



4 FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

4348

No. 4348

Name *Jes. Pottle*

Corps *Meth.*

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *Jes. Pottle*
2. What is your full Address? 2. *St. John's*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *18* Years Months
5. What is your Trade or Calling? 5. *Clerk*
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, *Jes. Pottle* 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.

Frederick Pottle SIGNATURE OF RECRUIT.

Frank C. Turner Signature of Witness.

21.2.18

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Jes. Pottle* 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 *21* day of *Feb.* 191*8*

Geo. L. Barty Major Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date *Feb. 21* 191*8*

Place *St. John's*

} Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.

‡ Here insert the "Corps" for which the Recruit has been enlisted.

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Jos. Pottle

Apparent age 18 years — months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 35 inches
Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin May Pottle
Methodist Parsonage | Relationship Sister
City Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
(c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>1/21-2-18</u>									
Joined at <u>M Depot</u> on <u>February 21-2-1918</u>									
<u>Discharged June 29, 1919</u>									
<u>Embarked M Depot train to Halifax N.S. 18³/₄</u>					<u>Lance Cpl. 3-8-18</u>				
<u>Embarked for B.C. 23-11-18</u>					<u>Corporal. 8-11-18.</u>				
<u>Arrived in B.C. from B.C. 23-4-1919</u>					<u>Promoted to L.Cpl. 5-1-19.</u>				
<u>Demobilized 22-5-1919</u>					<u>Corporal. 15-4-19.</u>				
<u>Arrived to Edmonton 1-6-1919</u>									
<u>Demobilized M Depot 29-6-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>29-6-19</u> (date of discharge) <u>1</u> years <u>129</u> days									
Pensions " " " " " " " " " " " "									

C.R. 4348

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, June 30, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY officer i/c Records from 30-6-19.

4348 Cpl. Fred Pottle.

C.R. 4348

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, June 19th, 1919.

The discharge of the undernoted ~~XXXXXXXX~~ on demobilization has
been APPROVED by O.C. Discharge Depot with effect from 15-6-19.

4348 Cpl. T.Pottle.

C.R. 4348

Extract from Daily Orders Part A1 Depot, St. John's,

Date June 18th 1919.

4348, Cpl. F. Pottle.

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

C.R.4348

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Rouen Camps #2/4/19, embarked at Havre 21/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#4348 A/Cpl. F. Pottle.

C.R. 4348

Extract from Daily Orders By Lt. Col. B.J. Barton, D.S.O.
Commanding 2nd Battn. Royal Wfld. Regt., 8-11-18.

The following to be Acting Corporal ~~at~~ from 8-11-18.

4348 Pte. F. Pottle.

"D" Coy.

C.R. 4348

Extract from Nominal Roll Embarked St. John's for Overseas,
May, 28th, 1918.

4348 Pte. Pottle F.

C.R. 4348

Extract from Daily Ottawa News 11 Nov. Lt. Col. B. J.
Linton, B.S.O. Commanding 2nd Bn. Royal Rif. Regt.
dated 2-8-18.

To be I/C.

4348 Pte. E Pottle,

F. Suttle

C.R. 4348

~~1190~~

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... *101st Newfoundland* } 7. Former Trade or Occupation } *blank*
2. Regtl. No. *434* 3. Rank... *Boopty* } 7a. If the soldier claims previous service in Army, he should state—
4. Name *Pottle* *Fredrick* } (a) Former Regts. or Corps; with Regtl. Nos.
(Surname) (Christian Names)
5. Age last birthday... *19* }
Feb 21/18 at... *St John's*
6. Posted for duty on... at... in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When
(b) Where
(c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

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

Statement of Case.

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

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

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

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

na

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

na

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

15. What is his present condition ?

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

No complaints of no disability.

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

na

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

na

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

na

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

na

Repatriation

20. Do you recommend—

(a) Discharge as permanently unfit ?

(b) Change to United Kingdom ?

