



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4860 Name William Parsons Corps C. of G.

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

1. What is your name? ..... 1. William Parsons
2. What is your full Address? ..... 2. Codroy Bay St. George
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 20 Years 8 Months
5. What is your Trade or Calling? ..... 5. Fisherman
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, William 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.

A ..... William Parsons SIGNATURE OF RECRUIT.  
1-5-18 ..... James Arkle Signature of Witness.

William Parsons OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, ..... 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 1st day of May, 1918

Signature of Attesting Officer James Stewart

†CERTIFICATE OF APPROVING OFFICER.

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

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

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Parsons  
 Apparent age 20 years 8 months. Height 5 feet 8 inches  
 Chest Measurement { Girth when fully expanded 38 inches  
 Range of expansion 3 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Parsons Codrington  
Bay St George | 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1-5-1918</u>									
Joined at <u>St. John's</u> on <u>May 1-1918</u>									
<u>Discharged July 18 1919</u>									
<u>Embarked St. John's train to Halifax Nov 11 6-1918.</u>									
<u>Embarked for Europe 26-10-18</u>									
<u>Disembarked France 26-10-18.</u>									
<u>Joined Bath 3-11-18.</u>									
<u>Transferred from Royal 22<sup>nd</sup> Coy. Arrived Lincoln 23<sup>rd</sup> 79</u>									
<u>to Newfoundland for demobilization 22-5-1919</u>									
<u>Arrived Newfoundland 1-6-1919</u>									
Total Service forfeited as above..... <u>Demobilization</u>									<u>Johns 18 79</u>
Total Service towards Engagement to <u>18-7-1919</u> (date of discharge) <u>1</u> years <u>79</u> days									
Pensions " " " " " " " " " " " "									

W. Parsons.

4860

~~P. P. G.~~

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

# MEDICAL HISTORY

Surname Parson

Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish Godroy County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	1st day of <u>May</u> 191 <u>8</u>	<u>St John's, Nfld.</u>	day of	191
Declared Age	<u>20</u> <sup><u>8</u></sup> / <sub><u>12</u></sub> years	— days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>8</u> inches		feet	inches
Weight	<u>155</u> lbs.			lbs
Chest Measure- ment	Girth when fully expanded	<u>38</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>None</u>			
When Vaccinated	<u>8 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	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<u>Lambert Parson</u>			
(Rank)	<u>Major</u>			
Enlisted	at	<u>St John's, Nfld.</u>	at	
	on	1st day of <u>May</u> 191 <u>8</u>	on	day of 191
Joined on Enlistment	Corps.		Corps	
	Regtl. No.	<u>4860</u>	Regtl. No.	
Transferred to	<u>The Royal Nfld Regt,</u>			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				





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 } *Fisherman*  
or Occupation }  
2. Regtl. No. *4860* 3. Rank *Pt* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
(b) Former Regts. or Corps ;  
with Regtl. Nos.  
4. Name *Parsons* *William*  
(Surname) (Christian Names)  
5. Age last birthday *21*  
6. Posted for duty on *May 1918* at *St John's*  
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  
(b) Where (if any)  
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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. *nil*  
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. *nil*

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? } *no.*

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.)*

*No complaints of no disability*

16. Was an operation performed? If so, when and what was its nature? *no.*
17. If not, was an operation advised and declined? *no.*
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? *no.*
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? *no.*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

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

*W.S. Procunier, Cap Rans*  
*Major*

Station *Ad Camp* .. . . .

Medical Officer in charge of case.

Date *18* .. . . . *5* .. . . . *19* .. . . .

\* 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

C.R. 4860

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, July 25/19.

The discharge of the undersigned on demobilization has been  
CONFIRMED by Officer i/o Records from 13-7-19.

4860 Pte. Wm. Parsons.



C.R. 4860

Extract from Daily Orders Part II Unit The Royal WFLA.  
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on Demobilization has been  
APPROVED by C.O. Discharge Depot, with effect from 2-7-19.

