



THE ROYAL NEWFOUNDLAND REGIMENT

No. 5259 5260 Name Walter Pope Corps Cof B

Questions to be put to the Recruit before Enlistment

- | | |
|--|-----------------------------|
| 1. What is your name? | 1. <u>Walter Pope</u> |
| 2. What is your full Address? | 2. <u>Fort St. John Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>32</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Businessman</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 |
| | 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. <u>Yes</u> |

I, Walter Pope 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: Walter Pope

Signature of Witness: J. Raymond

9/15/18

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John on this 9th day of May 1918.

Signature of Attesting Officer: C. Dicks Lieut

CERTIFICATE OF APPROVING OFFICER.

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

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

Date: 9/15/18 1918

Place: St. John } 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)

DESCRIPTIVE REPORT ON ENLISTMENT

5259

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

Name Walter Pope

Apparent age 22 years months. Height 5 feet 2 1/2 inches

Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Fredrick Pope
Post 641 13 Bay | 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 United Kingdom engagement reckons from <u>21-5-18</u>									
Joined at <u>St John's</u> on <u>10024 21-9-18</u>									
<u>Discharged August 8 1919</u>									
<u>Embarked St John S.S. 22-7-18</u>									
<u>to be exempted for demobilization 24-6-1919</u>									
<u>Arrived to embarkation 1-7-1919</u>									
<u>Demobilization St John's 8-8-1919</u>									
Total Service forfeited as above									
Total Service towards Engagement to <u>8-8-1919</u> [date of discharge]									
" " Pensions " " " " " "									

5259
C.R. 2559

Extract from Daily Orders for Mail Unit: The Royal Nfld.
Regt. St. John's, July 3rd, 1919.

5259

2559 Pte. W. Pope.

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

C.R. 5259

Extrac t from Daily Orders part 11, from Unit The Royal
H210. Regt. St. John's, dated July 25, 1910.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1910.

#5259 Pte. Walter Pope.

C.R. 5259

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's. dated May 22, 1918.

#5259 Pte. Walter Pope.

Attested for General Service with the Royal Nfld. Regt.
from 21.5.18

C.R. 5259

Extract from Daily Orders Part II Unit The Royal Wilt. Regt.
St. John's, July ~~25~~¹⁴ 1919

The discharge of the undersigned on demobilization has been
APPROVED by C.G. Discharge Depot with effect from 25-7-19

5259 Pte. W. Pope.

C.R. 5259

Extract from Casualties received from P.S.R.O. London,
Aug. 22 31st. 1918.

The undermentioned man (Admitted to Hosp. from Major Cartys
draft from Newfoundland) was discharged from Central Hos-
pital, Chatham, 30/8/18. and proceeded direct to Depot.

5259 Pte. Pope W.

VIDEOD BOM C.R. 5259

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated August 18th 1919.

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

5259, Pte. W. Pope.

W. Loper

C.R.

5259

W. Loper

No. 20938/2564

066210
BC



From: NEWFOUNDLAND

CONTINGENT

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

To: Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

17th December 1918

Dec 18 1918

Subject: 5259, Pte. W. Pope,

With reference to the following telegram (10854) from the Hon. Minister of Militia, received

Pay to 5259 Pope £6:0:0

Draft £ 6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

H.A. Marshall Maj.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

O. G. Kelly
Okam

Officer Commdg. LEUT. COLONEL
Royal Newfoundland Regiment,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Received the sum of Six
pounds on account of
cable remittance from Newfoundland.

W. Pope

No. 5259 Rank Private

Witness P. W. Olsen
Cpl m

Pope, W.

5259

Ray sept.

August 8th 1919.

#5259, Pte W. Pope,
Pool's Island, B.B.

Dear Sir:

Enclosed please find Discharge Certificate
3604.

Yours truly,

Capt.

Officer i/c Records.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3259 Rank Pvt. Name Pope W
 Intended place of residence Poolslea

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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 6161. 11. 700

L. 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 JUL 1 1919

W. M. St. Pope
 Signature of soldier

J. A. Newman
 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 1 1919

Walter Pope
 Signature of soldier

James Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 21-5-18 No. of days on Military
 Discharged from service JUL 25 1919 Plus 14 days Service 445-

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 25 1919

R. R. Cooper Capt.
 Officer in Records
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

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

Place, ST. JOHN'S

Date August 8 1919

M. Howley Capt.
 Officer in Records
 The Royal Newfoundland Regiment

AR 3204 9/30/19

11
30
31
9
80

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

10.7.19

Regimental No. 5259

Name

Pope Walter

Address

Pool's Balm Field

Present Medical Category

A7

Recommended for:—

(a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

L.P. Parsons
Senior Medical Officer

Dev Berden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5259 Rank Plat Name Robert W. [unclear]
 Date of Enlistment 21.5.18 Address Parls. Bldg. District Dominion
 Occupation Soldierman Classification for Discharge 17 Medical Category A1
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. F36	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 10-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$6.00

(b) Clothing Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2317 to his home
 at poole Rd and Release Certificate No. 3477 issued.