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

W. J. Trocener. Capt R.A.M.C.
Medical Officer in charge of case.

Station Hayley D. Camp

Date 30-4-19

* 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



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Walter C. Chap*, Regl. No. *11348*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 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 12*

Identity Certificate No	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>4637</i>		<i>Uncle Mr. John Telleur</i>	<i>Petty St York West</i>	<i>60</i>
Total Allotment, \$				<i>60</i>

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

(Sig.) *[Signature]*
 Officer Commanding
 Company
 191

(Sig.) *[Signature]*
 (Rank) *Pk*

FORM K

N^o 3899 ^A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Fred Pottle, Regl. No. 4248

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{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 April 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3778	Aunt	Mrs Forest Mugridge	Waterford Bridge Road	60
Total Allotment, £				

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

Sig.) [Signature]
 Officer Commanding
 Company
John
March 12th 1918

(Sig.) Fred Pottle
 (Rank) Pte

No. 18727/2091

0.65 unit
FFC

NEWFOUNDLAND CONTINGENT



From:

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.

19th November 1918

Subject: 4348, A/Cpl. F.Pottle

With reference to the following telegram (9925) from the Hon. Minister of Militia, received

pay to 4348 Pottle £7:0:0

Draft £7:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A.A. Minnie
Chief Paymaster & O. i/c Records.

Nov. 21st 1918

Cham
Receipt hereunder.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commanding,
Royal Newfoundland Regiment.

LIEUT. COLONEL

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

F. Pottle

No. 4348 Rank appl.

Witness A. L. Carter, etc

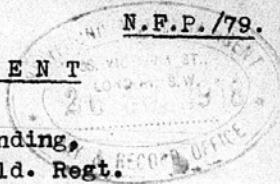
No. 11854/1195

N.F.P./79.

From: NEWFOUNDLAND CONTINGENT

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

To: *OK*
[Signature]
Officer Commanding,
2nd Bn Royal Nfld. Regt.,
Winchester.



23rd July 1918

25 - 7 - 1918

Subject: 4348, Pte. F. Pattle, D

With reference to the following telegram (6643) from the Hon. Minister of Militia, received

Pay to 4348 Pattle £2:0:0

Draft £ 2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Receipt hereunder

[Signature]
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commandg. 2nd Bn
Royal Newfoundland Regiment

Received the sum of Two

Pounds on account of cable remittance from Newfoundland.

F. Pattle

Witness: No. 4348 Rank Private

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

Sir;-

Please charge the amounts set opposite my name to my account and pay to the N.W.S.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on 1st July 1918.

Regtl. No.	Rank.	Name	Amount	Signature.
4548	Private	Pottle, J.	\$2.50	

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

Date

June 26th 1918

J. Pottle

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS,
NEWFOUNDLAND CONTINGENT,
59, WINDWARD STREET,
ST. JOHN'S, N.W. 1,
NEWFOUNDLAND.

FILE
B45

4348 4/21/49 Pottle

NEWFOUNDLAND CONTINGENT,
PAY & RECORDS OFFICE.

3452

The above man telegraphed to
his Coy commander for attached
postal order. Will you pay him
this amount please.

695709

J. Waterman *[Signature]* Capt. & Adj. G.
1ST BN ROYAL NEWFOUNDLAND REGIMENT.

No. 6396/947

N.F.P. /79.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd Batt. Ryl. Nfld. Regiment
Winchester

29th April 1919

4348 L/Cpl F. Pottle

With reference to the following telegram from the Minister of Militia / / (184)

"Pay to-4348 F. Pottle
£7-0-0

Cheque £7-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

A. J. Munnell May
Chief Paymaster & O. i/c Records.

May 7th 1919
Receipt hereunder.

Officer Commdg. ___ Batt'n.

Received the sum of Seven
pounds in respect of telegraphic remittance from the Minister of militia.

F. Pottle

No. 4348 Rank Cpl

Witness F. Carnock

6396/947

2nd Batt. Ryl. Nfld. Regiment
Winchester

29th April

9

4348 L/Cpl F. Pottle

184

b 4348 F. Pottle
E7-0-0

7-0-0

Pottle, Fred

4348

Ray Sept.

June 29, 1919

#4348 Cpl. Frederick Pottle,
No. Gower St.,
City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2512.

Yours truly

Captain,
Quaymaster & O.i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4348 Rank Capt Name Pottle J.
 Intended place of residence New York St

2. Occupation Clerk
 Classification of soldier E Medical Category 45

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 ST. JOHN'S
 Date 13.6.19 for N.P. Cooper Capt
 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 JUN 13 1919
ST. JOHN'S
 Signature of soldier J. Pottle
 Signature of witness Ambrose

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. JOHN'S
JUN 13 1919
 Signature of soldier J. Pottle
 Signature of witness W. J. Leator

STATEMENT OF SERVICE

7. Enlisted for service ST. JOHN'S 21-2-18 No of days on Military
 Discharged from service 13-6-19 Plus 14 days Service 494

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 15 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment. R. H. East Major

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's Nfd
 Date June 29/1919
 Officer i/c Records
 The Royal Newfoundland Regiment. M. Bowley Capt

AFB 2029/2512

The Royal Newfoundland Regiment

Class for Demobilization: —

g

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 12.6.19

Regimental No 4348

Name Pottle Fred Rank L/Cpl.