4860 Pte. W. Parsons.

C.R. 4860

Extract from Family Orders Part 11 Depot. St. John's,

Date June 18th 1919.

4860, Pte. W. Parsons.

Reported at Headquarters 1/6/19.  
which sailed Liverpool May 22/1919.

RE "Corsican"

C.R. 4860

Extract from Nominal Roll from 1st. Battalion

Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4860 Pte. W. Parsons.

C.R. 4860

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st  
Battn. 3--11-18.

The following joined the Battn. 3-11-18.

4860 Pte. W. Parsons.

C Coy.

C.R. 4860

Extract from Nominal Re-inforcement Draft No. 55: Embarked Folkeston 26/10/18  
from 2nd Battn, Royal Newfoundland Regiment, Hazeley Down Camp, Winchester,  
to 1st Battn, Royal Newfoundland Regiment, B.E.F.

4860 Pte. *Parsons*, W.

MP.

BLANDFORD ROAD



C.R. 4860

Extract from Daily Orders part 11, from Unit The Royal  
H216. Regt. St. John's, dated June 14, 1918.

#4860 Pte. W. Parsons.

Embarked for overseas with draft 11-6-18

C.R. 4860

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. Lt. John's, dated May 2nd, 1918.

#4860 Pte. William Parsons.

Attested for General Service with the Royal Hfld. Regt.  
from 1/5/18.

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 W. Inf. Bde.* 7. Former Trade or Occupation *Fabrician*
2. Regt. No. *4860* 3. Rank. *Pvt.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regt. Nos.
4. Name *Parsons W.P.*  
(Surname) (Christian Name)
5. Age last birthday. *21*
6. Posted for duty on. *May 1918* at. *India*  
in category (or grade) *Private*
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  
(b) Where (if any)  
(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. *nil*
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. *nil*

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 .. .. . *na*
  - (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? } *na*

In all cases such as facial injuries, eye, 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?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*No Complaints of no Disability*

16. Was an operation performed? If so, when and what was its nature? *na*
17. If not, was an operation advised and declined? *na*
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? *na*
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? *na*

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.*

*W. J. Proctor*  
 Medical Officer in charge of cases

Station *D. Camp*  
 Date *15. 5. 19*

\* 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 4221A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm Parsons, Regl. No. 4860

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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3988	Father	James Parsons	Rodney St Georges	
Total Allotment, \$				609

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

Sig.) [Signature]  
 Officer Commanding  
         Company

(S) William Parsons  
 (Rank) Pte

St John's  
May 23<sup>rd</sup> 1918



No. 13412/1351

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

To:

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

Officer Commanding,  
2/Bn. Royal Newfoundland  
Regiment,  
Winchester.

22nd, August 1918

Aug. 24<sup>th</sup> 1918.

Subject: 4860, Pte. W. Parsons

With reference to the following telegram (7496) from the Hon. Minister of Militia, received

"Pay to 4860 Parsons £1. 4. 8

Draft £ 1. 4. 8 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

J. J. Barton LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Commdg.          Batt'n  
Royal Newfoundland Regiment

Received the sum of £1.4.8

one pound four shillings account of  
& eight pence  
cable remittance from Newfoundland.

W Parsons

No. 4860 Rank Pte

L. J. H. Marshall  
Chief Paymaster & O. i/c Records.

Witness 4693 Pte. R. Manning

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

Sir:-

Please charge the amount set opposite my name to my account and pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments for the period of the year.  
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1860	Pte	Larwood W	\$250	W. Carver

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

*William Carver*

Date

*July 1/18*

No. *4860* Name *Parsons W.* Sqn., Batty., or Company *C* Corps *ROYAL NEWFOUNDLAND REG* Date of enlistment *1/5/18* G.C. *Hedges* Service or Proficiency Pay *1st Lt*

Date of last entry in Company Conduct Sheet *No. and date of last drunk* Period not reckoning towards freedom from extra fine *Sheet No. One* Signature O.C. Company, etc. *W. H. Hedges* Character *1st Lt*

Army Form B. 122.

