



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2727 Name Aaron Ralph Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Aaron Ralph</u> |
| 2. What is your full Address? | 2. <u>Flat 24, Bonaville Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>8</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name
Corps
FOR THE DURATION OF THE WAR |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Aaron Ralph 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.

9 May 1916 Aaron Ralph SIGNATURE OF RECRUIT.
Charl H. Ayre Signature of Witness.

Aaron Ralph OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at.....
on this 9th day of May 1916
Signature of Attesting Officer Charl H. Ayre Capt.

†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.....191..... } Approving Officer.
Place..... }

† 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 Aaron Ralph

Apparent age 19 years 8 months. Height 5 feet 7 inches

Chest Measurement { Girth when fully expanded 38 inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Flat Pelanda, Bonavista Bay

Mrs Mary Ralph | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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 _____									<div style="font-size: 2em; font-weight: bold;">}</div>
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [" "] _____ " _____ "									

2727



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2727 Name Aaron Ralph Corps

Questions to be put to the Recruit before Enlistment

- 1. What is your name? 1. Aaron Ralph
- 2. What is your full Address? 2. Flat 54d, Bonaville Bay
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 19 Years 8 Months
- 5. What is your Trade or Calling? 5. Fisherman
- 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 } 11. Yes
to be signed by you if you are accepted?

I, Aaron Ralph 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.

9 May 9th/16 Aaron Ralph SIGNATURE OF RECRUIT.
Charles Aipe Signature of Witness.

Aaron Ralph OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at..... on this 9th day of May 1916.

Signature of Attesting Officer Charles Aipe Capt

†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.....191.....
Place..... } 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).....



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

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

Examination of *Aaron Ralph*
aged *19* conducted at *C L B*
Date: *May 9/16* Recruiting Officer:

NO OF TEST FINDING

1 *no*
2 *no*
3 *no*
4 *no*
5 *no*
6 *no*
7 *yes*
8 *yes*
9 *no* *no*

2727

RECEIVED

6/6 death

33 *no*
34 *57*
35 *1032*
36 *34/38*
37 *\$400*

38 *Parents Mr Charles Ralph Flat Island 1916*
39 *yes parents*

7/1

Signature of Medical Examiner:

Sto. Borden
Lieut.

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

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

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

6. Campaigns, Medals and Decorations

{ _____

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

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

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

(Place) St. John's, Nfld. _____ (Signature of Soldier.)

(Date) Aug. 17th 1918. _____ (Signature of Witness.)

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

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

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

(Signature of Soldier.)

10. Statement of service.

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

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

Total " " "

11. Confirmation of discharge.

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

(Place) _____

Signature _____

(Date) _____

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

RESERVATIONS REFERRED TO AT PARA. 8.

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

no reservations.
A Ralph
witness E. Walsh.

Proceedings on Discharge.

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

No. <u>2727</u>	Army Rank <u>Plt</u>
Name <u>Ralph Aaron</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>1st Newfoundland Regiment</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge _____	
Place of discharge _____	
1. Description at the time of discharge.	
Age <u>21</u> years _____ months Height <u>5</u> feet <u>7</u> inches Chest measure { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>Light</u> Eyes <u>Blue</u> Hair <u>Brown</u> Trade <u>Motor Driver</u> Intended place of residence <u>St. John's, Newfoundland</u> (To be given as fully as practicable) <u>Commissary Post Newfoundland</u>	Descriptive marks. <u>L. Demus Scar</u> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.F.P.38, No. <u>11774/135</u> DATED <u>6 - NOV 1917</u> </div>
(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)	
2. The above-named man is discharged in consequence of <u>Gunshot wounds</u> .	
(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)	
3. Military character:— _____ _____	
4. Character awarded in accordance with King's Regulations:— _____ _____ _____ _____ _____ _____ _____ _____	
Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.	
_____ Initials of Commanding Officer.	


To be filled in on the soldier quitting the Colours.

* Strike out if not applicable.

Original

Medical Report on an Invalid.

