



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 235

Name in full Chesley Morton Peet Age 20

Address 14 Bazaar Square

~~Married~~ Single Height Weight

Color Fair Hair Light Eyes Grey

Other distinguishing marks

Nearest relative Father Colonel H Peet

Address 14 Bazaar Square

Dependents none

Occupation Clerk Present Wage \$ 35.00 monthly

Previous service none

Decorations none

General Remarks

Date of Enlistment

I, Chesley Morton Peet, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

*Copy of
order of war
14 Aug 1914
Chesley
Peet*

Chesley Morton Peet

Declared before me this 14 day
of Oct 1914

M Summers

RA Sheld

DESCRIPTIVE REPORT ON ENLISTMENT.

(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Reg. No. 235

Name Chesley Norton Peet

Apparent age 20 years months. Height feet inches.

Chest measurement { Girth when fully expanded inches.
Range of expansion inches. **1420**

Distinctive marks Color: Fair, Hair: Light, Eyes: Grey

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Samuel H. Peet, 14 Brazil Square, St. John's

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	Regt. 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>4/9/14</u>									
Joined at <u>St. John's</u> on <u>4th September '14</u>									
		<u>Hostile Feet</u>	<u>Private</u>	<u>10/17/15</u>					
		<u>Embarked S.S. Hazel for U.K. 5th 1915</u>		<u>Embarked for Gallipoli 11/3 1915</u>					<u>Despatched to Helles</u>
		<u>and entrained for Cairo 31st 15</u>		<u>Embarked for Gallipoli 11/3 1915</u>					<u>Landed</u>
		<u>Salva Barr night of 18/20 (1915)</u>		<u>Admitted H.S. 14th Foot 6th 15</u>					<u>Admitted</u>
		<u>Admitted (H.S. 10th)</u>		<u>Admitted to England 15/16</u>					<u>Admitted</u>
		<u>Available to England 15/16</u>		<u>Admitted 16th 16</u>					<u>Admitted</u>
		<u>Parliamentary order attached Sept 28 1916</u>		<u>Embarked for B.C.F. with B and 1st 17</u>					<u>Embarked</u>
		<u>Reattached Depot Apr. 18 17</u>		<u>Embarked for 1st Brigade and 1st Regiment 1st 18</u>					<u>Embarked</u>
		<u>Joined Battalion in the field 10 17</u>		<u>Arrived London from B.C.F. 24 17</u>					<u>Arrived</u>
		<u>on route to Rfld on 24th latter leave</u>		<u>Embarked Southampton 27 17</u>					<u>Embarked</u>
		<u>Ad. 6/19/18</u>		<u>Arrived Rfld 8 18</u>					<u>Arrived</u>
		<u>Reported Headquarters 1 18</u>		<u>Granted 13th latter leave to 8 18</u>					<u>Granted</u>
		<u>Discharged MEDICALLY UNFIT 7 12 18</u>							
Total Service forfeited as above									
Total Service towards Engagement to <u>7-12-18</u> (date of discharge) <u>4</u> years <u>94</u> days									
" " " Pension " " " " " " " " " " " "									

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 235

Name **Olesley Morton Peet**

Apparent age **29** years _____ months. Height _____ feet _____ inches.

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

Distinctive marks **Color: Fair, Hair: Light, Eyes: Grey.**

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin **Samuel H. Peet, 14 Brazil Square, St. John's.**

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) Signature of Officer verifying entry from certificate.

(a)	(b)	(c)	(d)
			Verified from certificate.

Particulars as to Children.

Christian Names	Date and Place of Birth	(d)
		Verified from certificate

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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 4/9/14									
Joined at St. John's on 4th September '14									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									



Proceedings on Discharge.

1420

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	235	Army Rank	Private
Name	Peet. Chesley Martin <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps	The Royal Newfoundland		
Battalion, Battery, Company, Depot, &c.	<small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>		
Date of discharge	December 7 th 1918		
Place of discharge	St. John's, Nfld.		
1.	Description at the time of discharge.		Descriptive marks.
Age	25	years	months
Height	5	feet	5 inches
Chest measurement	girth when fully expanded		ins.
	range of expansion		ins.
Complexion	fair		
Eyes	blue		
Hair	fair		
Trade	Clerk		
Intended place of residence <small>(To be given as fully as practicable)</small>	Bragit's Square St. John's, Nfld.		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2.	The above-named man is discharged in consequence of being no longer physically fit for service.		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3.	Military character:—		
4.	Character awarded in accordance with King's Regulations:—		
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.			
			Initials of Commanding Officer.

