# FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

| No.   | 2281 Name Janes Francis Paris Corps  |
|-------|--|
|       | Questions to be put to the Recruit before Enlistment.  |
| . I.  | What is your name?   |
| 2.    | Wrat is your full Address?   |
| 3.    | Are you a British Subject? 3   |
| 4.    | What is your age?  |
| 5.    | What is your Trade or Calling? 5   |
| 6.    | Are you Married? 6   |
|       | Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.  |
|       | Are you willing to be vaccinated or re-vac-  |
|       | Are you willing to be enlisted for General Ser-  |
|       | Did you receive a Notice, and do you under-<br>stand its meaning, and who gave it to you? Io   |
| 11.   | Are you willing to serve upon the conditions as embodied in the roll of service } 11   |
|       | do solemnly declare that the above answers e by me to the above questions are true, and that I am willing to fulfil the engagements made.  SIGNATURE OF RECRUIT.  Signature of Witness.  |
| bour  | OATH TO BE TAKEN BY DECRUIT ON APTESTATION  I  |
| 1.61  | CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.  |
| he w  | The Recruit above named was cautioned by me that if he made any false answer to any of the above questions 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.  |
|       | I have taken care that he understands each question, and that his answer to each question has bepiled to, and he said recruit has made and signed the declaration and taken the oath before me at  |
|       | The state of the s |
|       | †CERTIFICATE OF APPROVING OFFICER.   |
|       | I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-  |
| quire | ed 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.   |
|       | Approving Officer.   |
| Plac  | e  |
|       | † The signature of the Approving Officer is to be affixed in the presence of the Recruit.<br>‡ Here insert the "Corps" for which the Recruit has been enlisted.  |

### Applicable to all ranks. To correspond with entries on the Medical History Sheet. Francis Pawer Name.... Apparent age // years / months. Height inches (Girth when fully expanded... Chest Measurement Range of expansion inches Distinctive marks..... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin mo hase 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. (d) (6) (a) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-serve not allow-ed to reckon to-wards G. C. Pay Service not al-lowed to reckon for fixing the rate of pension Signature of Officers certi-Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. fying correctness of entries Army Rank Dates Years Days Years Days Service towards limited engagement reckons from Ioined at Total Service forfeited as above..... Total Service towards Engagement to\_ \_[date of discharge]\_\_\_ Pension

DESCRIPTIVE REPORT ON ENLISTMENET



## FIRST NEWFOUNDLAND REGIMENT

| ac 228                                     | - 4  | STATION                                     | OF Paweorps   |                                     |
|--|--|---|---|-------------------------------------|
| No   | Name //  | ,,,,,,                                      | Corps   |                                     |
|  | Questions to be put  |   |   | 0                                   |
| I. What is your an                         | ne?  | Toron I force                               | and spanes  | rawer                               |
| 2. Wrat is your fi                         | Address?   | { \$  | as treatmenta   | Rock                                |
| 3. Are you a Britis                        | Subject?   |   | 7 20  |                                     |
| 4. What is your age                        |  | 4. سبب                                      | Years   | Months                              |
| 5. What is your Tra                        | le or Calling?   | 5   | CLER  |                                     |
| 6. Are you Married?                        |  | 6   | 710   |                                     |
|  | ented in any Branch of H   |   | 710   |                                     |
| 8. Are you willing cinated?                | be vaccinated or r   | re-vac-<br>} 8                              | Mes   | OF THE                              |
| 9. Are you willing t                       | to be enlisted for Genera  | il Ser-<br>} 9                              | Mes.  | URATION                             |
|  | a Notice, and do you,<br>, and who gave it to you                                    |   | Name Name Corps   | URATION OF THE                      |
|  | o serve upon the condition<br>ou if you are accepted?                                |   |   | nes                                 |
| E. 24 É                                    | ve questions are true, and   | James F.                                    | owar.   | ade. URE OF RECRUIT. re of Witness. |
| a.   | OATH TO BE TAKE  | EN BY BECRUIT O                             | N ATTESTATION.  |                                     |
| bound, nonestly and fair                   | His Majesty King George t<br>thfully defend His Majesty<br>o the conditions of my se | , His Heirs and Su                          | do make oath, that I s and Successors, and tha ccessors, in Person, Crown | t I will, as in duty                |
|  | CERTIFICATE OF MA  | GISTRATE OR ATT                             | PESTING OFFICER.  |                                     |
| The Recruit above he would be liable to be | named was cautioned by punished as provided in t                                     | me that if he made<br>the Army Act.         | any false answer to any of  | the above questions                 |
|  | s were then read to the  |   |   |                                     |
|  |  |   | s answer to each question h   | AA 45 7A                            |
| 1 24                                       | t  | - 10  | and taken the oath before   | away )                              |
|  | †CERTIFICA'  | re of approving                             | OFFICER.  | 1 ment                              |
| I certify that this                        |  |   | rrect, and properly filled u  | p, and that the re-                 |
|  |  |   | ove, and appoint him to the   |                                     |
| If enlisted by specia                      | al authority, such will be a   | attached to the orig                        | inal attestation.   |                                     |
| Date                                       | 191  |   |   | 1                                   |
| Place                                      |  |   | ·····   | Approving Officer.                  |
| † The signat<br>‡ Here insert              | ure of the Approving Offi<br>t the "Corps" for which the                             | cer is to be affixed<br>he Recruit has been | in the presence of the Re-  | cruit.                              |