Station 3rd London General Hospital,
WANDSWORTH, S.W.
 Date 29/10/17



1. Unit 1st N. F. L. D.
2. Regimental No. 2727.
3. Rank Pte
4. Name Ralph. Aaron.
5. Age last birthday 21.
6. Enlisted {
 - on 10. 11. 1915.
 - at St Johns. nfd,

7. Former Trade } Motor Driver
 or Occupation }
- 7A. If with previous service in Army, state—
 - (a) Former Unit;
 - (b) Regimental No.;
 - (c) Date of Discharge; nil.
 - (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19)

G. S. W. Compound Fract Left
IX. 4.

COPIES SENT TO
 O.C. H.Q.
 ST. JOHN'S, N.F.L.D.
 N.F.P.38, No. 1177/1/30
 DATED 6 NOV 1917

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. 14 April 1917
10. Place of origin of disability. Mauchy - France.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Admitted here 25. 4. 17 with large wound in front of
and sinus leading to knee joint.
Operated: abscess opened and sinus of knee excised
and drained. - Fract. femur united.
Skinned (shin). Recovered very slowly. Sent
to Brookland. Walks without stick but has stiff knee
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 - (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). In action
 - (b) constitutional or hereditary, and not aggravated by service during the present war. Not applicable
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. Not applicable

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) *The rates of pension vary directly according to whether the disability is, (A) caused or aggravated by service in the present war, (B) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

Yes

(ii.) Climate;

✓

(iii.) Ordinary military service;

✓

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

No

(v.) Whether it is constitutional or hereditary.

No

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

G.S.W.

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

✓

23. Is the disability permanent?

Yes

24. If not permanent, how soon do the Board recommend re-examination?

✓

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

100%

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

vide 16

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

Yes

(b) ~~Change to England?~~

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

No

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 114 of 1917, is any surgical appliance recommended?

No

30. Does the man require the constant attendance of another person?

No

Signatures:—

3rd London General Hospital,
Station WANDSWORTH, S.W.

W.R. Wynter Major

President.

R.P. Howard C.S.

Members.

Date 30. X. 17

Approved

3rd London General Hospital,
Station WANDSWORTH, S.W.

Administrative Medical Officer.

Date

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

MEDICAL HISTORY

Surname Rae OF Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY	
Examined	on	9. day of May. 1916	on	day of 191
	at	St John's N.F.D.	at	
Declared Age		19 years 7 mo days		years days
Trade or Occupation		Fisherman		
Height		5 feet 7 inches		feet inches
Weight		143 1/2 lbs.		lbs. inches
Chest Measurement	{	Girth when fully expanded...	38	inches
		Range of expansion...	4	inches
Physical Development				

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O.C. H.Q.
ST. JOHN'S, N.F.L.D.
N.F.S. No. 1177/135
6-NOV-1917

Vaccination Marks	Right		Left	
	Arm	Number	Arm	Number
When Vaccinated				
Vision	R.E.—V=	6/6	L.E.—V=	6

(a) Marks indicating congenital peculiarities or previous disease		
(b) Slight defects but not sufficient to Cause Rejection		

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

Enlisted) at St John's on 9 day of May 1916 at _____ day of _____ 1911

Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st Regt	2727		
Transferred to ..	Newfoundland			

Became non-effective by _____ on _____ day of _____ 1911 on _____ day of _____ 1911

(Signature) _____ (Rank) _____

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	25	4	17				G Sw. comp. fract. L. Femur.		<p>Board held - cu overleaf</p> <p>Disability - G Sw. comp. fract. L. Femur.</p> <p>Has a stiff knee, long ankylosis.</p> <p>Cause - G Sw. on Active Service.</p> <p>Total - Inability to earn a livelihood 100%</p>	<p>g c Hall Capt RMB 3rd London General Hospital WANDSWORTH, S.W.</p>

Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 892 (xvi.) King's Regulations.

(To be completed and dispatched on the day on which the discharge is approved.)



To the Officer i/c Records 58 Victoria St

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date ²¹ days after the date on this notification, see A.C.I. 1623 of 1916.)

Soldier's surname Ralphs, Christian names Aaron
(in full)

Regt. No. and Rank 2727 Pte Regt. or Corps 1. Newfoundland
(If T.F. this should be stated.)

His address on discharge will be Flat Island,
Bonaville Bay, Nfld.

This information is for the Central Army Pension Issue Office only. The Soldier states that* _____ allowance is being issued in respect of him.
* Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A, and Army Form B. 179 for the above-named Soldier are forwarded herewith.

Station 1st General Hospital, SWORTH, S.W.
Date 30/10/17.

W. Wynter Major
President of Board
(Approving Officer).

A set of three forms will be made out for each Soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.