Address Meth. Parsonage Hamilton Street
City.

Present Medical Category A1

Recommended for: — { (a) Immediate discharge
(b) Standard Medical Board

Members of Board {

RH Lat Carr

O.C. Discharge Depot.

L Paterson

Senior Medical Officer

D W Burden

M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 348 Rank Corp Name Pottle F.
 Date of Enlistment 31-2-18 Address New Glasgow District St John's
 Occupation Clerk Classification for Discharge E7 Medical Category H1
 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	ur
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 12-6-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. F Pottle

Particulars passed to Vocational Officer for information and action.

Date 13-6-19 [Signature]

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied [Signature]

Date 13-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home
 at New gower st and Release Certificate No. 2749 issued.

Date 13-6-19

J.A. Snow 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 29.6.19

Date 13.6.19

L.T. Cooper Capt
 Depot Paymaster.

Discharge approved for 13-6-19

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		

Date 13-6-19

J.A. Snow Capt
 Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratiuity

JUN 15 1919

Date

R.H. Tait 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:

I, take course in telegraphy.

H. Pottle

Signature of Man.

Reg. No. *4348*

H. Brutter

Signature of the Vocational Officer or his Representative.

Place

St. Johns

Date

June 13

191*7*

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

MEDICAL HISTORY

OF

Surname Foller

Christian Name Frederick

Table I.—GENERAL TABLE.

Birthplace:—Parish & John's Wld. County.....

	<u>SPECIAL RESERVE.</u>		<u>REGULAR ARMY.</u>	
	on	day of	day of	191
Examined	on	21 day of Feb 1918	on	day of 191
	at	& John's	at	
Declared Age		18 years - days	years	days
Trade or Occupation		labour.		
Height		5 feet 7 inches	feet	inches
Weight		120 lbs.		lbs.
Chest Measurement	{	Girth when fully expanded....	35	inches
		Range of Expansion..	4	inches
Physical Development				
Vaccination Marks	{	Arms		
		Number		
When Vaccinated				
Vision	{	R.E.—V=	6/60	R.E.—V=
		L.E.—V=	6/60	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>Lammert Peterson</i>		
(Rank)		Major		
		Medical Officer.		Medical Officer.
Enlisted	at	6 th John's	at	
	on	21 st day of Feb 1918	on	day of 191
Joined on Enlistment	{	Corps.		Corps.
		Regtl. No.		Regtl. No.
Transferred to		Regt. W. Wld.		4328
Became non-effective by				
	on	day of 191	on	day of 191
[Signature]				
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
26-2-18	Vacc. <i>SP</i>
12-3-18	I.A.S. <i>SP</i>
19-3-18	do. <i>SP</i>
26-3-18	do. <i>SP</i>

It is hereby certified that this soldier has been before a Travelling Medical Board and has been classified as 6 for discharge on demobilisation. Medical category I

12.6.19
Date of T.M.B.

J. H. Smith
Captain
The Surgeon-General

Table IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *4348* 3. Rank. *Cpl*
4. Name *Bottle* *Yno*
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *Feb. 21/15* at *St. John's*
in category (or grade).....
7. Former Trade or Occupation } *Clerk*
7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regtl. Nos.
(b) Date of Discharge;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty?
9. If a Court of Inquiry was held on an injury state:—
(a) When
(b) Where
(c) Opinion of Court

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

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *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? } *Cha*

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

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

No complaint of no disability

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

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

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? *Cha*

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? *Cha*

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

*Sgt. W. J. ...
 S. F. ...
 Capt. R. ...*

Medical Officer in charge of case.

Station .. *W. Hazelton, B. W. A.*
 Date .. *21/4/19*

* 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.



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 *Fredrick Pottle*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4348*

Intended address *New Lower St. St. Johns.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Tall*

Christian name of Father _____

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 *St. Johns. 20th Feby. 1900*

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) *Fredrick Pottle*

C. O'F.
(Rank)

Station *ST. JOHN'S.*

Date *12/6/19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date



Casualty Form - Active Service.

