



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6307 Name William James Pope Corps Co of 6.

Questions to be put to the Recruit before Enlistment.

- |   |   |
|---|---|
| <p>1. What is your name? .....</p> <p>2. What is your full Address? .....</p> <p>3. Are you a British Subject? .....</p> <p>4. What is your age? .....</p> <p>5. What is your Trade or Calling? .....</p> <p>6. Are you Married? .....</p> <p>7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....</p> <p>8. Are you willing to be vaccinated or re-vaccinated? .....</p> <p>9. Are you willing to be enlisted for General Service? .....</p> <p>10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....</p> <p>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? .....</p> | <p>1. <u>William James Pope</u></p> <p>2. <u>Stones Cove F.B.</u></p> <p>3. ....</p> <p>4. <u>yes</u> Years ..... Months</p> <p>5. <u>23</u></p> <p>6. <u>of Asherman</u></p> <p>7. <u>no</u></p> <p>8. <u>no</u></p> <p>9. <u>yes</u></p> <p>10. <u>yes same</u></p> <p>11. ....</p> |
|---|---|

I, William James 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.

William James Pope Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William James 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..... on this..... day of..... 1915

Signature of Attesting Officer W. B. Dickson

CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... 1915

Place.....

Signature of Approving Officer Robertson Capt  
Commanding Officer } 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).....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 6307 Name William James Pope Corps Cof C.

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

- 1. What is your name? ..... 1. William James Pope
- 2. What is your full Address? ..... 2. Stones Cove N.B.
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 23 Years 0 Months
- 5. What is your Trade or Calling? ..... 5. Postman
- 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 James 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.

15/10/15 William James Pope SIGNATURE OF RECRUIT.  
P. B. Dickson Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William James 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's on this 15 day of Oct 1915

Signature of Attesting Officer P. B. Dickson

### †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 OCT 16 1915 1915  
Place St. John's ..... The Royal Newfoundland Regiment, St. John's, Nfld. } Approving Officer. Robertson

† 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).....

6307

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William James Pope

Apparent age 23 years        months. Height 5 feet 6 1/2 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 1/2 inches

Distinctive marks       

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Albert Pope  
Storus Cove Y.B. | 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. |     |
|--|-----|---------------------------------|-----|
| (a)  | (b) | (c)                             | (d) |
|  |     |                                 |     |

### Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
|                 |                         |

## STATEMENT OF THE SERVICES

| Corps in which served                           | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension |      | Service in Reserve not allowed to reckon towards G. C. Pay |      | Signature of Officers certifying correctness of entries |
|---|---------------|--|-----------|-------|--|------|--|------|---|
|   |               |  |           |       | Years  | Days | Years  | Days |   |
| Service towards limited engagement reckons from |               |  |           |       |  |      |  |      |   |
| Joined at <u>      </u> on <u>      </u>        |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
|   |               |  |           |       |  |      |  |      |   |
| Total Service forfeited as above.....           |               |  |           |       |  |      |  |      |   |

Total Service towards Engagement to        (date of discharge)        years        days

" " Pensions "        ( " " )        "       

*Discharged* At Joliet Jan 9/1919

C.R. 6307

Extract of Daily Orders Part II, dated Jan. 10th 1919

DEMOBILI ZATION.

The discharge of the Unde noted man has been confirmed  
by the Officer i/s Records on noted dates.

6307 Pte. Wm. Pope

Discharged 9-1-19

C.R. 6307

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt., St. John's, Dec.12th,1918.

The undernoted man discharges on Demobilization has been approved by O.C. Discharge Depot from noted date. He is removed from Depot Strength to Discharge Depot pending confirmation by Officer i/c Records.

6307 Pte. Wm. Pope.

12-12-18.

C.R. 6307

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland  
Regiment, dated October ~~13~~ 17th 1918.

Strength Increases.

6307 Pte. Wm. J. Pope.

Attested for General Service with The Royal Newfoundland  
Regiment from 15/10/18.

Ape. W. J.

6307

Ray sept.