Enlisted 4/9/14

To be filled in on the soldier quitting the Colours.

12-9-52

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St John _____ Smlect (Signature of Soldier.)

(Date) 1/12/18 _____ W Newbery Corp (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) , " " _____

Total " " _____

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

Comdt

Witness Wheeler Corp

Casualty Form—Active Service.



Regiment or Corps 1st Newfoundland

Regimental No. 235 Rank Pte Name L Peet

Enlisted (a) Oct 2/14 Terms of Service (a) Duration of war Service reckons from (a) Oct 2/14

Date of promotion to } present rank } Date of appointment } to lance rank } Numerical position on } roll of N.C.Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		<u>3/10/14.</u>	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
13/12/15.	"Data"	Admitted, Frostbite	H.S. "Delta"	6/12/15.	E 2627.
14/12/15.	21st. Genl. Alexandria.	do	21st. Genl. Hosp. Alex.	10/12/15.	E 2841.
19/1/16.	"Sulta"	Invalided to England	H.S. "Sulta"	15/1/16.	B 878.

[Signature]
 Captain
 For Major,
 Officer i/c Records 11. & 12 Dists.,
 3rd. Echelon, G.H.Q., M.E.F.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



Army Form B. 103.

Regimental Number *235*

Casualty Form—Active Service.

1420

Regiment or Corps *Royal Newfoundland*

Rank *Pte* Surname *Peel* Christian Name *John*

Religion *Methodist* Age on Enlistment *30* years *7* months

Enlisted (a) *Sept 4/14* Terms of Service (a) *Duration* Service reckons from (a) *4 Sept 14*

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

Extended { } Re-engaged { } Qualification (b) *Band* or Corps Trade and rate.....

Occupation..... *7-Sea man* 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, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...		1 JUL 1918	
		Disembarked		1 JUL 1918	
		ARRIVED D. I. B. D.		5-7-18	
		Joined Battalion		10-7-18	
		<i>Proceeded to England for Newfoundland Centre 8 weeks leave</i>		<i>24-7-18</i>	<i>CH No 10154</i>



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date _____ 19____

Regimental No. *235*

Name *Peck Chesley* *Ho-*

Address _____

Disease or Disability *flat feet - (fractured)*

Finding of last Standing Medical Board, _____

held on _____ 19____

Present Condition _____

Recommendation *Standing med BS.*

Category *BI*

Members
of
Board

R.H. Galt Capt.

O. C. Depot

L. Paterson

D. D. M. S.

*See Borden
a.c.f.*

M. O. Depot



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- This report is solely concerned with Pensions.
- A single copy only is required.
- "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- Be as brief as possible compatible with lucidity.
- Avoid dubiety—"perhaps" "possibly" "might" and the like.
- Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station *St. John's*

Date *Nov 27/15*

- Unit *Royal Newfoundland*
- Regimental No. *235*
- Rank *Pte*
- Name *Pvt Chesley*
- Age last birthday *21 years*
- Enlisted on *Sept. 1914*
- Former trade or occupation *bleck*
- Disability

Flat Feet
Hevel feet

- History *Had hevel feet at Gallipoli. Nov. 1915. Was under treatment for 2 1/2 months in hospital. Since then the state his feet have broken down*

1420

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

Feet healed, some redness near
lens of R foot -
both feet flat - slightly
otherwise normal.

Medical Report on an Incubated

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit?

STATEMENT OF CASE

Signature

Lee Gordon

Rank or Qualification

Adj MD

Remarks if any by Officer i/c Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x *May* be considered as ~~aggravated by~~ due to

(a) Service during this war. (b) ~~Climate~~ (c) ~~Ordinary Military Service~~
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
(State in percentage.) *less than 20%*

Remarks if any:—

16. Is the disability permanent? *Yes*

17. Has the disability been aggravated by (a) Intemperance *No* (b) Misconduct *No*

18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital, Naval and Military Convalescent Hospital, Jensen Tuberculosis Camp. *No*

20. We recommend discharge from retention in the Army *Unfit for General Service*

Remarks if any:—

..... President
Signatures..... *[Signature]*
..... *[Signature]*

Place.....
Date..... *Nov 23/18*



APPROVED
Station.....
Date.....