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>Ramen</i>	<i>29/3/19</i>	<i>PC</i>		<i>Def. of kit.</i>	<i>C.P.M.S. W. Hedges</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>W. Hedges</i>	<i>W. Hedges</i>

[P.T.O.]

Harrison, W

4860

Hay Sept.

July 21, 1919

#4860 Pte. William Parsons

Godroy

Dear Sir:-

Please find enclosed Discharge Certificate #3124.

Yours truly,

Captain & Paymaster.



July 24, 1919

#4860 Pte. William Parsons,  
Godroy.

Dear Sir :-

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

Yours truly,

Captain & Paymaster.

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 20th. 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... *William* ..... 2. Surname... *Parsons* .....  
3. Rank... *private* ..... 4. Regtl. No... *4860* .....  
5. Address in full to which future payments of gratuity are to be forwarded... *Cosroy* .....  
6. Date of enlistment in the Regiment... *March 1918* .....  
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? *No* .....  
11. Were you on active service only in Mfld. If so, give dates and particulars of such service. *France Belgium Germany* .....  
12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *14 Months* .....  
..... 1.  $\frac{3}{4}$  .....

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*No*

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

*July 2<sup>nd</sup> 1919*

*No*

(b) Reason for discharge. *Demit*

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 Germany*

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: *William Parsons*

Place of Residence: *Bedroy*

Declared before me at: *St Johns*

This *2<sup>nd</sup>* day of *July* 19*.19*

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

*Wm James W*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Prymaster.



FORM K

No 4221



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm Parsons, Regl. No. 4860

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 <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3988	Father	<u>James Parsons</u>	<u>Coaroy St Georges</u>	
			Total Allotment, \$	<u>609</u>

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

Sig.) James Lieut  
Officer Commanding  
A. Company

(Sig.) William Parsons  
(Rank) Pte

St Johns  
may 23<sup>rd</sup> 1918



No 4221



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Wm Parsons, Regl. No. 4860

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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3988	Father	James Parsons	Roadway St Georges	
Total Allotment, \$				609

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

Sig.) James Sicut  
Officer Commanding  
                                     Company

St Johns  
May 23<sup>rd</sup> 1918

(Sig.) William Parsons  
(Rank) Pte

9097.

ORIGINAL.

N.F.P./54.

## NEWFOUNDLAND CONTINGENT

No. 417

To: Minister of Militia,  
St John's

" " Company.

NEWFOUNDLAND  
MEMORANDUM OF STOPPAGES/CREDITS on account of

Paymaster's Advances

NOTE:- Charge under

Column

Credit

Pay &amp; Record Office London.

Regtl No.	Rank & Name	Particulars & Authority	AMOUNT					
			£	s	d			
4860	Pte  W. Parsons  <i>OK</i> <i>W</i>	Payment whilst at Hilsea Military Hospital 6/5/19 as per voucher 7871			2	0		
					2	0		

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

June 25th

1919

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

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

191

G.C. " " Company.  
Battalion.

No 9037

**DUPLICATE ORIGINAL**

NEWFOUNDLAND CONTINGENT

N.F.P. / 24

To: **Minister of Militia,  
St John's**

No. **417**  
" " Company.

MEMORANDUM ~~NEWFOUNDLAND~~ CREDITS on account of  
-----

NOT Paymaster's Advances

Column

Credit

Regtl No.	Rank & Name	Pay & Record Office London. Authority	AMOUNT					
			£	s	d			
4860	Pte W. Parsons	Payment whilst at Hilsea Military Hospital 6/5/19 as per voucher 7871			2	0		
<i>E.P. 20/6/19</i>					2	0		

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

*[Signature]*  
1919 Chief Paymaster & O. i/c Records.

**June 25th**

CERTIFIED that the above Stoppages/Credits have been made  
in the Pay Book " " Co'y for Period / / to / /

Dated at \_\_\_\_\_

191

C.C. " " Company.  
Battalion.