Regiment or Corps *Royal Newfoundland*
 Rank *pl Corp* Surname *Potts* Christian Name *J.*
 Religion *Methodist* Age on Enlistment *18* years *—* months
 Enlisted (a) *21-2-18* Terms of Service (a) *Duration* Service reckons from (a) *21-2-18*
 Date of promotion to present rank *8/11/18* Date of appointment to lance rank *2/8/18*
 Extended { } Re-engaged { } Qualification (b) *—*
 or Corps Trade and rate *—*
 Occupation *Clerk* *W. Long Capt* 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 ...			
		Disembarked			
<i>7.1.19</i>	<i>O.C. Unit.</i>	<i>Reverted to Lance Corporal.</i>	<i>Field</i>	<i>28 NOV 18</i>	<i>2013. Para 7/5.</i>
	<i>O.C. Unit</i>	<i>To beamed A/Sep</i>	<i>5</i>	<i>18/4/19</i>	<i>19 3213</i>
		<i>Arrived in UK</i>		<i>23/4/19</i>	

AM

Next of kin

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..... *Frederick* 2. Surname..... *Pottle*

3. Rank..... *Cpl.* 4. Regt. No..... *4348*

5. Address in full to which future payments of gratuity are to be forwarded..... *216 New Gower St. St. John's.*

6. Date of enlistment in the Regiment..... *Feb. 21/18*

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 Mfld. If so, give dates and particulars of such service..... *Overseas,*

12. Give total length of time which you served on active service, whether in Mfld. or Overseas..... *From Feb. 21/18 to*

June 14/19 12.....

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

..... *No*

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

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

June 14/19 Reason for discharge *Newsporing* *Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

France, Belgium & Germany - From Nov, 1918 to April 1919

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: *F. Pottle*
 Place of Residence: *216 New Power & Light*
 Declared before me at: *St. Johns, N.J.*
 This *14th* day of *June* 19*19*
John M. Cagot

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

POST DISCHARGE PAY.				Net amount due
Date paid	Soldier	Said	War service benefits.	due
.....
.....
.....
Certified correct.				Paymaster

WWB/EB

January 29th 1920.

To:- Major Howley,
O. I. C. Pay & Records.

From:- Vocational Officer.

F. Pottle 4348.

This is to inform you that the man named in the margin
completes his course under the Civil Re-establishment
Committee on January 31st.

W. Blackhall.

Vocational Officer.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Fred Pottle, Regl. No. 4248

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{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 April 15 / 18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3778</u>	<u>Aunt</u>	<u>Mrs Forest</u> <u>Mugridge</u>	<u>Waterford</u> <u>Bridge Road</u>	<u>60</u>
				Total Allotment, \$

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

Sig.) [Signature]
 Officer Commanding
 Company
St Johns
March 12th 1918

(Sig.) Fred Pottle
 (Rank) [Signature]

SEPARATION ALLOWANCE.

Claimant.. *May Pottle* *sister*.....
On account of *Frederick Pottle* No. *4348*.. Rank. *Spl*.....

Decision.. *Refused*
no allotment made to applicant.....
.....
.....

Date. *April 23/1920*
Wm Howley Major
1st Regiment Co.

Instructions.....
.....
.....

Allotment of *60* ^{*¢*} per day payable to *Mrs Ernest Mugridge*
his *Aunt* from *1/4/18* to *29/6/19*
Discontinued on account of *being discharged.*
R. L. Summary.....

I am not taking a course now it was finished
Jan 31st 1980, But I am sending in for an extension of
two months.

21/2/18

29/6/19.

J. Pottle

(SISTER)

NEWFOUNDLAND CONTINGENT.

SEPARATION ALLOWANCE BRANCH
(Information for Board of Review)

NOTICE.

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, Newfoundland.