[Signature]
.....
Administrative Medical Officer

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. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname Peel Christian Name C



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.	Regtl. No.
	<u>1st Newfoundland</u>	<u>235</u>
Transferred to		

Became non-effective by ... _____

on _____ day of _____ 191 .
(Signature) PK
(Rank) _____

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 Peel Christian Name C



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____

Corps.	Regtl. No.
<i>1st Newfoundland</i>	<i>235</i>

Transferred to ... _____

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

(Signature) *PK.*
(Rank) _____

WAR PENSIONS

979

PENSION NO. D 235-

PENSIONER'S NAME

Chesley Peet - Pte
14 Brazils Sq
City

CLASS OF PENSION

DATE OF PENSION *Dec 7th 1918*

RATE OF PENSION

CHILDREN NO.

: NAMES AND DATE WHEN PENSION CEASES

HOW PAYABLE

Grant of \$75.00. Payable in
3 equal monthly instalments

DATE	YEAR	CHEQUE No.	PERIOD WHICH PAYMENT COVERS	AMOUNT	REMARKS
<i>Jan 1</i>	<i>1919</i>	<i>4043</i>	<i>1st Instalment -</i>	<i>✓ 25</i>	<i>✓</i>
<i>Feb 1</i>	<i>"</i>	<i>4931</i>	<i>2nd "</i>	<i>✓ 25</i>	<i>✓</i>
<i>Mar 1</i>	<i>"</i>	<i>5924</i>	<i>3rd "</i>	<i>✓ 25</i>	<i>✓</i>



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station **St. John's**.....

Date **Nov. 22nd '18**.....

- | | |
|-----------------------------------|--|
| 1. Unit Royal Newfoundland | 5. Age last birthday 24 years |
| 2. Regimental No. 235 | 6. Enlisted on Sept. 1914. |
| 3. Rank Pte. | at St. John's |
| 4. Name PEET, CHESLEY | 7. Former trade or occupation Clerk |
| | 8. Disability FLAT FEET |

FLAT FEET
TRENCH FEET

9. History **Had trench feet at Gallipoli Nov. 1915. Was under treatment for 2½ months in Hospital. Since then his arches have broken down.**

10. What is his present condition?

Feet healed. Some redness near toes
of right foot.
Both feet flat - slightly.
Otherwise normal.

(This is the important question. Be
brief—the clearer the case the less
need be written. Read note f above.)

Medical Department

Medical Report on an Invalid

11. Was sanatorium
operation advised and refused?

12. Do you recommend discharge as
permanently unfit?

STATEMENT OF CASE

Signature **F. W. BURDEN,**
Actg. M.O.
Rank or Qualification

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **may** be considered as ~~aggravated by~~ due to
- (a) Service during this war. (b) ~~Climate.~~ (c) ~~Ordinary Military Service~~
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Y E S

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?
- (b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?
Less than 20%
(State in percentage.)

Remarks if any:—

16. Is the disability permanent? **Yes**
17. Has the disability been aggravated by (a) Intemperence **No** (b) Misconduct **No**
18. The refusal of operation sanatorium is:— (a) Reasonable (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to **No**
General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.
20. We recommend discharge from retention in the Army **Unfit for General Service**

Remarks if any:—

(Sgd) N. S. FRASER

President

J. SINCLAIR TAIT

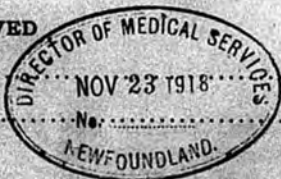
Signatures

L. PATERSON, Major

Place St. John's,
Date Nov. 23rd., 1918

APPROVED

Station DIRECTOR OF MEDICAL SERVICES
Date NOV 23 1918



(Sgd) CLUNY MACPHERSON, Major

D. M. S. NEWFOUNDLAND;
Administrative Medical Officer

RECEIPT.

CR. 235

I hereby certify that I have received the 1914-1915

STAR.

No 235 Name Compt

Witness Ward

Date 3/12/19

Place at John's

C.R.

235

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

Name.....*Chealey M. Peet*.....

Date.....*March 25/19*.....

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

CIRCULAR LETTER.

St. John's,

March 13th, 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No.3 for your issue.