JUL 2-1919

ST. JOHN'S,

# Royal Newfoundland Regiment.

Billeting Account,

To Pt A Parson

Billeting Soldiers as undermentioned

from June 3/18 to July 2/19

4860 Pt A Parson 27.10

ACCOUNT 137

CH. NO. 2026

INITIALS EW

IND. LEDGER

INITIALS

PAY LEDGER

INITIALS

GEN. LEDGER

INITIALS

Certified correct for \$ 27.10

*W. Blouster*

Billeting Officer.

*W Parson*

*Eds.*

C.R. 4860

RECEIPT,

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name.....*William Parsons*.....

Date.....*Novem 25 1919*.....

Place.....*God Roy. N. 20*.....

**Casualty Form—Active Service.**

Regiment or Corps ROYAL NEWFOUNDLAND REG.

Rank Pte. Surname Parsons Christian Name Wm.

Religion C. Age on Enlistment 20 years 8 months

Enlisted (a) 1/8/18 Terms of Service (a) DURATION. Service reckons from (a) 1/8/18

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

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

Occupation Soldier W. M. Eccles Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A.36 &c 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 ...	<u>26 OCT 1918</u>		
		Disembarked...	<u>3 NOV 1918</u>		
		Joined Battalion			
		<u>Arrived in UK.</u>		<u>93/4/19</u>	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeling-Smith, &c (17591). Wt. W 1887. P. 1124. 1,000,000. 6/18. D & S. Form B.103. (E. 1918)

*Next of kin* Father, James Parsons Codrington Bay St. Johns



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
59.

Number of Sheet. 1

Regiment of Royal Newfoundland

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

Regimental Number and Name		Enlistment		Trade
No.	<u>1160</u>	Age on	<u>20</u> years <u>5</u> months	<u>Drumman</u>
Joined	Date	Place and Date of Enlistment	<u>St. Johns</u> <u>1.5.18</u>	Religion <u>R.P.</u>
Joined	Date	Period of	with Colours <u>1</u> year.	Place of Birth <u>St. John's</u>
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
-------	-----------------	------	-----------------------	---------	--------------------	--------------------	---	-----------------	---------

				<u>Demobilized</u>	<u>St John's</u>	<u>18</u>			
--	--	--	--	--------------------	------------------	-----------	--	--	--

To be carried over

Army Form B. 121.

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4860 Rank Plt. Name Parsons W.  
 Date of Enlistment 1-5-18 Address Coedroy District St. John's  
 Occupation Tailor Classification for Discharge A Medical Category A  
 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 30-6-19 O. C. Discharge Depot. H. M. W. H.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

W. 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 \_\_\_\_\_

Date 2-6-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 12010 to his home at Boyroy and Release Certificate No. 3111 issued.

Date 2-7-19

*J.A. Snowball*  
Demobilization Officer

**OK 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 15-7-19

Date 2-7-19

*J.A. Snowball*  
Depot Paymaster

Discharge approved for 4-7-19

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

N.P. P36	B 268	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board Ist.	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	<i>2 Form B</i>
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	
B179c	B 120	M 93			

Date 2-7-19

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

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 4 1919

*R.H. Sait* MAJOR  
O. C. Discharge Depot.

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

Date July 18/1919

*J.A. Snowball*  
for records

Reg. No. 4860 Rank Pfc Name Parsons W<sup>m</sup>

Attested ..... Address Codroy

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas 29.5.19

Returned on S.S. Corsicans Cause Discharge

27.19  
47.19

**PASSED TO DEMOBILIZATION OFFICER**

**DISCHARGE APPROVED ON DEMOBILIZATION**

## 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.

*W. Parsons*

Signature of Man.

*J. H. Sawdust*

Signature of the Vocational Officer of his Representative.