| STATISTICS CONTRACTOR    |               | Applicable to all ran   | ks. To corre                          | spond with enti | ies on the M   | ledical Histor | y S t.                    |                                       |
|--------------------------|---------------|-------------------------|---------------------------------------|-----------------|--|----------------|---------------------------|---------------------------------------|
| Name                     |               | Tomes 41                | once                                  | s Pai           | uen  |                |                           | · · · · · · · · · · · · · · · · · · · |
| Apparen                  | it age        | 18 years /              | mor                                   | iths.           | /Hei   | ght 5          | eet                       | inche                                 |
|                          |               | Girth when i            | fully expa                            | nded 35         | 14   | inches         |                           |                                       |
| Chest M                  | leasurem      | ent { Range of exp      | pansion                               | 4/4             | inches   |                | 1                         | 1                                     |
| Distincti                | ive mark      | cs                      | Ç.                                    | ~               | E H  |                |                           |                                       |
|                          | •••••         | anak.                   | p / 57274                             | 17.7 W.W        | estar d  |                | 18                        | 7                                     |
| we have                  | Pan           | INFORMA                 | TION S                                | SUPPLIE         | D BY.  | REGRII         | it I                      |                                       |
| Name an                  | d Addre       | ss of next of kin;      |                                       | to for          | eph  | Parve          | 2                         | V-10                                  |
| 14                       | adi           | other Kon               | 8 10                                  | Relatio         | nship  | made           | tes :                     | Page 1                                |
|                          |               | 1                       | Particul:                             | ars as to M     | arriage  |                | - 1                       |                                       |
| (a)                      | Christian an  | d Surname of Woman to   |                                       |                 | THE STATE OF THE STATE OF  | widow. (b) F   | Place ad date of          | marriage.                             |
|                          | (a)           |                         | (8)                                   |                 | (c)  |                |                           | (d)                                   |
|                          |               |                         |                                       |                 |  |                |                           |                                       |
|                          |               | <i>t</i> 57             | 112                                   | <u>. L</u>      |  |                |                           |                                       |
|                          |               | , 10°                   | Particula                             | ars as to C     | hildren  |                | .1                        |                                       |
| -                        | Christia      | in Names                |                                       |                 | -  | Date an        | d Place of Birth          | 1                                     |
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|                          |               | STATE                   | MENT                                  | OF THE          | SERV   | ICES           |                           |                                       |
| Corps in<br>thich served | Rgt. or       | Promotion, Reductions,  | Army Rank                             | P. oka          | Service not al-<br>lowed to reckon serve<br>for fixing the ed to |                | signatur<br>on to-<br>Pay | e of Officers cer<br>correctness of   |
| hich served              | Depot         | Casualties &c.          | Atmy Kank                             | Dates '         | rate of pens   |                | Days Tying                | entries                               |
| ervice towa              | rds limited   | engagement reckons from | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 3345            | A. 20-5-4-5  | 30.            | STEN !                    |                                       |
| oined at                 |               | on                      |                                       |                 |  |                | *                         | <b>\</b>                              |
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| Tota                     | al Service fo | rfeited as above        | i<br>                                 |                 |  | . A decay      |                           |                                       |

DIDTIVE DEDOD



2281

### FIRST NEWFOUNDLAND REGIMENT

|                   | ATTESTATION OF   |
|-------------------|--|
| No.               | 2281 Name More + romail awar Corps   |
|                   | Questions to be put to the Recruit before Enlistment.  |
| I,                | What is your name? I fames Manus Pawer   |
| 2.                | Wrat is your full Address?   |
|                   | Are you a British Subject?   |
|                   | What is your age?  |
| State of the same | What is your Trade or Calling?   |
|                   | Are you Married?   |
| 7.                | Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which? 7.  |
| 8.                | Are you willing to be vaccinated or re-vaccinated?   |
| 9.                | Are you willing to be enlisted for General Ser-  |
| IO.               | Did you receive a Notice, and do you under-stand its meaning, and who gave it to you? Io   |
| 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?   |
| mad               | I. James Hances Pawer do solemnly declare that the above answers le by me to the above questions are true, and that I am willing to fulfil the engagements made.  James J. Power SIGNATURE OF RECRUIT.  244 - Signature of Witness.  |
|                   | OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.  |
| bou               | I. do make oath, that I will be faithful and true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty and, hongstly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against enemies, according to the conditions of my service. |
|                   | CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.  |
| he v              | The Recruit above named was cautioned by me that if he made any false answer to any of the above questions 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 roon t         | bis. 2.44 day of   |
| eu or s           | Signature of Attesting Omcer   |
|                   | †CERTIFICATE OF APPROVING OFFICER.   |
|                   | I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-  |
| quire             | ed forms appear to have been complied with. I accordingly approve, and appoint him to the †  |
| D                 |  |
|                   | Approving Officer.   |
| Place             | e  |
|                   | † 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.  |