W. J. Radell
Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND
of 1914-15 STAR.

Department of Militia,
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on* *Gallipoli*
from *Sept 19th* 1915 to *Dec 10th* 1915.
(Date) *22/11* (No) *235* (Rank) *Sgt* (Name) *C. M. Beeth*
(Place) *St. Brazils* *St. John's*

* Fill in theatre of war where you served in Gallipoli, Madros, Lemnos, or Western Egyptian Frontier.

C.R.

235

Extract from Daily Orders, Part 11, UNIT: The Royal WFLD. Regt.
dated Dec. 10th. 1918.

STRENGTH DECREASES.

235 Pte. Ches Peet

Having been found Medically Unfit is Discharged from 7/12/18.

D235

Nov. 25th, 1918

From Asst. Adjutant,
Depot

To Paymaster and Officer i/c Records,
Militia Department

235 Pte. C. Peet
527 " F. Noseworthy

The marginally noted, who were attached to Depot on "Blue Puttee" Leave, were before the Standing Medical Board and recommended for discharge as unfit for general service, on Saturday, Nov. 23rd.

I am sending them herewith for your attention and necessary action, please.

AWC

C.R. 235

Extract from Medical Board held on Saturday Nov. 23rd,
1918

235 Pte. Peet, C.

Recommended Discharge from Army Unfit for General
service.

MM.

Extract of Daily Orders, Part 11, UNIT The Royal Newfoundland Regiment, dated October 2nd 1918.

BLUE PUTTEN LEAVE.

THE FOLLOWING REPORTED AT HEADQUARTERS ON THE FOLLOWING DATE:

Pte. C. Peet

1/10/18.

C.R. 235

Extract from Daily Orders Part 11 Unit The Royal
Bfld. Regt. St. John's, dated August 9, 1918.

The following Men Returned from Over-seas and Reported at
Depot August 8th, 1918.

#235, Pte. Peet, C.

On "Special Ship Fitter's Leave" and Granted Leave from Depot
until 8/9/1918.

C.R. 235

Extract from Daily Orders UNIT, in the feild, dated 31/7/18.

#235 Pte. C. Peet,

THE ABOVE MENTIONED SOLDIER HAVING PROCEEDED TO ENGLAND ON
24/7/18 FOR THE PURPOSE OF RECRUITING AND OTHER PURPOSES
IS STRUCK OF THE STRENGTH OF THE BATTALION.

C.R.

235

Extract from Nominal Roll of Band of Royal Wfld. Regt.
which left Winchester House, and embarked at Southampton,
on 1st 1-7-18 to join the 1st Bn. B.E.F.

235 Pte. C.M. Peet.

C.R. 235

Extract of Nominal Roll to B.E.F. embarked to
at Southampton on 1-7-18

#235 Pte. C.M. Peet. (Band)

C.R. 235

Extract from Nominal Roll of M.F.A. Regt. Draft No. 20
Embarked from Southampton, 1-3-17/and returned to
Ayr, 18-4-17.
for the B.E.F.

235 Pte. E.M. Peet.

C.R. 235

Extract from Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Southampton. 1-3-17.

235 Pte. C.M. Peet.

The Band returned to Ayr, 18-4-17.

MAR 28 1916

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 235, Private C. M. Peet, who was previously reported at Wandsworth, January 28th, suffering from frostbite, is now fit for duty and was granted furlough to Feb. 25.

This information has been received by mail.

Yours faithfully,

Colonial Secretary.

Mr. Samuel H. Peet,
14 Brasil's Sq.

P 23

January 28. 1916

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. 235. Private Chesley M. Peet, has been admitted to Third London General Hospital, Wandsworth, suffering from frostbite.

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,

Colonial Secretary.

Mr. Samuel H. Peet,
14 Brazil's Square.

C.R. 235

Extract of Casualty List received from Pay and Record Office
London Dated Jan. 28th. 1916.

'235 Pte. C. Peet

1st. Nfld. R. Adm. 3rd London General Hospital Wandsworth S.W.,
Jan. 26th. 1916.

C.R. 235

NEWFOUNDLAND REGIMENT.

LIST NO. H. 5433.

~~235~~ Pte³ Peet, C.

Frost Bite

To Eng. per "Salta" es RCH Montaza
Jany. 13th., 1916.

C.R. 235

Extract of casualties received from Pay & Record Office,
London, dated January 1, 1916.

#235 Pte. C. Peet.

Frostbite Feet severe.