Reg. No. 4860

Place

ST. JOHN'S

Date

JUL -2 1919

191

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4860 Rank Plt Name Parsons W  
 Date of Enlistment 1-2-18 Address Coedray District St. John's  
 Occupation Gasman Classification for Discharge HA Medical Category AD  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 1136	B 208	B 121	1/4	N.F. Med	D.F. 1	1/4
B 178	W 340A	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1/4	do 2nd	" 3	5
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 30-6-19

H. M. S. H.  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation.

W. 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 \_\_\_\_\_

A. H. B. S. H.

Date 2-6-19

O. i.c. Re-clothing



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R.2.010 to his home at bodyway and Release Certificate No. 3111 issued.

Date 2-7-19

*J.A. Knowlton*  
Demobilization Officer

**4. Pay and Allowances.**

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to

Date 2-7-19

15-7-19  
*H. M. ...*  
Depot Paymaster.

Discharged approved for 4-7-19  
Forwarded with following documents to O. C. Discharge Depot.

N. F. P/36	B 268	B 121	N. F. Med	D. F. 1	
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	<b>2 Form B</b>
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 115	ME 2		" 6	
B 179c	B 120	M 93			

Date 2-7-19

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

**APPROVED.**

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

**JUL 4 1919**

Eligible for War Service Gratuity

Date .....

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

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

Date .....

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 486 Rank. Pte. Name. Parsons, W.  
 Intended place of residence. Codroy.

2. Occupation Fisherman  
 Classification of soldier. H Medical Category. A.I

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 2 1919

[Signature]  
 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 JUL - 2 1919

W. Parsons  
 Signature of soldier

[Signature]  
 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 JUL - 2 1919

W. Parsons  
 Signature of soldier

[Signature]  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service. 1-5-18 No. of days on Military  
 Discharged from service. 4-7-19 Plus 14 days Service. 444

### APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 4 1919

[Signature]  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date July 18/1919

[Signature]  
 Officer in Charge  
 The Royal Newfoundland Regiment

07P2079/3124

31  
20  
18  
/4

# The Royal Newfoundland Regiment

Class for Demobilization:—

*4/6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*30.6.19*

Regimental No. *4560*

Name

*Sarson*

*PL*

Rank

Address

*Codroy*

Present Medical Category

*A5*

Recommended for :—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R.H. [Signature] Major*  
O.C. Discharge Depot.

*[Signature] Sarson*  
Senior Medical Officer

*[Signature] [Name]*  
M. O. Depot



## 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 William*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4860*

Intended address *Bodroy*

Height on discharge *5* Feet *7*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Medium*

Christian name of Father *James*

Christian name of Mother *(Dead)*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Bodroy, Aug. 17. 1898*

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)

*William Parsons*

(Rank) *Pte*

Station

Date *30-6-19*

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



CANADA

DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE  
IN THE

IN YOUR REPLY REFER TO FILE NO.

DVA. 95-7-1. Vol. 1

~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~  
ROYAL AIR FORCE  
ROYAL NEWFOUNDLAND REGIMENT

Name:

William PARSONS

Service Number:

4860

1. Date of Birth:

17th August, 1898

Codroy, Newfound-  
land.

2. Date & Place of Appointment,  
Enlistment or Enrolment:

1st May, 1918

St. John's,  
Newfoundland.

3. Unit on Appointment, Enlist-  
ment or Enrolment:

The Royal Newfoundland Regiment

4. Theatres of Service:

NEWFOUNDLAND--ENGLAND -

5. Date & Place of Retirement  
or Discharge

<sup>18</sup>  
4th July, 1919

Newfoundland.

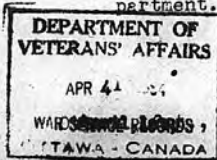
6. Type of Termination of Service:

"Demobilisation"

7. Rank or Rating on Retirement  
or Discharge:

Private

NOTE: This record is not valid  
without the imprint of the  
official stamp of the De-  
partment.



*H.M. Jackson*  
H.M. Jackson,  
DIRECTOR,  
WAR SERVICE RECORDS.