# DESCRIPTIVE REPORT ON ENLISTMENET Applicable to all ranks. To correspond with entries on the Medical History Sheet.

| Name   | ng-Pot                   | ramost)<br>Liga     | ned a                  | France                | is Pa  | rice  |  |  |   |  |
|--|--------------------------|---------------------|------------------------|-----------------------|--|---|--|--|---|--|
| Apparent   | t age                    | 18                  | years                  | mon                   | ths.   | Heigh   | - 5  | fe   | et 7  | inches   |
| Chost Me   |                          | ∫ G                 | irth when              | fully expa            | nded   | 5/4 in  | ches   | Ta   | CITA  |  |
| Chest Me   | casuren                  | R                   | ange of e              | xpansion              | 4/4  | inches  | terat 8 LE   |  |   | •  |
| Distinctiv   | ve mar                   | ks                  |                        |                       | a thur   | floor   | mp) H  |  | 2281  | 6/5  |
| }  | 0                        |                     | VEOR M                 | ATION                 | i<br>UPPLIFE   | BY R  | CRUI   | T  |   |  |
| 14   |                          |                     |                        |                       | ma la  | arth  | Par  | سويد   | rest i de la comita de la comita<br>La comita de la comi   | Walter   |
| 218  | X                        | A. A                | Lund                   | 21 Aug                | Relation   | ship  | 7.   | 11   | de la companya de la | . i - 10   |
| 21 7   | eshi                     | rater K             | ood .                  | Particul              |  |   |  | 15.1   | erderen er<br>A <del>ler</del> dades  |  |
| (a) C  | Christian a              | and Surname         | of Woman t             | ent address. (        | l, and whether s   | pinster or wid<br>ficer verifying               | ow. (b) P<br>entry.                                    | lace and   | date of marriage  |  |
|  | (a)                      |                     |                        | + (9) OLC             | (=10=3)<br>  | (c)   |  |  | (d)   | 14 41  |
| -  |                          |                     | and the second         |                       |  |   | i de   |  |   |  |
| <del>1</del>   |                          |                     | - 3-4<br>A             |                       | 1.2.2  |   |  |  |   |  |
| 4  | Christ                   | tion Nomin          |                        | Banfoul               | ars as to Ch   | ildren  | Date at  | d Place  | of Birth  |  |
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|  |                          |                     | STĄŢ                   | EMENT                 | QF THE   | SERVI   | CES  | - 6  | med.  |  |
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| which served   | Depot                    | Casua               | ties, &c.              | Army Rank             | Dates  | 10-x 10-12-12-12-12-12-12-12-12-12-12-12-12-12- | -  | Days   | Signature of Office<br>fying correction<br>entries  | Ess of   |
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| · on al  | 100                      |                     | 11.00                  |                       | 7  | ed -  | man  | 95 63 2  | 140   | 1014-10  |
| 10   | 1                        | Lensie              | they'                  | 1.1                   |  | Selo e plus                                     |  |  |   | * 6117   |
|  | - Per                    | 10,                 | icha                   | nes h.                | edical   | Ch la   | whit   |  | 2-5-17  |  |
| Apparent age years months. Height  Chest Measurement Range of expansion inches  Distinctive marks  INFORMATION SUPPLIED BY RECONAME and Address of next of kin  Particulars as to Marriage  (a) Christian and Surname of Wolson to the Address. (b) Initials of Officer verifying ent (c) Present address. (c) Initials of Officer verifying ent (d)  STATEMENT OF THE SERVICE Casualties, &c.  Corps in Reft. or Promotion, Reductions Army Rank Dates Reft. or which served Depot Casualties, &c.  Service towards limited engagognent reckons from 24-3-3-6  Joined at American Service Towards Initials of Officer verifying the land of the Address of Casualties, &c.  Service towards limited engagognent reckons from 24-3-3-6  Joined at American Service Towards Initials of Officer verifying the land of the Address of Casualties, &c.  Service towards limited engagognent reckons from 24-3-3-6  Joined at American Service Towards Initials of Officer verifying the land of the Address of Casualties, &c.  Service towards limited engagognent reckons from 24-3-3-6  Joined at American Service Towards Initials of Officer verifying the land of the Address of Casualties, &c.  Service towards limited engagognent reckons from 24-3-3-6  Joined at American Service Towards Initials of Officer verifying the land of the Address of Casualties, &c.  Service towards limited engagognent reckons from 24-3-3-6  Joined at American Service Towards Initials of Officer verifying the land of the Address of Casualties, &c.  Service towards limited engagognent reckons from 24-3-3-6  Joined at American Service Towards Initials of Officer verifying the Address of Casualties of Casualti |                          | 100 E               |                        | Total control         |  |   |  |  |   |  |
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| Total Service to   | wards Eng                | agement to.         | 2~                     | 5-17                  | [date of discha  | rgel / v  | ears 4   | days   | 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -   |  |
|  |                          |                     |                        |                       |  | 1   | # <u></u>  | _ "  |   |  |
|  | and the same of the same | years water and the | yer Parish Charles III | STREET, STREET, SALES | A CONTRACTOR OF THE PARTY OF TH |   | wyten (state)  | ACCESSED TO  |   | AND DESCRIPTION OF THE PERSON  |

C.R 2281

De**d. 1**2, 18.

#### #2281, Discharged Soldier.

Sir:-

I have your communication of 9th instant in connection with the marginally named soldier. I am forwarding your letter to the Vocational Officer of the civil Resistablishment Committee, asking him to write to you direct in connection with this matter.

I have the honour to be, Sir,

Your obedient servant,

MAJOZ.

District Officer Commanding.

Newfoundland.

W. J. Scott Esq., S.M., Grand Falls.

Dec. 12, 18.

#### #2281, Discharged Soldier.

Sir:-

I enclose communication from w.J.Scott Esq., S.M., Grand Falls, in connection with the marginally named man.

I have advised Mr. Scott that you will communicate direct with him on this matter.

I have the honour to be. . Sir.