Admitted 21st General Hospital, Alexandria 10th Dec 1915.

✓

C.R. 235
Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.

Embarked, at Devenport for Active Service 20-8-15

235 Pte. C. Peet.

Disembarked Alexandria, 31-8-15, Proceeded to Abbassie,
Cairo, same date, Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

CF 235

Extract from Nominal Roll embarked St. John's per . . . FLORIANE

October 4th ~~1913~~ 1914
7th.

235 Peet Chesley M.

C.R. 235

Chesley M. Peet was attested for General Service
with the NEWFOUNDLAND REGIMENT on .Sept. 4. 1919...
Regimental No. 235 was allotted to Pte. Ches. M. Peet,

AUTHORITY:

Record DeEger

Dept. of Militia,

March 25th. 1919.

Reg. No. 235 Rank Plt Name Leet B.

Attested Address 14 Brazil Square.

Allotment Allottee

Date of Allotment Returned from Overseas 2-5-18

Embarked for Overseas Cause Special blue letter leave

23-11-18 Lee Bis - Permanently unfit

7-12-18

DISCHARGED—MEDICALLY UNFIT

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 231 Rank Plt Name Leeds CM

hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 6000

Date 7/13/18

Leeds
Signature of Soldier

Leeds
Signature of Witness

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15.00

Aug 8th 1912

Received from the First Newfoundland Regiment

the sum of fifteen Dollars.

on account
balance of Pay.

bmbeet

Ch. No. <u>P80</u>	Initials <u>EW</u>
Pay Ledger <u>163</u>	Initials <u>WX</u>
Gen. Ledger	Initials

Regtl. No. 235 Rank Pte.

JCB

No. 235.

Rank Plt.

Name Reel P.M.

25

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 13⁰⁰

Aug 27th 1918

Received from the First Newfoundland Regiment
the sum of thirteen ⁰⁰ Dollars.
on account of Pay.

Om Beet

Ch. No. 1748	Initials <i>EW</i>
Pay Ledger 163	Initials <i>wn</i>
Gen. Ledger	Initials <i>J</i>

Regtl. No. 235 Rank *Sgt*

No. 235

Rank PL

Name Red C.M.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 16.50

Sept 16 1918

Received from the First Newfoundland Regiment
the sum of sixteen $\frac{50}{100}$ Dollars.
on account of Pay.
~~balance~~

Onbehalf

Ch. No. ...	<u>2646</u>	Initials	<u>JH</u>
Pay Ledger	<u>160</u>	Initials	<u>we</u>
Gen. Ledger		Initials	<u>lg</u>

Regtl. No. 235 Rank Sgt

No. 135

Rank Pte

Name

C M Peet

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 1200

Sep 30th 1918

Received from the First Newfoundland Regiment
the sum of twelve ⁰⁰/₁₀₀ Dollars.
on account ~~balance~~ of Pay.

B. M. Keet

Ch. No.	3344	Initials	EW
Pay Ledger	163	Initials	EW
Gen. Ledger		Initials	EW

Regtl. No. 235 Rank Pte

[Handwritten signature]

No. 235

Rank PL

Name Peet C M.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 33⁰⁰/_{xx}

January 24 1917

Received from the First Newfoundland Regiment

the sum of Thirty three ⁸⁰/_{xx} Dollars.

on account
balance of Pay. S. D. P.

Ormet

Ch. No. 8710	Initials J.P.
Pay Ledger 318	Initials A.L.
Gen. Ledger	Initials

Regtl. No. 235 Rank Pte

Frederic Jones

No. 235

Rank Lt

Name

Peet CM

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 60⁰⁰

Dec 7 ^H 19 15

Received from the First Newfoundland Regiment
the sum of Sixty ⁰⁰ 7 Dollars.
on account
balance of Pay. Clothing subject

Ch. No. <u>6489</u>	Initials. <u>AW</u>
Pay Ledger <u>163</u>	Initials. <u>WON</u>
Gen. Ledger.....	Initials.....

Regtl. No..... Rank.....