7  
Jan 9th., 19

#6307 Pte. William J. Pope,  
Stones Cove, F.B.

Dear Sir:-

Please find enclosed  
"Discharge Certificate No.301."

Yours faithfully,

Captain,  
Paymaster & Officer i/c Records.

Enc'l 1.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 307 Rank Plt Name W. J. Pote  
 Intended place of residence Stone Cove Harbour
2. Occupation Fisherman  
 Classification of soldier C Medical Category A II
3. The above named man is discharged in consequence of Demobilization
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place DEC 9 1918  
 Date DEC 9 1918 *W. J. Pote*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

## CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date St. Johns  
Dec 9<sup>th</sup> 1918 *William J. Pote*  
 Signature of soldier  
*C. B. Dickson*  
 Signature of witness

## CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date St. Johns  
9-12-18 *William J. Pote*  
 Signature of soldier  
*E. H. Miles*  
 Signature of witness

## STATEMENT OF SERVICE

7. Enlisted for service 10-10-18 No of days on Military  
 Discharged from service 12-12-18 plus 28 days Service 87

## 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 *R. H. Sait Capt.*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment
- Date DEC 12 1918

## CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
- Place St. Johns, Nfld. *R. H. Sait Capt.*  
 Officer in Charge  
 The Royal Newfoundland Regiment
- Date January 19/1919  
2079/301

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 6307 Rank. Plt. Name P. P. - Wm  
 Date of Enlistment 10.10.18 Address St. John's District St. John's  
 Occupation Physician Classification for Discharge f Medical Category A/E  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

|          |        |        |   |            |        |   |
|----------|--------|--------|---|------------|--------|---|
| N.F. P38 | B 268  | B 121  | 1 | N.F. Med.  | D.F. 1 | 1 |
| B 178    | W 3494 | B 122  |   | Board 1st. | " 2    |   |
| B 178a   | D 400A | B 1915 | 2 | do 2nd.    | " 3    | 3 |
| B 179    | D 400B | Form L |   | do 3rd.    | " 4    |   |
| B 179a   | D 400C | Form K | f | do 4th.    | " 5    |   |
| B 179b   | B 103  | ME 2   |   |            | " 6    |   |
| B 179c   | B 120  | M 93   | 1 |            |        |   |

Date 7.17.18

W. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*William J. ...*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. 8.6.18  
 (b) Clothing Supplied Goldsmith & Snowling

Date 9.17.18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. B. 40 to his home at Stones Cove and Release Certificate No. 215 issued.

Date 9-12-18

W. D. M. Capt.  
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 9-1-19

Date 9-12-18

W. D. M. Capt.  
Depot Paymaster.

Discharge approved for 12-12-18

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

Date 9-12-18

W. D. M. Capt.  
Demobilization Officer.

APPROVED.

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

with following additional documents.

DEC 12 1918

Date .....