1. Name in full of Soldier, Rank, Regt. or Unit, Ser. No.
Frederick Pottle *Cpl.* *R.N. Reg.* *4248*

2. Age of Soldier Married or Single.
19 *Single*

3. Name in full of sister of Occupation Permanent Address
May Pottle *Soldier's* *General Hospital*

4. Give name of Mother and Occupation Permanent Address
Walter Pottle *dead*

5. Names of other Brothers and Sisters. Address in full Occupation Married or Single
George Pottle *Church England of Phoenix* *7 yrs.*

6. State amount earned by you per month.
\$17.56 monthly

7. Are you a chronic invalid and incapacitated? State nature of illness. (Medical certificate must be enclosed with this Declaration stating from what date applicant has been incapacitated and for how long incapacity is likely to continue.) *No*

8. State amount and source of any other income. *No*

9. What is the value of your (A) real property (B) personal property. *No value*

10. Are you married?

11. State actual amount contributed by soldier during the year prior to enlistment. *Was with the Methodist of Phoenix then*

12. Was this amount contributed weekly or monthly? Occupation for

13. Did this amount include payment of Brother's Board &c?

14. State your brother's trade or occupation prior to enlistment. *An apprentice telegrapher*

15. In whom are you residing at present?
As in item 3.

- 16. State amount of his wages per week. *\$35.00 monthly*
- 17. State name and address of his last employer. *Anglo Am Tel Co*
- 18. State amount of support monthly from brother since enlistment. *Nothing*
- 19. State amount of "Allotment" received by you from brother monthly. *Nothing*
- 20. From what date have you received Allotment. _____
- 21. Actual amount contributed by other Brothers and Sisters. } Weekly *Nothing* Monthly. _____
- 22. If not receiving support from other brothers and sisters, state cause. *As in item 5*
- 23. Have you made previous claims for Separation Allowance, if not, why? Give particulars. *No.*
- 24. Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No.*
- 25. In what capacity and in what place. _____
- 26. Is he in receipt of a salary as such while serving in the Nfld. Regiment, if so, how much. *No*
- 27. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*
- 28. Are you in receipt of Payment from any Patriotic Fund, if so, how much? *No*

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. *May Pottle*
 Place and Residence. *General Hospital, St. John's*
 Declared and subscribed before me at. *St. John's Nfld.*
 this *11th* day of *February* 19*20*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *John McGohey*

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, after careful inquiry, the above statements are correct, and the Soldier above mentioned is the sole support of the applicant.

Signature of Clergyman. *S. N. Forbes, Pastor, Lower St. Michael's Church*

Signature of Member of Patriotic Committee. *[Signature]*

* *Frederick Pottle is at present taking a course under the Re-Enlistment Committee and is not in a position to be the sole support of the applicant*

Mar. 11, 1920

Dr. L. E. Keegan,
Superintendent
General Hospital,
City.

Dear Sir:-

I understand that one May
Pottle is engaged at the General Hospital as
Laundress. Will you kindly inform me from
what date she has been so engaged, and oblige.

Yours truly

Major

Raymaster.

Mar.11,1920

Miss M. Pottle,
General Hospital,
City.

Dear Madam:-

Referring to your application
for Separation Allowance, will you kindly
furnish me with your Birth Certificate, and
oblige,

Yours truly

Major

Paymaster.

CERTIFICATE OF BAPTISM.

This is to certify that

Edith May

~~son~~
daughter

of Walter and Lavinia

Pottle

Born

July 18th 1902

was baptised according to the rites of the
METHODIST CHURCH

on

Aug 28th 1902

at

St. John's, Nfld.

by

H. P. Cowpen, M.A.

Minister of GOWER ST. CHURCH,

St. John's, Nfld.

(over)

The reverse is a copy
from the baptismal
register of St. Owen St.
Church.

E. N. Fikes

Pastor



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND


Mar. 11, 1920

Miss May Pottle,
General Hospital,
City.

Dear Madam: -

Referring to your application
for Separation allowance, will you kindly
furnish me with your Birth Certificate, and
oblige,

Yours truly

 Major

Quaymaster.

N^o.....

In replying the number & date
of this letter should be quoted.



General Hospital,
St. John's, Newfoundland,

March 15th. 1920.

10102

10103

Dear Sir:-

In answer to your communication
of March 11th., I beg to say that
May Pottle has been working at this
Institution since July 10th., 1919.

Truly yours,

A handwritten signature in cursive script, appearing to read 'C. R. Ryan'.

SUPERINTENDENT.

Major J. M. Howley
Militia Department.
City.

