regular Infantry Section General Headquarters, 3rd Echelon.

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

Temporary

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

MEDICAL HISTORY of

Surname Parsons Christian Name G.H.

TABLE I.—GENERAL TABLE

Birthplace ... Parish _____ County _____

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

Declared Age ... years _____ days.

Trade or occupation ... _____

Height ... feet _____ inches.

Weight ... lbs. _____

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

Physical Development ... _____

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

When Vaccinated ... _____

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

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

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



Approved by (Signature) _____
(Rank) _____

Medical Officer.

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

Joined on Enlistment ...

Corps. <u>1. Rifles.</u>	Regt. No. <u>1994</u>
--------------------------	-----------------------

Transferred to ... _____

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

(Signature) _____
(Rank) _____

ST. JOHN'S, July 21st /19

Royal Newfoundland Regiment.

Billeting Account,

To C. S. G. Parsons

Billeting Soldiers as undermentioned

from July 1st /19 to July 21st /19

J. C. R.

1994. C. S. G. Parsons 21. 60

B. J. M.

ACCOUNT	
AM NO	<u>355</u>
INITIALS	<u>C. S. G.</u>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for 21. 60

R. J.

W. H. Parsons

Billeting Officer.

Geo. H. Parsons

is Here

ON HIS MAJESTY'S SERVICE



MADE IN
NEWFOUNDLAND
GOODS

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

George H. Parsons

in respect of his service as No. 1994 Rank A/Sgt.

Name G.H. PARSONS Royal Nfld. Regt.
~~Number~~

Receipt of the same should be acknowledged hereon.

Received

Oct 15th 1921

Signature

Geo H. Parsons

Date

Oct. 21st 1921

Address

69 Springdale street
City

[P.T.O.]

The Royal Newfoundland Regiment

2 1994

DEMOBILIZATION OF

Reg. No. 1994 Rank Corporal Name Parsons J.A.
 Date of Enlistment 21.10.15 Address 69 Fernside St. St. John's District St. John's
 Occupation Accountant Classification for Discharge HS Medical Category H1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P136	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 18.7.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

John S. Parsons.

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

Amel Brown Lieut

Date 21-7-19

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. 3756 issued.

Date 21-7-19 *Ambrose*
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 4-8-19

Date 21-7-19 *J. M. H.*
Depot Paymaster.

Discharge approved for 21-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1.
E 178	W 3494	B 122	Board 1st	" 2.
F 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 22-7-19 *Ambrose*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity.

Date 21.7.19 **L. R. COOPER, CAPT.**
O. C. Discharge Depot.

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

Date Aug 15/19 *J. M. H.*

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Gribb & Sons Ltd., Printers, Old Bailey, E.C.
(53) W1A1/607 402x 2/15-1 52 58Forms
B. 121.
49.

Number of Sheet 1

Regiment of 2/1st NewfoundlandSignature of O. C. Company *J. M. B. B. B.*

Regimental Number and Name		Enlistment		Trade		Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>1994 G. H. Sarsons</u>	Age on	<u>24</u> years months	Accountant	Accountant	<u>promoted</u>	<u>3/12/15</u>
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion			<u>promoted Capt.</u>
Joined	Date		<u>Nov 28 1915</u>	Methodist	<u>a/capt</u>	<u>12/5/16</u>	
Joined	Date	Period of { with Colours with Reserve	<u>3</u> 25 years. <u>36</u> years.	Place of Birth	<u>a/cpl</u>	<u>16/11/16</u>	<u>Confirmed 27/4/18</u>
Joined	Date			<u>St. John's</u>			

Place	Date of Offence	Rank	Case of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Hazell Down Camp</i>	<i>2.4.18</i>	<i>a/cpt</i>		<i>Irregular conduct while on escort duty</i>	<i>L.S.M McKay</i>	<i>Severely Reprimanded</i>	<i>2.4.18</i>	<i>A. G. Bennett, S.O.</i>	
				<i>Demolished H 39</i>					
				<i>To be carried over</i>					