Your obedient servant.

Ma jor.

District Officer Commanding.

Newfoundland.

Vocational Officer,
Civil Re-Establishment Committee,
City.

EXTRACT FROM ROLL OF OFFICERS N.C.O'S
AND MEN DISCHARGED FROM THE BOYAL
NEWFOUNDLAND REGIMENT.

| Regtl.# | rank | name      |         | dati   | reason      |
|---------|------|-----------|---------|--------|-------------|
|         |      |           |         |        |             |
| 2281    | Pte. | POWER JAS | FRANCIS | 2/5/17 | MED. UNFIT. |

# C.R. 228/

James F. Power

was attested for General

Service with the NEWFOUNDIAND RECIPENT ON March 24th 1916
Regimental No. 2281 was alloted to Ptes Jas. F. Power

AUTHOR ITY:

Record Ledger;

Dept. of Militia.

March 25th 1919

Lower, f.f. 2281

Lag 20epl

# F

# Proceedings on Discharge.

| 2281   | Army Rank Twate  |
|--|--|
| ne Sameo Fro   | ancis Power  |
| (The name must agree strictly with that or   | n enlistment, unless changed subsequently by authority.)   |
| ps Firsthew,   | foundland Regiment   |
| talion, Battery, Company, Depôt, &c<br>ttached to the Regular Establishment of the<br>Staf | ne Special Reserve or Permanent Staff of the Territorial Force, &c., or to General<br>ff of the Army, it should be so stated.)   |
| e of discharge May   | 200 1917   |
| e of discharge   | loluis, Wed  |
| De   | scription at the time of discharge.  |
| ge 17 years 9  | months Descriptive marks.  |
| eight 5 feet 7   | inches   |
| girth when fully expanded_   | ine.   |
| easure-<br>ent range of expansion  | ins.   |
| omplexion fair   |  |
| res blue   |  |
| air lightbown  |  |
| rado sterografia   | ur_  |
| ended place of   |  |
| residence<br>be given as fully   |  |
| s practicable) (The measurements and description should                                    | be carefully taken on the day the man leaves his unit, but in the case of men sen  |
| from abroad for discharge, the age and in arms the discharge at home.)                     | be carefully taken on the day the man leaves his unit, but in the case of men sen<br>tended place of residence should be left blank to be filled in by the Officer who   |
|  | harianolina Alma   |
| 2. The above-named man is dischar  | ged in consequence of the consequence of the consequence   |
| The for war se   | ruce   |
| /  |  |
|  |  |
|  |  |
| (The cause of discharge must be worded a ficate. If discharged by superior authority       | as prescribed in the King's Regulations and be identical with that on the discharg. the No. and date of the letter to be quoted.)  |
|  | as prescribed in the King's Regulations and be identical with that on the discharge, the No. and date of the letter to be quoted.)   |
| (The cause of discharge must be worded a ficate. If discharged by superior authority,      | as prescribed in the King's Regulations and be identical with that on the discharge, the No. and date of the letter to be quoted.)   |
| 8. Military character:—  |  |
| 8. Military character:—  | as prescribed in the King's Regulations and be identical with that on the discharg the No. and date of the letter to be quoted.)  the with King's Regulations:—  |
| 8. Military character:—  |  |
| Military character:      Character awarded in accordan                                     | toe with King's Regulations:—  |
| Military character:      Character awarded in accordan                                     | opy of the character given by me on Army Form B. 2067* and that Army Form D. 486   |
| Military character:      Character awarded in accordan                                     | as prescribed in the King's Regulations and be identical with that on the discharge, the No. and date of the letter to be quoted.)  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted.  The No. and date of the letter to be quoted. |

Nº 2823



3 1st. NEWFOUNDLAND REGIMENT/2

ALLOTMENTS

| Identity<br>Certificate<br>No. | Whether Wife, Child,<br>other Relative or<br>Friend | Name (   | n full) | Address  |              | OUNT<br>person) |
|--------------------------------|---|--|---------|----------|--------------|-----------------|
| 201                            | m1.1  | most /   | 110     | ,        | 1/           |                 |
| ه نئر                          | money.  | 1118 100   | ph Mos  |          |              | 10              |
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|                                |   | 100000   |         |          |              | •               |
|                                |   | ternet for   |         |          |              |                 |
|                                |   | 1.00<br>1.00<br>1.00<br>1.00<br>1.00<br>1.00<br>1.00<br>1.00 | 107     |          | •            | 100             |
|                                |   | Alford His   |         | Total Al | llotment, \$ | 92              |

Nº 2823



| to, and i | or the benefit of                                  | Dollars and the undermentioned Person          | Similar official form to make an Cents, per diem, and Persons, such payment to be n dentity Certificates by the Person | from my Pa<br>nade on pro |
|-----------|--|--|--|---------------------------|
|           | Whether Wife, Child<br>other Relative or<br>Friend | NAME (in full)                                 | Address  | AMOUNT                    |
| PO1       | Works.   | mos loseph a                                   | (ares)   | (each perso               |
|           |  | 200  | 21 Breshvate   |                           |
|           |  | poris  | Pa.  |                           |
|           |  |  |  |                           |
|           |  |  |  |                           |
|           |  |  |  |                           |
|           | 100  |  |  |                           |
|           |  | Projecto v                                     | Total Allotment, \$  |                           |
| NOTE.     | This form must be                                  | completed by the Officer Commending Commending | nanding Company, signed by the Volu  | nteer, counte             |
| - 0       | required payments                                  | on application.                                | handed to the Paymaster as authority   | 7 to make ti              |