Date 11-7-19

J.A. Swincomb
 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 8-8-19

Date 11-7-19

J. M. ...
 Depot Paymaster.

Discharge approved for 20-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-7-19

J.A. Swincomb
 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 JUL 25 1919

L.R. Coope 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.

Tone W

Signature of Man.

Reg. No. 3237

J. H. Snowdolph
Signature of the Vocational Officer or his Representative.

Place

M. Johns

Date

11-7-19

191

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

MEDICAL HISTORY

OF

Surname Rope Christian Name H. Walker

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Nfld.

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>21</u> day of <u>May</u> 191 <u>8</u>	on	day of	191
	at <u>S. John's</u>	at		
Declared Age	<u>24</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>24</u> inches	feet	inches	
Weight	<u>120</u> lbs.		lbs.	
Chest Measurement	Girth when fully expanded	<u>34</u> inches		inches
	Range of Expansion	<u>3</u> inches		inches

Vaccination Marks	Right	Left	Right	Left
	<u>/</u>	<u>1 scar</u>		

When Vaccinated	<u>3 mo ago</u>			
Vision	R.E.—V= <u>6/24</u>		R.E.—V=	
	L.E.—V= <u>6/24</u>		L.E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) Lammie Peterson
 (Rank) _____ Medical Officer.

Enlisted at S. John's on 21 day of May 1918

Joined on Enlistment	<u>The Rope</u>	<u>5260</u>		
Transferred to	<u>Nfld Regt</u>	<u>5259</u>		

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

(Signature) _____ (Rank) _____

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on syphilis, admission of treat
	Day	Month	Year	Day	Month	Year			
<i>Dart Pitt Chatham</i>	<i>8</i>	<i>8</i>	<i>18</i>	<i>29</i>	<i>8</i>	<i>18</i>	<i>Epidemic Parotitis</i>	<i>21</i>	

ist in case of Warrant Officers treated in quarters.

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

Signature of Medical Officer

Has recovered!

G. Lawton Capt. Retired



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 *Walter Pope*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5259*

Intended address *Polo Idles BB*

Height on discharge *5 feet 6"*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Grey*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *Andrew*

Christian name of Mother *Eliza*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Polo Idles 1895 June 25*

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) *Walter Pope* *mark* *W. H. Wainwright* *Pfc*
attest (Rank)

Station **ST. JOHN'S.**

Date *7.7.19*

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.

Date

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 Artillery*
2. Regtl. No. *5259* 3. Rank. *Pvt.*
4. Name *Walter Pope* *W. Walker*
(Surname) (Christian Names)
5. Age last birthday *23*
6. Posted for duty on..... at.....
in category (or grade).....
7. Former Trade or Occupation } *Fisterman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
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 general 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? } ✓

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?
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?

Refratation

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

W.E. Trocemer. Capt R.A.M.C.

Station *Hampstead*

Date *2-14-19*

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

P.O. Re

Defect. Victim Gray

Joined Family Kimberly, Missa.

Rec. transfer to J. B. B.

W. H. H.

C. P. 10.

B. J.

August 16, 1919

Mr. Walter Pope,
Fools Island, B.B.

Dear Sir:-

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

Yours truly,

Captain & Paymaster.

Wesleyville, Newfoundland. July 30th 1918

This is to certify that Fredk.
John Pope is absolutely unable
to support his family
owing to physical disability

Geo. F. Bowden, M.D.

Notice

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

(Father)

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate Notary Public or Justice of the Peace and returned to:

THE PAYMASTER
Separation Allowance Branch,
St. John's, Nfld.

Name in full of soldier. Rank. Regt. or Unit. Regt. No.
Walter Pope Private Nfld. 5259

2. Age of soldier. *22 yrs.* Married or single.

3. Name in full of father of soldier. Age. Occupation. Permanent Address.
Frederick John Pope 50 Fisherman Pools Is.

4. If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue.) *Beri - Beri for 6 yrs.*

5. Names of your other children. Address in full. Occupation. Married or single.
** Samuel Pope 16 yrs Pools Is Fishing Single 1915
Theodore - 12 -
Isaac - 5 -*

6. State amount earned by yourself per month. ~~None~~ *\$7.00 per quarter Pools Relief.*

7. State date and place of death of your wife. *Not dead*

8. State amount and source of any other income. *When Walter home, his wages + wages of son Samuel.*

9. What is the value of your real property. *Purely nominal, perhaps \$10.00*

* *The son Samuel is a lurchback and will never be able to take a full share with other men*

*Amount to meet for
\$2 cents per day
commencing July, 1915
JRS*

gd

2. State actual amount contributed by soldier during year prior to enlistment.

\$ 266⁰⁰.