[Handwritten signature]

No. 235

Rank *St*

Name *Veet-OM*

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 question 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 *Sheeley* No. 2. Surname *Sect*
3. Rank *Pte* 4. Regt. No. *235*
5. Address in full to which future payments of gratuity are to ~~be~~ be forwarded. *14. Brasils P. Gaure*
- *St. John's*
6. Date of enlistment in the Regiment. *Sept. 4/14*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
- *Not applicable*
8. Relationship of such dependents. *Not applicable*
9. Address in full of such dependent.
- *Not applicable*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Not applicable*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.
- *Not applicable*
-
12. Give total length of time which you served on active service, whether in Nfld, or Overseas. *3 years ten months*
-

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

..... *not applicable*

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.....

..... *From Dept. of Militia I received thirty-three dollars post discharge pay January 1919*

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

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.....

..... *not applicable*

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?..... *not applicable*

19. Are you now serving in the Regt.? *no* If not give:- (a) Date of discharge..... *Dec. 7/18*

..... (b) Reason for discharge..... *disability*

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.....

..... *served at Verdun Sept/16 to Dec/15*

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: *Lohaley M. Peet*
 Place of Residence: *14 Brazils Square St Johns*
 Declared before me at: *St Johns*
 This *20th* 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.

L. E. Trullison

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>6 mos.</i>	<i>420.00</i>
.....
.....

Certified Correct.

Paymaster.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1914

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

452

Examination of Chester M. Post

aged 20 conducted at C. R. B. Army

Date: Aug 31st 1914 Recruiting Officer:

NO. OF TEST	FINDING
-------------	---------

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 no
- 8 no
- 9 no
- 10 no
- 11 N
- 12 N
- 13 N
- 14 N
- 15 N
- 16 N
- 17 N
- 18 N
- 19 N
- 20 N
- 21 N
- 22 N
- 23 N
- 24 N
- 25 N
- 26 N
- 27 N
- 28 N
- 29 N
- 30 N
- 31 N
- 32 N
- 33 yes - 8 years ago
- 34 5 ft 4 in.
- 35 132 lbs
- 36 31 - 34
- 37 130 per month
- 38 20 min 1000
- 39 no

FUT

Signature of Medical Examiner: 235 Clayton Macpherson M.D.



No. 50

NEWFOUNDLAND CONTINGENT
ALLOTMENTS.

I, Chesley M. Peet Regtl. No. 235

hereby agree, until further notification by me, and in similar official form, to make an allotment of.....dollars and Thirty cents per diem, and from my pay, to and for the benefit of the undermentioned person or persons such payment to be made on proof of identity of, and production of the relative identity Certificates by the person or persons concerned viz:-

Identity Certif. No.	Whether Wife Child, other Relative or Friend.	NAME (in full)	Address	AMOUNT each person.
	<u>Father</u>	<u>Samuel H. Peet</u>	<u>14 Craigie Square</u>	<u>30. cents</u>

Commencing 1/12 in line Form No. 336

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

(Sig) A. G. Bannister
Officer Commanding Company.

Asst

(Sig) Chesley M. Peet

Oct 18-10-16

(Rank) Private

To take effect Nov. 1st 1916

NOTED
J. H. Hunt
C. Q. M. S.
Date 20/10/16 PHD Coy

NOTED
J. H. Bannister
C. Q. M. S.
Date Oct 18/16 F Coy



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 *Peter Chealey*

Regiment from which discharged *1st. Newfoundland*

Regimental number *235*

Intended address *Brazils Square St. John's*

Height on discharge *5* Feet *5*

Color of hair on discharge *Fair*

Complexion *Fair*

Color of eye *Blue*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Samuel*

Christian name of Mother *Christine*

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, Dec. 21st 1897*

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) *Peter Chealey*

Station *St. John's*

Date *Nov 22/18*

(Rank) *Pte*

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.

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

Station

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:

I hope to resume my old work at Hallwood's.

Chealey M. Seet

Signature of Man.

Reg. No. *235*

W. Mackell.

• Signature of the Vocational Officer or his Representative.

Place *St. John's.*

Date *Nov. 93.* 191*8*

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To Paymaster

Please receive documents as indicated below

No.	RANK AND NAME	N.F.P.36 Non-effective account	B. 178 Medical history sheet	B. 178a Nfld. medical history sheet	B. 179 Medical report on an invalid	B. 268 Proceedings on discharge	W. 3494 Civil life qualifications	D. 400A Descriptive return	B. 103 Active service casualty form	B. 120 Regimental conduct sheet	B. 121 Company conduct sheet	B. 122 Field conduct sheet	Report of Newfoundland Medical Boards				B. 1915 Attestation paper	Form L Identity certificate	Form K Allotment papers	Form I Kit issue on payment	Headquarters Travelling Board
													1st Board	2nd Board	3rd Board	4th Board	Board				
235	Pte Peet. G.								2												

Received above noted documents,

Date 19

Signature of officer forwarding documents:

Date Dec 26th 1918





Army Form W. 3016.