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

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

Date Dec 12/1918

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

MEDICAL HISTORY

Surname

*Rope*

OF

Christian Name

*Wm James*

Table I.—GENERAL TABLE

Birthplace:—Parish

*Stone Cove*

County

*Newfoundland*

SPECIAL RESERVE

REGULAR ARMY

|   |  |                      |        |                 |
|---|--|----------------------|--------|-----------------|
| Examined  | on <i>10<sup>th</sup></i> day of <i>Oct</i> 191 <i>8</i> | on                   | day of | 191             |
|   | at <i>St. John's</i>                                     | at                   |        |                 |
| Declared Age  | <i>23</i> years  | days                 | years  | days            |
| Trade or Occupation   | <i>Fisherman</i>   |                      |        |                 |
| Height  | <i>5</i> feet <i>6 1/2</i> inches                        | feet                 | inches |                 |
| Weight  | <i>126</i> lbs.  | lbs.                 | ll s.  |                 |
| Chest Measurement   | Girth when fully expanded                                | <i>35 1/2</i> inches | inches |                 |
|   | Range of Expansion                                       | <i>3 1/2</i> inches  | inches |                 |
| Physical Development  |  |                      |        |                 |
| Vaccination Marks   | Right  | Left                 | Right  | Left            |
|   | Number   |                      |        |                 |
| When Vaccinated   |  |                      |        |                 |
| Vision  | R.E.—V= <i>4/60</i>                                      | R.E.—V=              |        |                 |
|   | L.E.—V= <i>1/60</i>                                      | L.E.—V=              |        |                 |
| (a) Marks indicating congenital peculiarities or previous disease | (a)  | (a)                  |        |                 |
| (b) Slight defects but not sufficient to cause rejection          | (b)  | (b)                  |        |                 |
| Approved by (Signature)   | <i>Wm James</i>  |                      |        |                 |
| (Rank)  |  | Medical Officer      |        | Medical Officer |
| Enlisted  | at <i>St. John's</i>                                     | at                   |        |                 |
|   | on <i>15<sup>th</sup></i> day of <i>Oct</i> 191 <i>8</i> | on                   | day of | 191             |
| Joined on Enlistment  | Corps  | Regtl. No.           | Corps  | Regtl. No.      |
|   | <i>6304</i>  |                      |        |                 |
| Transferred to  | <i>Sgt</i>   |                      |        |                 |
| Became non-effective by   |  |                      |        |                 |
| (Signature)   | on   | day of               | 191    | on              |
| (Rank)  |  |                      |        |                 |





## 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 **William James Pope**  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number **6307**  
 Intended address **Stone Cove**  
 Height on discharge **5** ~~feet~~ **6½**  
 Color of hair on discharge **Brown**  
 Complexion **Medium**  
 Color of eyes **Blue**  
 Descriptive Marks  
 Figure on discharge  
 Christian name of Father **Albert**  
 Christian name of Mother  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children  
 Place and date of soldier's birth.  
 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)

(Rank)

Station

Date

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

## 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 work at Feeding*

*William J. Popa*

Signature of Man.

*W. J. Popa*

Reg. No. 6307

Signature of the Vocational Officer or his Representative.

Place *St John's*

Date *9/12/18*

191



*Fortune*

Demobilization Form 1

# The Royal Newfoundland Regiment

Class for Demobilization:—

*C*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date: *28-11-18*

Regimental No. *6307*

Name *Hope William (Pte)*

Address *Stones Cove Fortune Bay*

Present Medical Category *A II*

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

Members of Board

*R.H. East Capt*  
O.C. Discharge Depot.

*S. Paterson*  
Senior Medical Officer

*Geo Burden*  
M. O. Depot





Report for Service 2162

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Adolph on OCT 15 1918 1918

1. Name William James Pope Age (a) Declared 23  
(b) Apparent

2. Do you know of anything wrong with you? No

What severe illnesses have you had? None  
Eye None  
Comp None  
Wounds None

6307

3. Height 5-6 1/2 Weight 126  
4. Eyesight (a) Left 6/6 (b) Right 6/6  
5. Physical Defects (Examine after strenuous exercise) ~

6. Examination of Lungs ~  
Measurement (a) Expiration 32 (b) Inspiration 35 1/2

7. Examination of Heart ~

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)  
Teeth  
Throat  
Nose  
Ears—(Otorrhea)  
(Deafness) ~

10. Have you been successfully vaccinated, and when? Yes 6 years ago S. A. Comm.  
11. Name and address of next of kin Father Herbert James Ave. N.B.  
12. Category ~