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 Commissioners of Chelsea Hospital.

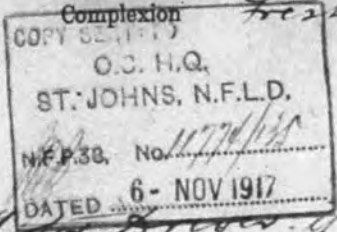
Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and the soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted, in red ink.



A Name in full Ralph Aaron
Regiment from which discharged 1st Newfoundland
Regimental Number 2727
Where born (Parish, Town and County), and when Flat Island, Bonarates Bay
Intended address Flat Island, Bonarates Bay, Nfld.
Height on discharge 5 Feet 7 Inches
Colour of Hair on discharge Brown **Colour of Eyes** Blue
Descriptive marks L. Fumer scar **Complexion** Fresh
Figure on discharge Sturdy
Christian name of Father Charles
Christian name of Mother Mary
Wife's Maiden name in full _____
Date and Place of Marriage _____
Christian names of Children _____
Nature and locality of civil employment desired Return to Bro. of Able.



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) Aaron Palsh (Rank) PT
 Station Wandsworth Date 26/10/17

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 3rd London General Hospital, WANDSWORTH, S.W. V. J. Grouk Medical Officer i/c
 Date 26-10-17 3rd London General Hospital.

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations		Years	Days
				India	S. Africa		
Disallowed							
Service towards Pension							
Date inclusive to which pay has been issued	Sum due on account of advance of pension }						
Sums due on account of public debts ...	}						

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge _____
 Date _____ Records.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 2424Rank PrivateName (surname first) Ralph AaronRegiment 1st Newfoundland

1. State what special qualifications you have for employment in civil life.

Motor Engineer

COPY SENT TO	
O.C. H.Q.	
ST. JOHNS, N.F.L.D.	
N.F.P.38. No.	<u>11770/431</u>
DATED <u>6- NOV 1917</u>	

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Mr Charles Ralph - Motor Engineer
2 years*

3. What is the nature and locality of the employment you desire.

4. What is the name of your Approved Society? None

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date Oct 26th 1917Signature Aaron Ralph

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge or reclassification in a category from which men are being transferred to Class F. or P.(T.) of the Reserve probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 3 (H), item 3, of Army Council Instruction No. 1912, of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

Department of Militia, Newfoundland.
 Medical Department.

Medical Report on an Invalid.

NOTES:—

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

Statement of Case

Station

Rainy Falls

Date

Nov. 20/17

1. Unit *1st. Newfoundland*

5. Age last birthday, *21*

2. Regimental No. *2777*

6. Enlisted on *Apr. 1916.*

3. Rank. *Pvt.*

at *Rainy Falls*

4. Name. *Ralph Aaron*

7. Former trade or occupation *Motion Engineer*

8. Disability .

Gen. left thigh with fracture of femur.

9. History

was wounded at France April 14, 1917

10. What is his present condition?

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

Large wide scar running down from about 3 in. below groin front side of knee. Muscle has been removed from this area - there is an exposed. The lower end of the scar is covered by a scab.

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Yes.

Signature

J. W. Borden

Rank or Qualification

Remarks if any by Officer in Hospital.

Place

Signature

Date

Rank

Opinion of the Medical Board.

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

13. For pension purposes, the disability x may be considered as aggravated by:
due to

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

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

Yes. Some moisture now coming out from under the scab

15. At present his capacity for earning a full livelihood 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:—

At least while in Hoop

16. Is the disability permanent? *Yes*

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

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

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to
General Hospital,
Naval and Military Convalescent Hospital,
Lancaster Tuberculosis Camp.

20. We recommend discharge from the Army *permanently unfit*
after his discharge from Conval Hoop.

Remarks if any:—

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

Place *Sophias*
Date *Nov 21 1917*

APPROVED

Station
Date

Clay Macpherson, Major
Administrative Medical Officer.



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 *Ralph Aaron*

Regiment from which discharged *1st. Newfoundland*

Regimental number *2929*

Intended address *Flat Island B.B.*

Height on discharge *5* Feet *8 1/2* in

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eye *Blue*

Descriptive Marks *none*

Figure on discharge *medium*

Christian name of Father *@ Charles*

Christian name of Mother *Mary*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth. *Flat Island B.B. Sept 20 1896*

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)

Station *Sydney* *Aaron Palak* *Re. (Rank)*
Date *Nov 21/17*

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.