23. Was this amount contributed weekly or monthly

Neither. This was paid ^{son} ~~him~~ in Fall as shareman

24. Did this amount include payment of son's board. No.

yes

25. State your son's trade or occupation prior to enlistment

Fisherman

26. State amount of his wages per week.

On share

27. State name and address of his last employer.

Nathaniel Kean Brookfield

28. State amount of support monthly from son since enlistment

None

29. State amount of "assigned Pay" received by you from son monthly.

None

30. From what date have you received "Assigned Pay"

31. Actual amount contributed by other children. Nothing weekly. Monthly.

32. If not receiving support from other children, state cause, Answer fully

Minors

33. Are any of these children in your employ.

No.

34. Have you made a previous claim for Separation Allowance? If not, why.

No.

Give particulars. Uncertain as to how to set about it.

35. What is the value of your personal property?

Nominal. Perhaps, \$ 50⁰⁰

36. With whom do you reside at present.

at home, my own house

25. Are you already in receipt of Separation Allowance from any source, if so, How much?

no.

26. Are you in receipt of assistance from any Patriotic Fund. If so, How much.

no

27. Was the soldier at the time of enlistment an employee of the Nfld. Government.

no.

28. In what capacity and in what place.

29. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much.

I herewith make this solemn declaration conscientiously believing the same to be true, and knowing it to be of the same force and effect as if made under Oath, and in virtue of the Evidence Act.

Signature of applicant..... *Fredrick D. Poir*

Place of residence..... *Pool, Island*

Declared and subscribed before me at..... *Greenupport*

this..... *29th* day of..... *July* 19..... *18*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *J. P. Whiffle*
Stipendiary Magistrate

This application must be signed by two responsible parties one of whom must be a clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge and after careful investigation, the above statements are correct and the soldier first mentioned is the sole support of the applicant.

Signature of clergyman..... *Gordon Elliott*

Signature of Member of Patriotic Fund Committee..... *Peter House P. Marfa*

66666

Approved 9/9/18.
W.A.H.
M.A.H.

at [unclear]

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..... *Maeter* 2. Surname..... *Pape*
3. Rank..... *Pte* 4. Regtl. No. *5259*
5. Address in full to which future payments of gratuity are to be forwarded..... *Paols Island, B.B.*
6. Date of enlistment in the Regiment..... *Nov, 1918.*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
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 Hfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *fourteen mths.*
- 1.2

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

no

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

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 Regt.? If not give - (a) Date of discharge. (b) Reason for discharge.

no
Regt. 21st
General

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.

England

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: ^{let} *Walter X Pope*
 Place of Residence: *Pauls Island. B13*
 Declared before me at: *St Johns*
 This 11 day of *July* 191*8*....

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

POST DISCHARGE PAY.

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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Pope, Regl. No. 5259

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 75 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 July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>5259</u> <u>4628</u>		<u>Walter Pope</u>	<u>Gorbo Island</u> <u>Grand Bay</u>	<u>60</u>
Total Allotment, \$			<u>60</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.) H. Laws Lt
 Officer Commanding
D Company
July 7 1918

(Sig.) Walter Pope
 (Rank) Private

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰

July 19 th 1919

Received from the First Newfoundland Regiment
the sum of Seventy + 00 Dollars.
on account of Pay. wsg.
balance 5

W. J. P. J. ...
W. J. P. J. ...

Ch. No.	<u>352</u>	Initials.....	
Pay Ledger.....	<u>236</u>	Initials.....	<u>Wn</u>
Gen. Ledger.....		Initials.....	

Regtl. No. 5259 Rank Rte.

No. 1259 Rank Pte

Name W Pope

Am.

5259 Pope

Please make first pay W.F.G.

19/7/19

W.F.G.
W.F.H.

Allotth. begins 1-7-18 for 604.

M. F. P. 4-500-10-17

S.)
A.)

SEPARATION ALLOWANCE.
1st NEWFOUNDLAND REGIMENT.

A.