Nº 2823



| I,<br>reby a               |   | nonfication by me, and in similar  |   | 228,                 |
|----------------------------|---|--|---|----------------------|
| and fo                     |   | Dollars and Dollars and he undermentioned Person and or Per                                | Cents, per diem, for sons, such payment to be m |                      |
|                            | ity of, and prod<br>d, viz.:                        | luction of the relative Identity   | Certificates by the Person                      | and or Persons       |
|                            | llotment begins                                     | Clug 12  | 76.   |                      |
| entity<br>rtificate<br>No. | Whether Wife, Child,<br>other Relative or<br>Friend | NAME (in full)   | Address   | AMOUNT (each person) |
| 01                         | Most.   | mo lack Ma   | -)  | 6                    |
| - 0                        | 1000 104,   | 1112 Jasiph mos  | 1.0.  | ,00                  |
|                            |   | poned  | 21 Susmale                                      | 1                    |
|                            |   |  | 10.   |                      |
|                            |   |  |   |                      |
|                            |   |  |   | ļ                    |
|                            |   |  |   |                      |
|                            | 17:2-7  |  |   |                      |
|                            |   |  |   |                      |
|                            |   |  | Total Allotment, \$                             |                      |
| 8                          |   | completed by the Officer Commanding<br>or Commanding Company and handed<br>on application. |   |                      |
| 1                          | Charl. C  | ORL  |   |                      |

Nomo Power: 18.

| Date                     | Particulars  | Ch.No | . Dr     | • | Cr  | •    | ∥ · E  | al,  |
|--------------------------|--|-------|----------|---|-----|------|--|--|
| May 2 Res Son 26 May 2 M | o alest fory.  Pay  Machinery  1 ms 07022  allowance | 10082 | /2<br>20 |   | 70  | 2000 | 33<br>34<br>48<br>73<br>68<br>50<br>40<br>70<br>90 | 15<br>15<br>15<br>15<br>15<br>15<br>15<br>15 |
|                          |  | 7     |          |   | 163 |      |  |  |

PAY LEDGER B 2011.
Date 4-2-21. by 0

Sis aftrany Ism

Fox bove 4, 13.
8222 See. 30 th/019. for the money to be Goowarded to me. I H. M. Howley. also want to bring li your menong. That St. Johns. nfld. I don't recieve no money for my children as Writing to enform you of the letter I Thear all the returned wrote about my pay. Married men (Ea. Soldiers) also wrote to mr. M. are pressed so much . H. Paisofs. of are you per month. for their going to answer & Children So. of There till me thareason is any money due them you can forward Why it want sent. il on for my tuo. as it is tall known to you. all I certainly of Estile amorne diality about my pay . I let did my part as will as any other man me know. what it us going to be done. to the army men Please Ublidge who have all got their Esc. Pla gite Power money wish out any trouble. I was Sorely 4.13. moroRoded & Carries my wounded Scars. Today rumbe please, So I worked for the money. I rould like

2781

January 27, 1920.

J.F. Power, Fox Cove, F.B.

Dear Sir:

With reference to

your letter of recent date (8222), please quote your regimental number.

Yours trulym

For Paymaster,

Voucher No. 29969.
Cheque No. 29969.

No.\_\_\_\_



### Ist NEWFOUNDLAND REGIMENT

### VOUCHER

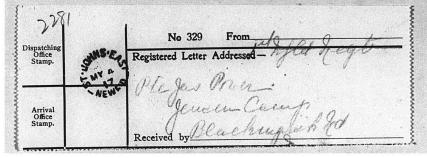
In Acct. with #2281 Pte. J. F. Power

| Reg'l | Alc        | No           | Na                | ame                         | C.B.     | Foli      | o No   |        |
|-------|------------|--------------|-------------------|-----------------------------|----------|-----------|--------|--------|
| Date  |            | Req'n<br>No. | Invoice<br>No.    | Particulars.                |          |           | Amou   | int.   |
| Apr.  | 2 <b>6</b> | 360          |                   | Pay on a/c                  | \$10     |           |        |        |
|       |            |              |                   |                             |          |           | ar 7   |        |
|       |            |              |                   |                             |          |           |        |        |
|       |            |              |                   |                             |          |           |        |        |
|       |            | *            |                   |                             |          |           | 25     | -      |
|       |            |              |                   |                             |          |           | -      |        |
|       | _          |              |                   |                             |          |           |        |        |
|       |            |              |                   |                             |          |           |        |        |
|       |            |              | .                 | $\mathcal{L}_{\mathcal{L}}$ |          |           | \$10   | 00     |
| ecap. | Sheet      |              | 0.<br><i>O</i> 0. | / PM /s                     | Howle    | Y<br>HAYI | MASTER | :<br>: |
|       | 4          |              |                   | RECEIPT                     |          |           |        | 4      |
|       |            | ,, ,         |                   |                             | April 26 |           |        |        |
| 1     |            | eived        | from              | the 1st. NEWFOUNDLAND       | REGIME   |           |        |        |
| nd :  |            |              |                   | Cents in                    |          |           |        |        |
| 10.0  |            | April        | •                 | 1917.<br>[Sig.]             | te 9.7.  | Par       |        |        |