April 6th 1920

Major Howley
O. I. C. Records

Please pay to F. Pottle, 4348
the sum of sixty dollars
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$60.00

Pension Nil

F. C. S. G. W. M. Kell.

F. Pottle

ACCOUNT	<i>6266</i>
CHK. NO.	<i>3464Y</i>
INITIALS	<i>VP</i>
IMB. LEDGER	---
PAY LEDGER	---
GEN. LEDGER	---
INITIALS	<i>[Signature]</i>

VP
Vocational Officer

FORM K

No. 3899



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Fred Pottle, Regl. No. 4948

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Eighty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.:

Allotment begins September 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3778</u>	<u>Wife</u>	<u>Mrs. Pottle</u>	<u>Waterford</u>	
		<u>Newbridge</u>	<u>Bridge Road</u>	<u>60</u>
			Total Allotment, £	

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. Bailey
 Officer Commanding
St John's
 Company
March 12th 1918

(S) Fred Pottle
 (Rank) Sgt

Receipt for Army Book 64

No. 4348 Name F. Pottle

To Certify that I have received the AB 64 of the above named soldier.

Name F. Pottle

Date Nov 11th / 22

Place 3 Richmond St. St. Charles Montreal Canada.

N.B. For completion and return to the Department of Militia Insert in corner of envelope "AB 64"

June 28th, 1919

Capt. Howley,

O. I. C. Records.

Please pay to Mr. F. Pottle, No 3438, the sum of eight dollars
in payment of allowance for four days ended this date in connection
with re-education.

\$8.00

Pension Nil

F. Pottle.

ACCOUNT	C. R. E.
CHK NO	2423
IND LEDGER	
PAY LEDGER	
GEN. LEDGER	

F. C. S.
E. W. Mitchell,
Vocational Officer

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
32.Regiment of Boycal NewfoundlandNumber of Sheet OneSignature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Porte. Ardk.</u>	Age on	<u>19</u> years - months	<u>Labour</u>	
of <u>249</u>		Place and Date of Enlistment	<u>St John's</u> <u>21-2-19</u>	Religion	<u>Promoted Lance Corp 2-8-18</u> <u>A/Corporal 8-11-18</u>
Joined	Date	Period of	with Colours <u>1/29</u> years. with Reserve <u>3/2</u> years.	Place of Birth	
Joined	Date			<u>St John's</u>	
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>Demobilized St John's 29-6-19</u>

To be carried over

Army Form B. 121.

Reg. No. *4348* Rank *Co.* Name *Boyle, J.*
Attested Address *Methodist Parsonage*
Hawthorn Avenue.
Allotment Allottee
Date of Allotment Returned from Overseas *29. 1. 19.*
Returned on S.S. *Loisican* Cause *Discharge*

12. 1. 19.
15. 6. 19.

PASSENGER REGISTRATION OFFICE
DISCHARGE APPROVED BY THE REGISTRATION OFFICE.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1348 Rank Corp Name Pottle F.
 Date of Enlistment 21-2-18 Address New Glasgow District St. John's
 Occupation Clerk Classification for Discharge E Medical Category 1A
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P186	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 12-6-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. F. Pottle

was passed to Vocational Officer for information and action.

Date 13-6-19 [Signature]

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied [Signature]

Date 13-6-19

O i/c. Re-clothing.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 1348 Rank Capt Name Pottle F
 Date of Enlistment 21-2-18 Address New Glasgow St District St John's
 Occupation Clerk Classification for Discharge E Medical Category HI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 12-6-19 O. C. Discharge Depot J. M. H.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. F. Pottle

Documents passed to Vocational Officer for information and action.

Date 13-6-19 J. M. H.

2. Clothing.

Certified that Clothing Regulations have been complied with—

(a) Clothing Allowance payable. \$60.00

(b) ~~Clothing Supplied~~

Date 13-6-19

O/c. Re-clothing. W. C. Constan St

3. Demobilization and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home

New-guy and Release Certificate No. *2749* issued.

Date *13-6-19*

J.A. Snowcraft
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 *13-6-19*

Date *13-6-19*

L.H. Cooper Capt.
Depot Paymaster.

Discharge approved for *13-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. F36	B 268	B 121	N.F. Med.	D.F. 1	<i>Form B</i>
1. 178	W 3494	B 122	Board 1st.	" 2	
178a	D 400A	B 1915	do 2nd.	" 3	
	D 400B	Form L	do 3rd.	" 4	
	D 400C	Form K	do 4th.	" 5	
B 179b	E 103	ME 2		" 6	
B 179c	B. 120	M 93			<i>010-51</i>

Date *13-6-19*

J.A. Snowcraft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

JUN 15 1919

Date _____

O. C. Discharge Depot.

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

Date *June 24/19*

J.A. Snowcraft
O.C. Discharge Depot

3. **Authorization and Release Certificate.**

The above named has been provided with Travelling Warrant No. _____ to his home

New James St
Singh and Release Certificate No. 2749 issued.