REMARKS—

A 11

W. Gordon  
W. Curden  
Medical Examiners.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of *Royal Newfoundland*

Number of Sheet *one*  
Signature of O. C. Company *C. B. Dickson*

|                            |                         |                              |                  |                  |   |  |  |
|----------------------------|-------------------------|------------------------------|------------------|------------------|---|--|--|
| Regimental Number and Name |                         | Enlistment                   |                  | Trade            | Good Conduct Badges, Service pay or proficiency pay |  |  |
| No.                        | <i>1307</i>             | Age on                       | <i>23</i> years  | <i>Furberman</i> |   |  |  |
|                            | <i>W. J. James Pope</i> |                              | months           | Religion         |   |  |  |
| Joined                     | Date                    | Place and Date of Enlistment | <i>St John's</i> | <i>C of E</i>    |   |  |  |
| Joined                     | Date                    | Period of                    | with Colours     | Place of Birth   |   |  |  |
| Joined                     | Date                    |                              | with Reserve     | <i>St John's</i> | <i>Stone Cove</i>                                   |  |  |
| Joined                     | Date                    |                              | years            |                  |   |  |  |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE                      | Name of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS     |
|-------|-----------------|------|----------------------|------------------------------|-------------------|--------------------|---|-----------------|-------------|
|       |                 |      |                      | <i>Demobilized St John's</i> |                   |                    |   |                 | <i>9/19</i> |

To be carried over.

Depot 6307  
Demobilization Form 1

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 6307 Rank Plt Name Poppe - Wm  
 Date of Enlistment 10.10.18 Address Stones Cove District Sorluane  
 Occupation Fisherman Classification for Discharge C Medical Category AH  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:-

|          |        |        |   |           |        |   |
|----------|--------|--------|---|-----------|--------|---|
| N.F. P36 | B 268  | B 121  | 1 | N.F. Med. | D.F. 1 | 1 |
| B 178    | W 3494 | B 122  |   | Board 1st | " 2    |   |
| B 178a   | D 400A | B 1915 | 2 | do 2nd    | " 3    | 3 |
| B 179    | D 400B | Form L |   | do 3rd    | " 4    |   |
| B 179a   | D 400C | Form K | 1 | do 4th    | " 5    |   |
| B 179b   | B 103  | ME 2   |   |           | " 6    |   |
| B 179c   | B 120  | M 93   | 1 |           |        |   |

Date 7.11.18 W. C. Discharge Depot.  
W. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

William J Poppe

Particulars passed to Vocational Officer for information and action.

Date.....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable £ 6.0.00
- (b) Clothing Supplied Joseph A Snowfoot

Date 9-12-18 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.140 to his home at Shores Cove and Release Certificate No. 215 issued.

Date 9-12-18 ..... C.B. Dicks Capt  
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 9-1-19

Date 9-12-18 ..... W. Howley Capt  
Depot Paymaster.

Discharge approved for 12.12.18

Forwarded with following documents to O.C Discharge Depot.

|          |            |            |     |           |        |     |          |
|----------|------------|------------|-----|-----------|--------|-----|----------|
| N.F. P36 | B 268      | B 121      | ✓ 1 | N.F. Med. | D.F. 1 | ✓ 1 |          |
| F 178    | W 3494     | B 122      |     | Board 1st | " 2    | ✓ 1 | Form B ✓ |
| B 178a   | ✓ 1 D 400A | ✓ 1 B 1915 | ✓ 2 | do 2nd    | " 3    | ✓ 2 |          |
| B 179    | D 400B     | Form L     |     | do 3rd    | " 4    |     |          |
| B 179a   | D 400C     | Form K     | ✓ 1 | do 4th    | " 5    |     |          |
| B 179b   | B 103      | ME 2       |     |           | " 6    |     |          |
| B 179c   | B 120      | M 93       | ✓ 1 |           |        |     |          |

Date 9.12.18 ..... C.B. Dicks R. Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

DEC 12 1918

Date ..... R.H. Last Capt  
O. C. Discharge Depot.

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

Date Dec. 12/1918 ..... W. Howley Capt  
W.C.R.

Reg. No. *6304* Rank *Pte* Name *Pope Wm J*  
Attested *15-10-18* Address *Stone Lane 7, B.*  
Allotment *604* Allottee *Albert Pope (Father)*  
Date of Allotment *1-11-18.* Returned from Overseas.....  
Embarked for Overseas ..... Cause.....

*Recd 16<sup>10</sup>/<sub>18</sub> 18<sup>11</sup> - Inoc 31-10-18.*

*7-12-18.*

**PASSED TO DEMOBILIZATION OFFICER**

*12-12-18.*

**DISCHARGE APPROVED ON DEMOBILISATION.**