No. _____

Date Feb 16th 1916

(1) To the Officer i/c Records,

58 Victoria Street

S.W. (Station.)

(2) The Officer Commanding,

Newfoundland Contingent

Ayr (Station.)

(3) The Paymaster,

58 Victoria Street

S.W. (Station.)

Regimental No. 235

Rank and Name Pte Peet C

Regiment or Corps 1st Newfoundland

has been granted a furlough from Feb 16th to Feb 25th

His address while on leave will be:—

58 Victoria Street

Westminster S.W.

his man has been furnished with a warrant to Victoria given an advance of £1 (one pound)

I consider he is fit for* Duty. ~~Light duty~~

A. Hope Gosse Capt. R.A.M.C.T.

Officer in charge Registrar of Hospitals, R.A.M.C.T.
5rd London General Hospital,
WANDSWORTH, S. (Station).

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

✓

LAST PAY CERTIFICATE

OFFICE COPY

N.F.P./94.

To be rendered for all ranks on discharge, transfers to other Units, or on return to Newfoundland in accordance with C.J./19, 26/5/17.

Regt No. 235 Rank Plt Name 277718 Post C Unit Draft 69 who was sent
 Newfoundland on 27/7/18 Authority NYI Nfld Regt Cause Blue Puttee Leave

STATEMENT OF ACCOUNT

PERIOD: From 31-8-18 to 22-11-18

CHECKED, RB
27-1-19

PARTICULARS						PARTICULARS					
Balance Dr. from						Balance Cr. from					
Allotment 84 days @ 30¢						Pay 84 days @ \$ 1.00					
Cash Payments:						Field Allow 84 days @ \$ 10¢					
Depot Payment pr V 277						84 00					
Acq Rolls						8 40					
Other Debits:						Other Allowes days @ \$					
						92 40 18 19 9					
Total Debits						Total Credits					
Balance due by Paymaster						Balance due to Paymaster					
						27 13 1					

Copy sent H^d Quarter
N 20/55-175279
25/1/19

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of.

191

Made up and checked in accordance with information received in the Pay & Record Office London to 27/1/19 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, S.W. 1.

27-1-1919

Chief Paymaster & O. 1/c Records.

C. Peet.

295.

P. H. 10.

ORIGINAL



Form K.

No. 50

NEWFOUNDLAND CONTINGENT
ALLOTMENTS.

I, Chealey M. Peet Regtl. No. 2335

hereby agree, until further notification by me, and in similar official form, to make an allotment of.....dollars and Thirty cents per diem. and from my pay, to and for the benefit of the undermentioned person or persons such payment to be made on proof of identity of, and production of the relative identity Certificates by the person or persons concerned viz:-

Identity Certif. No.	Whether Wife Child, other Relative or Friend.	NAME (in full)	Address	AMOUNT each person.
	<u>Father</u>	<u>Samuel H. Peet.</u>	<u>14 Drexels Square</u>	<u>30 Cents</u>

Commencing 1/12 i. l. i. Form K, 236

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

(Sig) A. G. Barrister
Officer Commanding
Company.

Peet

(Sig) Chealey M. Peet.

Oct. 18-10-16

(Rank) Private

Take effect Nov. 1st 1916

NOTED
M. J. Hunt
C.Q.M.S.
Date 20/10/16 RRD Co'y

NOTED
H. Hunter
C.Q.M.S.
Date Oct 18 1916 F. Cox

ORIGINAL

N.F.P/L ALLOTMENTS

OCT 20 1916

NEWFOUNDLAND CONTINGENT.

CANCELLATION OF ALLOTMENT

I, (No.) 235 (Rank) Private (Name) Peet - Chealey M.
 hereby apply for cancellation of Allotment made by me on
 N.F.K.No. 336 dated October 1914 in favour
 of M. Samuel Peet for \$ ctn 70⁰⁰
 per diem. Such cancellation to take place from (inclusive)
 the Thirty First day of October November 1916

I agree to accept all risks and consequences of this appli-
 cation failing to reach Headquarters, St. John's, by mail in time
 to become operative at above nominated **cancelling** date: and that
 in the event of such non-delivery by mail, and thereby the Allot-
 ment continuing to be paid to the Allottee, I also agree to such
 further stoppage as may be thereby necessary being made against me
 in the Pay Books, or otherwise to refund such overdrawn amount or
 amounts.*

Dated at St. John's

October 18th 1916

Chealey M. Peet
Alloter.