Date

13-6-19

J. A. Snow
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 26 19

Date

13 6 19

L. H. Cooper
Depot Paymaster.

Discharge approved for

13-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/86	B 268	B 121	N.F. Med	D.F. 1	2 Form B
1 178	W 3494	B 122	Board 1st	" 2	
178a	D 400A	B 1915	do 2nd	" 3	
	D 400B	Form L	do 3rd	" 4	
	D 400C	Form K	do 4th	" 5	
B 179b	F 103	ME 2		" 6	
B 179c	B. 120	M 93			

Date

13-6-19

J. A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

JUN 15 1919

Date

O. C. Discharge Depot.

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

Date

June 24/19

J. A. Snow
i/c Records

Montreal

Canada

Nov-18th/22.

Department
of Militia.

Dear Sir:-

CR. 4348

Enclosed you will find receipt for army book 64. which I return with thanks. And I would like to know if the Victory medals, ~~and~~ are given out yet, as I have not received mine yet. only the General service medal. of which I received several months ago. hoping to hear from you soon.

I remain

Yours Truly

J. Pottle

3 Richmond St

St Charles

Montreal

Canada.

135.7 23/18

C.R.

4348

Dec. 18th 22

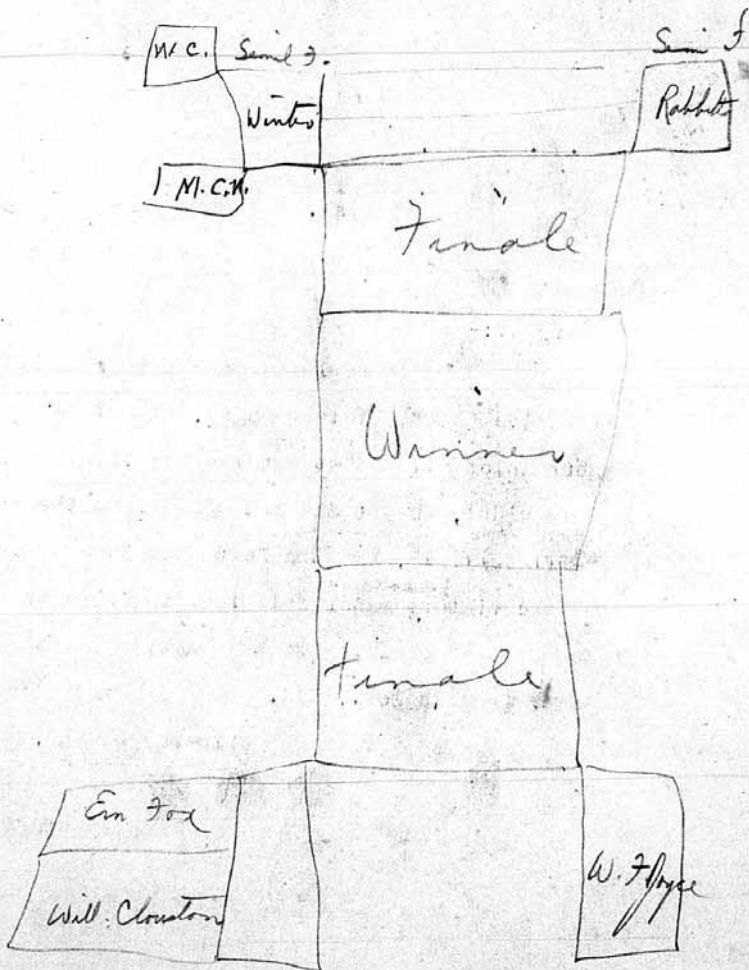
Mr. F. Pottle,
3 Richmond Street,
94 St. Charles
Montreal.

Dear Sir:-

In reply to your letter of 18th November, relative to the Victory Medal, I beg to state for your information that you are not entitled to receive this Medal, as you did not serve in a theatre of war until 25/11/18, and the regulations governing the issue of the Victory Medal rule that in order to be eligible to same, a soldier must have served in a theatre of war prior to 11th Nov., 1918.

Yours faithfully,

Lieut.-Col.,
Chief Staff Officer



C.R. 4348

M^r. Fred. Pottle

331. Colrain Street,
Point-St. Charles,
Montreal

CP