1. Name of Soldier in Full (Surname first) *Walter*
2. Rank and Regimental Number *Private 5259*
3. Date of Enlistment *March 18*
4. Full Name of Wife *Ms Eliza* OR
- Widowed Mother *Ms Eliza* DI
- Children's Guardian
5. Address *Parasite Bay*
6. State age of Children: Girls under 17 _____ Boys under 16 _____
7. With whom do your Children reside? _____
8. Amount of Allowment *60*
9. Name of Allottee *Ms Eliza*
10. Address *Ms Eliza*
- BB*

11. From what date is Allotment effective? July 1 1918
12. Date of Marriage
13. Date Marriage Certificate examined by Paymaster
14. Date Birth Certificates (in case of guardian) examined by Paymaster.....
15. If soldier is sole support, does Statutory Declaration accompany this application?.....
16. Have you made a previous claim for Separation Allowance? Give particulars.....
-
17. Is Separation Allowance being paid on your account to any person?.....
18. Were you at the time of enlistment an employee of the Newfoundland Government? In what capacity, and in what place?.....
19. Will you be in receipt of a salary as such, while serving? If so paid, how much per month?.....
20. Name of Corps prior to enlistment in the Nfld. Regt.....

I hereby certify that the above is a true statement.

Signature of Officer forwarding this application.

Walter J. P. O'Neil
 Witness: *Robert J. O'Neil* Name of Soldier.

Unit Royal Newfoundland

Date July 20 1918

To whom it may concern.

This is to certify that Walter Pope aged 22 years is the sole means of support of his father, Frederick Pope who is a helpless cripple, a mother & 3 younger children the eldest of whom is sixteen years old and is a cripple too having a humpback, the other two children are boys of 12 + 5 yrs of age. This family save for any separation allowance which might be made will be destitute in the event of the aforesaid Walter Pope being conscripted. His Father therefore applies for exemption on the grounds mentioned in this certificate.

Certified this twenty-seventh day of May 1918.

Gordon Elliot
Rector Badques Quay Parish
SA Carnest

Recknowledged
July 4/18
J. W. Bent
OK
S. W.



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here



OCT 20 1921

1921.

The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Walter Pope

in respect of his service as No. 5259 Rank Pte.

Name W. Pope Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received this 8th day of

Signature Walter Pope

Date March 8th 1921

Address Walter Pope
Pondokk }

[P.T.O.]

Pope's name D B

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet One

Regiment of Royal Newfoundland

Signature of O. C. Company D. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>5239 Hope, Walter.</u>	Age on	<u>22</u> years <u>12</u> months	<u>Fitterman</u>	
Joined		Place and Date	of Enlistment	Religion	
Joined		Date	of Enlistment	<u>C of C</u>	
Joined		Date	of Enlistment	Place of Birth	
Joined		Date	of Enlistment	<u>Royal Sold Bld Bld</u>	
		Period of	} with Colours <u>1</u> / <u>40</u> years.		
		}	with Reserve <u>3</u> / <u>6</u> years.		

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demoted to St John's</u>		<u>8</u> / <u>19</u>			

To be carried over

Army Form B. 121.

15259

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5259 Rank..... Mr. Name Pope, W
 Date of Enlistment 21-5-18 Address Perth St District Benavota
 Occupation Fireman Classification for Discharge..... F Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. F36.....	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..... 10-7-19.....
 O. C. Discharge Depot. W. Pope

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am..... in a position to resume civilian occupation Walter Pope
fireman

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..... 11-7-19..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2317 to his home at poole's Isld and Release Certificate No. 3477 issued.

Date 11-7-19

J.A. Snowcroft
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 11 March 19

Date 11-7-19

J.A. Snowcroft
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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		

2 Form B

Date 11-7-19

J.A. Snowcroft
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 JUL 25 1919

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

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

Date Aug 7/19

S.H.K.

Reg. No. *1319* Rank *PLC* Name *Popb. W.*

Attested Address *Porto Island*

Allotment Allottee ..

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S S *Cassandra* Cause *Discharge*

1 7 19
25 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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. Fld*
- 2. Regtl. No. *5259* 3. Rank. *Plt.*
- 4. Name *Pope* *Walter*
(Surname) (Christian Names)
- 5. Age last birthday. *23*
- 6. Posted for duty on at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Barman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
- 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.

nil
nil
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 ? }

The complaint of his disability

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.)

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.

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.

Repatriation

W. J. Hoanier. Capt Rame

Station *Worceley Bourne*

Medical Officer in charge of case.

Date *27/4/19*

* 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. 5259

October 29th, 1921

No. 5259 Ex-Pte. W. Pope,
Foolis Island.

Dear Sir:-

I am returning herewith Receipt in respect of
the British War Medal received by you. Will you be good
enough to sign it and return to this Department.

Yours faithfully,

Lieut.

O/C Records.