# Ist NEWFOUNDLAND REGIMENT

| n Acct. w                  | rith         | #2281 F     | te. J.F.Power         |         |       | No     |         |  |
|----------------------------|--------------|-------------|-----------------------|---------|-------|--------|---------|--|
| Reg'l Alc                  | No.          | Na          | me                    | C.B.    | Foli  | o No.  |         |  |
| . Date                     | Req'n<br>No. | Invoice No. | Particulare.          |         |       |        | Amount. |  |
| May 2                      | 366          |             | Balance of pay        | \$ 2    | 20    |        |         |  |
|                            |              |             | Bonus 1 week @ \$1.85 | 12      | 95    |        |         |  |
|                            |              |             | Civilian clothing.    | 25      |       |        |         |  |
|                            |              |             |                       | 40      | 15    |        |         |  |
|                            |              |             |                       |         |       |        |         |  |
|                            |              |             |                       |         |       |        |         |  |
|                            |              |             |                       |         |       |        |         |  |
|                            |              |             |                       | 16      |       |        |         |  |
|                            |              |             |                       |         |       |        |         |  |
|                            |              |             |                       | 3       |       | ~×     |         |  |
|                            |              |             |                       | 1/1     | M     | ·      |         |  |
|                            |              |             |                       |         | 1     | *.     |         |  |
|                            |              |             |                       |         |       | \$40   | 1 F     |  |
| Dissect <sup>n</sup> Sheet |              |             | CERTIFICATION         | Hoc     | vl    | ey     |         |  |
| Checked by                 |              |             | 0-                    |         | -PAY  | MASTE  | R       |  |
|                            |              |             | RECEIPT               | ay 2nd, |       | 19     | 17.     |  |
|                            |              |             | the 1st. NEWFOUNDLAND |         |       |        |         |  |
|                            |              |             | ·····                 |         |       |        |         |  |
| nd "ii                     |              |             | Cents in              | Payment | as al | ove st | ate     |  |
|                            | May          |             | 1917•                 |         |       | a      |         |  |
| 40.15                      |              |             | [Sig.] chap           | بر<br>د | -1.   | 7      |         |  |



228/

Pte. J. F. Power,

Jensen Camp,

Blackmarsh Rd.

Dear Sir, -

I enclose herewith Certificate of discharge, dated

Nay 2nd, 1917, together with cheque for \$40.15, being amount

due you as follows:-

| Balance of pay        | \$ 2.20                      |
|-----------------------|------------------------------|
| Bonus 1 week @ \$1.85 | 12.95                        |
| Civilian clothes      | 25.                          |
|                       | \$40.15                      |
|                       | Ether British and the second |

Kindly sign the enclosed form, and return.
Yours truly,

Lieut. Officer 1/c Records.

### DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

### PAY VOUCHER.

| \$ 2000   | Feb 20 1919                     |
|---|---------------------------------|
| Received from                                     | the First Newfoundland Regiment |
| the sum of Twenty                                 | X. Dollars.                     |
| balance of Pay. Co                                |                                 |
| Ch. No. 1008.2 Initials. Pay Ledger 206 Initials. |                                 |
| Gen. Ledger Initials                              |                                 |

No. 2281 Rank PE Tower J. Name

福地

Surname

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

MEDICAL HISTORY

lower.

Christian Name

James Francis.

#### Table I.—GENERAL TABLE.

| Birthplace:—Parish  |               | * County_        |                      |                 |  |  |
|---|---------------|------------------|----------------------|-----------------|--|--|
| •   | SPECIAL.      | RESERVE.         | REGULAR ARMY.        |                 |  |  |
| Examined  | on 15. day of | march 1916       | on day of            | 191             |  |  |
| Declared Age  | /8 years      | /modes           | years                | days            |  |  |
| Trade or Occupation   | · c           | link.            |                      |                 |  |  |
| Height  | S seet        | 7 inches         | feet                 | inches          |  |  |
| Weight  |               | 117/2 lbs.       | * 1                  | lbe,            |  |  |
| Chest Measure-<br>ment Range of Expansion                           |               | 4/4 inches       |                      | inches          |  |  |
| Physical Development  |               |                  |                      |                 |  |  |
| $Vaccination Marks \begin{cases} Arm & \\ Number & \end{cases}$     |               | Left             | Right                | Left            |  |  |
| When Vaccinated   |               |                  |                      |                 |  |  |
| Vision  | R.EV=/66/6    |                  | R.E.—V==<br>L.E,—V== |                 |  |  |
| (a) Marks indicating congenital pecu<br>arities or previous disease | li-{ (a)      |                  | (a)                  |                 |  |  |
| (b) Slight defects but not sufficient Cause rejection               | (b)           |                  | (6)                  |                 |  |  |
| Approved by (Signature  | (a) Lamos     | Patersa          | Ç.                   |                 |  |  |
| · (Rank   | i) may        | <del>2</del>     |                      |                 |  |  |
|   | at Mash       | Medical Officer. | at                   | Medical Officer |  |  |
| Enlisted  | on day of     | March 191 6      | on day of            | 191             |  |  |
| Joined on Enlistment  | Corps.        | Regtl. No.       | Corps,               | Regtl. No.      |  |  |
| onea on Emission  | newfoundla    | 1 2281           |                      |                 |  |  |
| Transferred to  |               |                  |                      |                 |  |  |
| Became non-effective by   |               |                  |                      |                 |  |  |
|   | on day of     | . 191            | on day of            | . 191           |  |  |
| (Signature  |               | 10 g (10 mm)     |                      |                 |  |  |
| (Rank   | ) [ ·         |                  | 100                  | [P.T.O.         |  |  |