Geo. Barden
Medical Officer i/c Hospital,
Unit, or Command Depot.

Station *St John's* Date *Nov. 20/17*

From, O. C.,

3rd. London General Hospital.

To, The O. C.,

Records, *Nfld.* 58. Victoria St. S.W.



In accordance with instructions contained in A. C. I. No. 2069 of 1916, I beg to report that:-

No. 2727. *Pte Ralph. A. 1st Nfld.*

will shortly be brought before a Medical Board and will probably be discharged from the Army or re-classified.

Duplicate documents will not be required, please.

H. Jagan

Capt. R.A.M.C.T.

Registrar, R.A.M.C.T.

3rd London General Hospital,
WANDSWORTH, S.W.

25 OCT 1917

C.R. 2727

Extract from Nominal Roll of Mfld. Regt. Draft No. 11
from 2nd B M. Depot, to 1st Bn. B.E.F. Embarked South-
ampton. 5-10-16.

2727 Pte A. Ralph.

CR. 2727

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt..St. John's, dated August 19th, 1918.

2727 Pte. Aaron Ralph.

Having been found medically unfit are discharged from 17/8/18.

C.R! 727

Extract from Daily Orders Part II Unit The Royal Field.
Regt., Nov. 19th, 1917.

2727 Pte. A. Ralph.

Returned from Overseas and attached to Headquarters with
effect from Nov. 17th, 1917.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated

12th May, 1917.

To

Mr. Chas. Ralph,

Flat Islands, B.B.

Regret to inform you Record Office London now reports
No. 2727, Private Aaron Ralph, at Wandsworth seriously
Ill.

J. R. BENNETT,

Colonial Secretary.

C.R. 2727

Extract of Cablegram received from Pay & Record Office,
London dated May 11, 1917.

#2727 Ralph,

seriously ill, at Wandsworth.

C.P. 2727

Extract of Casualties received from Pay & Record
Office London, dated May 11, 1917.

The Officer Commanding the 3rd London General Hospital
Wandsworth, S.W. reports by telegram as follows:

Regret report #2727 Pte. A. Ralph.

Seriously Ill.

Commanding 3rd London General Hospital,
Wandsworth, S.W. 10/5/17.

C.R. 2727

Extract from Casualties received from Pay & Record Office,
London, dated April 30th, 1917.

#2727 Pte. A. Ralph.

Wounded April 14th, 1917.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender Frederick M. Sturley Address _____

Line Number	Red	By	Sent	by	Check

Dated April 27, 1917.

To Mr. Charles Ralph,
Flat Islands, B.B.

Record Office, London, today reports
No. 2727, Private Aaron Ralph, has been admitted
to Wandsworth.

J.R. BENNETT
Colonial Secretary

C.R. 2727

Extract from Casualties received from War & Record
Office, London, dated April 27, 1917.

#2727 Pte. A. Ralph.

GSW. Left Femur.

Admitted 3rd London Gen. Hosp. Wandsworth 25-4-17

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Handwritten signature: Fred M. Murray

Signature of Sender _____

Address _____

Line Number	Recd	By	Sent	by	Check

Dated April 26, 1917.

To Mr. Charles Ralph,

Flat Islands, B.B.

Regret to inform you that Record Office, London, officially reports No. 2727, Private Aaron Ralph, was admitted Thirteenth General Hospital, Boulogne, April twentyone, suffering from severe gunshot wound left thigh.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

C.R. 2727

Extra t from War Office List No.H.A. 8742.

NFLD. CONTINGENT.

#2727 Pte. A. Ralph.

Gunshot wound Left Thigh severe.

Admitted 13th Gen.Hosp.Boulogne 21st April 1917.

Form 3

Newfoundland Postal Telegraphs

Office Stamp and Date

Prefix

SERVICE MESSAGE

Time received

by

Time sent

by

From

To

Postal Manager Casualty Clerk
 yours 26th Chas Ralph
 of Halifax signed
 Col Sec no chance of
 delivery till Tuesday by
 mail

APR 26 1914

C.R. 2727

Extract of Nominal Roll Draft (All Ranks) to 1st Bn.,
B.E.F. Embarked Southampton.

2727 Pte. R. Ralph.

3
3-10-16.