Approved and Witnessed.

J. G. Bernister
C. C. "J" Company.

NOTED
J. G. Bernister
C. C. M. S.
Date Oct 18/16 H. Coy

*Attention is drawn to the fact that Allotments are payable by Headquarters per Calendar, not Regimental month, and therefore reasonable time must be allowed for delivery of this request St. John's, in order to become operative.

NOTE
MP
Date 20/10/16 R. Coy

To be made out in triplicate and sent to the Paymaster & Officer in Charge of Records, who will forward original to Headquarters by first mail, duplicate by the following, and retain triplicate.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of Newfoundland.

Number of Sheet 1

Signature of O. C. Company G. J. Carthy

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Regimental Number and Name No. 235 <u>Det B</u>		Enlistment Age on <u>20</u> years <u>0</u> months		Trade <u> Clerk</u>	Good Conduct Badges, Service Pay or Proficiency Pay
Joined <u>Depot</u> Date <u>March 2nd 1916</u>		Date of Enlistment <u>Sept 14th 1914</u>		Religion <u>Methodist</u>	
Joined _____ Date _____		Period of with Colours <u>2</u> years. with Reserve <u>365</u> years.			
Joined _____ Date _____					



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>Fort George</u>	<u>1914</u> <u>12 Dec</u>	<u>Plt</u>	<u>1</u>	<u>Drunk & Creating a disturbance in Aldersie's Village about 8 PM</u>	<u>Lt Wakefield</u> <u>Sgt Smith</u> <u>Cpl Churchill</u>	<u>8 days CB</u>	<u>13/1/14</u>	<u>Lt. Col Burton</u>	<u>custo</u>
<u>Newton on Bay</u>	<u>25/2/16</u>			<u>Absent from tattoo 25/2/16 until tattoo 26/2/16</u>	<u>Corp. Lundy</u>	<u>admonished</u>	<u>25/2/16</u>	<u>Major Whitaker</u>	<u>7 days CB</u>
<u>Newton on Bay</u>	<u>23.6.16</u>			<u>Breaking into Canteen at 10. P.M.</u>	<u>Documentary</u> <u>Lt Currie</u> <u>John Anderson</u>	<u>168 hrs detention</u>	<u>26.6.16</u>	<u>Lt Col Whitaker</u>	<u>7 days CB</u>
<u>Barry</u>	<u>Sept.</u>	<u>Plt.</u>	<u>2</u>	<u>Drunk in Dundee</u>	<u>H/cpl Guyon & Prod.</u>	<u>7 days CB</u> <u>Final 2/6</u>	<u>22.9.17</u>	<u>Lt. Col. Whitaker</u>	<u>Can</u>
				<u>Discharged St. John's Med. Unfit 7/12/18.</u>					

To be carried over

Army Form B. 121.



No. 59

NEWFOUNDLAND CONTINGENT
ALLOTMENTS.

I, Chester M. Peet Regtl. No. 735

hereby agree, until further notification by me, and in similar official form, to make an allotment of.....dollars and Thirty cents per diem. and from my pay, to and for the benefit of the undermentioned person or persons such payment to be made on proof of identity of, and production of the relative identity Certificates by the person or persons concerned viz:-

Identity Certif. No.	Whether Wife Child, other Relative or Friend.	NAME (in full)	Address	AMOUNT each person.
	<u>Father</u>	<u>Samuel H. Peet.</u>	<u>14 Bragado Square</u>	<u>30 Cents</u>

Commencing 11/12 is See Form K. 336

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

(Sig) S. G. Bennett
Officer Commanding 1st Company.

Peet

(Sig) Chester M. Peet

Oct 18-10-16

(Rank) Private

In effect Nov 1st 1916

NOTED
MP Peet
C.Q.M.S. off.
Date 20/10/16 RD Coy

NOTED
S. G. Bennett
C.Q.M.S.
Date Oct 18/16 1st Coy

Peet. C. M.

285

↓
Ray Dept