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                                    |                             | , we also also                 | ner Details, and Sig | mature       |                           |                                |
|---|-----------------------------|--------------------------------|----------------------|--------------|---------------------------|--------------------------------|
| 1.7/                                    | 1                           | .10                            |                      |              |                           |                                |
| 1-1-16                                  | VAB,                        | ZV ·                           |                      |              |                           |                                |
| 1-7-16<br>11-7-16<br>90-11-16<br>9-1-17 | Sace.                       | 20                             |                      | 100          |                           |                                |
| 20-11-16 -                              | 10.                         | 500                            |                      |              |                           |                                |
| 9-1-17                                  | Mace.                       | Lo                             |                      |              |                           |                                |
|   | To the second               |                                |                      | ¥            | B. C.                     |                                |
|   |                             |                                |                      |              | 1                         |                                |
|   |                             |                                |                      |              |                           | a chrostian comme              |
|   |                             |                                |                      |              |                           |                                |
|   |                             | pr=45                          |                      |              |                           |                                |
| •                                       | 1                           |                                |                      |              |                           |                                |
|   |                             |                                |                      |              |                           |                                |
|   |                             |                                |                      |              |                           |                                |
| N.                                      |                             |                                |                      |              |                           |                                |
|   |                             |                                |                      |              |                           |                                |
|   | <u> </u>                    | <u> </u>                       |                      |              |                           |                                |
|   |                             |                                |                      |              |                           |                                |
|   |                             |                                |                      |              |                           |                                |
|   |                             |                                |                      |              |                           |                                |
|   |                             |                                | <b>*</b>             | - Electrical |                           | Core - State                   |
|   | 1                           |                                |                      | SER SERVICE  |                           |                                |
|   |                             |                                |                      |              |                           |                                |
|   | T                           | ABLE IV.—S                     | ERVICE TA            | BLE.         |                           |                                |
|   | Date of                     | Date of                        |                      |              | Date of                   | Date of                        |
| Station or Troop                        | Ship Arrival or Embarkation | Departure or<br>Disembarkation | Station or           | Troopship    | Arrival or<br>Embarkation | Departure or<br>Disembarkation |
| •                                       |                             | I control of the control of    |                      |              |                           |                                |

| Station or Troopship | Date of<br>Arrival or<br>Embarkation   | Date of<br>Departure or<br>Disembarkation | Station or Troopship | Date of<br>Arrival or<br>Embarkation | Date of<br>Departure or<br>Disembarkation   |
|----------------------|--|---|----------------------|--------------------------------------|---|
| 1                    |  |   |                      | - 1                                  |   |
|                      |  |   |                      |                                      | ·   |
|                      |  |   |                      |                                      | ¥   |
|                      |  |   |                      |                                      |   |
|                      |  |   |                      |                                      | 19  |
|                      |  |   |                      |                                      |   |
|                      |  |   |                      |                                      | *   |
|                      |  |   |                      |                                      |   |
|                      |  |   |                      |                                      |   |
|                      |  | *   |                      | •                                    |   |
| •                    |  |   |                      |                                      |   |
|                      |  |   | $I_{i}$ .            | <u> </u>                             | 4   |
|                      | THE REPORT OF THE PERSON OF TH |   |                      | TO POSSESSION PROFESSION             | A THE PROPERTY OF THE PARTY OF |



### Medical Report on an Invalid.

NOTES:-

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

Statement of Case

1. Unit 1st. Newfoundland

5. Age last birthday. 17.

2. Regimental No. 228/
3. Rank. To.

6. Enlisted on 15 Mar. 1916

3. Rank. To. at Afohreng.

4. Name. Power James Francis 7. Former trade or occupation Slewographer.

Julemonoy Zubrawlacis

9. History Mad befluenza in January 1917 sense then has been bother wish cough his been loving weight and ruse pleghs leins as tenies in sens by one to b-Rendere for spanished his report is sure

COPY

Tuberculosis Dispensary, St. John's, Nfld., April 16th., 147.

Dear Dr. Burden:-

I have no doubt about Power's right ung being involved. Under less favourable and healthy conditions I feel sure the long would begin quickly to show more marked evidence of advancing disease.

Yours sincerely, (Sgd) H. RENDEL.

Remarks it any by Officer ije mospital.

| Place | Signature |
|-------|-----------|
| Date  | Rank      |

# Ppmion of the Medical Board.

| Erase inapplicable words.   |
|---|
| 13. For pension purposes, the disability x hay be considered as aggravated by:  |
| (a) Service during this was.  |
| (b) Glimate.  |
| (c) Ordinary Military Service   |
| Remarks if any: - Been being weight since the influenza in Juy. bagh son better but heeter temp 100 % F. Blacks   |
| 14. At present his capacity for earning a full livlihood in the general labor market is lessened by:— (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5). |
| Remarks if any: What for Buronths   |
| 15. Is the disability permanent?  |
| w   |
| 16. Has the disability been aggravated by   |
| (a) Intemperance. W   |
| (b) Misconduct. W   |
|   |
|   |
| 17. The refusal of operation is:—   |
| (a) Reasonable.  (b) Unreasonable.  Advise entrance to fluser Camp  |
| (b) Unreasonable.   |
| Remarks if any:—  |
|   |
|   |
| 18. We recommend discharge from recentron in the Army   |
| Remarks if any:-  |
| President   |
| Signatures. To 19 Readon  |
| Profitation Palsam  |
| Siral   |
| Place   |
| Date 194. 18  |
|   |
| APPROVED STOR OF MEDICAL SERVE  |
| Station APR 24 1917   |
| Date No. 12 10 Clary Margherson   |
| Administrative Medical Officer.   |

| io. What is his present condition? See A heusel Lepoch.   | Opinion of the Medical Board.   |
|---|---|
| This is the important question. Be brief—the clearer the case the less need be written. Read note f above.) | In para. 13, the President should write "may" or "cannot" at x Erase inapplicable words.  |
|   | 13. For pension purposes, the disability x hay be considered as aggressed by:   |
|   | (a) Service during this war. (b) Glimate.   |
|   | (c) Ordinary Military Service   |
|   | Remarks if any: - Been boung weight dence the influenza in Juny.  |
| II. Was sanatorium operation advised and refused?   | 14. At present his capacity for earning a full livilhood in the general labor market is lessened by:— (Here the president should write in Total, 4-5, 3-5, 2-5, 1-5). |
|   | Remarks if any:- What for Zeworths  |
| 12. Do you recommend discharge as   | 15. Is the disability permanent?  |
| permanently unfit?  | $\omega$  |
|   | 16. Has the disability been aggravated by   |
|   | (a) Intemperance. W   |
|   | (b) Misconduct. W   |
|   |   |
| Signature Tev Borden  | 17. The refusal of operation is:  |
| Light   | (a) Reasonable.   |
| Rank or Qualification   | (a) Reasonable.  (b) Unreasonable.  (c) Unreasonable.   |
|   | Remarks if any:   |
|   |   |
|   | 18. We recommend discharge from the Army  |
| Remarks if any by Officer ile Hospital.   | Remarks if any:-  |
|   | Ry of Paresident  |
|   | Signatures. Lev Borden  |
| Place Signature   | produgo Palson  |
| Date Rank   | Place Al. color   |
|   | Date 18/1./   |
|   | OR OF MEDICAL SC  |
|   | Station APR 24-1917   |
|   | No. 228/  |

Clany Macpherson, Administrative Medical Officer Magne,

Regiment from which discharged

Regimental number

Intended address



# 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 aximination 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 in a side and a depot of the Soldier should be given a full opportunity of examining 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 Power Janus Bauris.

21 Freshwall Ro

1st. Newfoundland

| Height on discharge 5 Feet 7                     | •              |     |
|--|----------------|-----|
| Color of hair on discharge 4 Brown               |                |     |
| Complexion fai.                                  |                |     |
| Color of eyes Blue.                              |                |     |
| Figure on discharge medicin .                    |                |     |
| Christian name of Father dead -                  |                |     |
| Christian name of Mother Mory                    |                |     |
| Wife's maiden name in full                       |                |     |
| Date and place of marriage                       |                |     |
| Christian names of children                      |                |     |
| Place and date of soldier's birth. Hoceutes'.    | 74. 13, 1      | 900 |
|  | The Control of |     |
| Nature and locality of civil employment required |                |     |

Station St. John's Date April 17th, 1917

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) James of rances Power.

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.

(Rank) Pte

Station & Johnsh

Date Cept. 17. 1917 -

This Form is to be used in connection with Pamph. M. E. (1) In tile spaces below should be entered the findings in the routine of examination set forth in the Appendix. One should be exercised that each finding be entered after the number below which corresponds to the number of that text. Examination of & rance aged conducted at Date: March 15-1916 Recruiting Officer: NO OF FINDING TEST 26. Yes. Fout toler attended to n h 6/6. Boil eyes n n n mo Joseph Former. Signature of Medical Examiner:

Sixet Board

### NEWFOUNDLAND.

#### REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station of Mus

Date Van 1912 1918

No. 2281

Age /8 Height

Rank Pt

Complexion

Name Power Tas 7.

Eyes Hair

Unit

Address 2, Freshwater Roak

Former Trade

Enlisted at et Mus

on

Disease or disability 2. 3.

Present condition Megh 138 lbs (Corrected Scale) Jules 118 kmp 986 Nas All a sign of disease mely axilla (morst rate on deep insportion)

Estimated disability

Recommendation of Medical Board

Class

Members of Board

Daniela Part

JAN 22 1918
No. 22-87

Approving Medical Officer. man

FIFTH BOOARD

### NEWFOUNDLAND.

#### REPORT OF MEDICAL BOARD

ON SOLDIER OR NAVAL RESERVIST RETURNED FROM OVERSEAS

Station ST. JOHN'S NFLD. Date OCTOBER 17th., 1917.

2281 No.

Unit

Age 17

Height5 7"

PRIVATE Rank

Complexion FAir

1 ame POWER JAMES F.

Eyes BLUE HairLIGHT BROWN

Address 21 FRESHWATER ROAd Enlisted at ST. JOHN'S NFLD.

1ST NEWFOUNDLAND

Former Trade STENOGRAPHER on MARCH 15th., 1916

Disease or disability PULMONARY TUBERCULOSIS

Present condition weighs 1284 ths. (pant + boots) pulse 80 Zent , normal . Blowing treating right hire . Dull new Taxes right tung (behin) - no ratio - was then running temp. for several days

Estimated disability

Recommendation of Medical Board Back to "Sancer George"

Class

Members of Board

OCT 18 1917

Approving Medical Officer.

Clumy Marpherson, Ma