CR 2727

Extract from National Hall subscribed St. John's for Overland,
per N.S. "Mission" July, 19, 1916.

2727 Pts. Ralph A.

C.R. 2727

Aaren Ralph was attested for General service
with the NEWFOUNDLAND REGIMENT on May 9th. 1916
Resimental No 2727 was allotted to Pte. Aaren Ralph.

AUTHORITY: was allotted to 170

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Form No. 10

52727



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. Sent by Received by Check No.

Place from
St. John's

DEC 15 1917

Capt. O'Grady
1st nfld Regt.

Pass dated dec 17th could
I have extension to
Jan 1st please.

2727 Pte A. Ralph

Approved
N-12-17

If a General Mobilization is ordered every soldier on pass must return immediately to his unit without waiting for instructions.

No. _____
Regiment 1st Regt.

Army Form B. 295.

PASS.

No. 2727 (Rank) Plt (Name) A. Raeph

has permission to be absent from his quarters, from

25-11-17

to 27-12-17

for the purpose of proceeding to

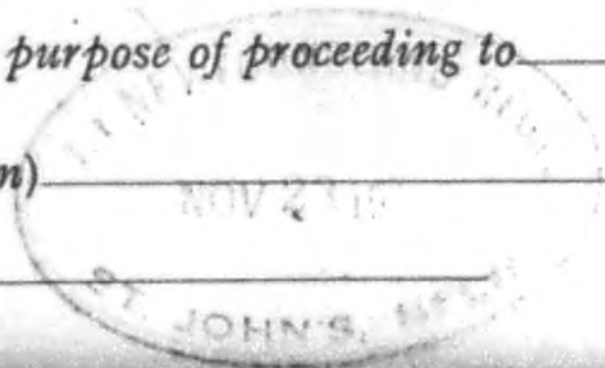
2nd Lat Island B. Pay.

(Station) _____

W. H. Kelley Jr.

Commanding.

(Date) _____



NEWFOUNDLAND POSTAL TELEGRAPHS

No. _____

OFFICIAL STAMP AND DATE

Line No. 3

Place from _____

No. of Words _____

18X15

Messages can be attended to at the production of this paper

Flat Islands

China Saluase copy 9/10/11

leave extended to January first.

Scient. Duley
ad just

Boe -
Seamans
Institute }

January 7th.

5

From Adjutant,
Depot.
To Director of Medical Services,
Dept. of Militia.

2727 Pte. A. Ralph.

Above mentioned man was recommended for admission to Naval and Military Convalescent Hospital by Medical Board held on Nov. 21st. 1917. He has since been on home leave and has now reported at Depot for instructions. I am sending him herewith for your attention and necessary action, please.

ST JOHN'S, NEWFOUNDLAND,

August 19th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part II.

I have etc.

(sgnd) J.M.HOWLEY,

Capt. etc.

2727	Pte.	Ralph, Aaron	17-8-18	Med unfit
2769	"	Walsh, Enos	Do.	Do.
1837	"	LeDrew, Bertram	Do.	Do.
1288	"	Ryan, Richard	Do.	Do.
3019	"	Quinton, Jos.	Do.	Do.
3400	"	Pittman, Arthur	Do.	Do.
2802	"	Wiseman, Geo.	Do.	Do.

St John's, Newfoundland,

August 5th, 1918.

From D.M.S.

To C.C.Depot

8188 Pte. Pike, A.E.
2727 " Ralph, A.
8284 " Wight, G.
3400 " Pittman, A.
2802 " Wiseman, G.

The marginally noted men have been recommended for discharge from the Naval & Military Convalescent Hospital and have been ordered to report to you today for further orders.

(sgnd) CLUNY MACPHERSON

Major, D.M.S.,

Per A.M.B.

ST JOHN'S, NEWFOUNDLAND,

August 19th, 1918

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters

SIR:

The undermentioned men have been discharged
on the dates given. Kindly note and post in Daily
Orders Part II.

I have etc.

(sgnd) J.M.HOWLEY,

Capt. etc.

2727	Pte. Ralph, Aaron	17-8-18	Med unfit
2769	" Walsh, Enos	Do.	Do.
1837	" LeDrew, Bertram	Do.	Do.
1288	" Ryan, Richard	Do.	Do.
3019	" Quinten, Jos.	Do.	Do.
3400	" Pittman, Arthur	Do.	Do.
2802	" Wiseman, Geo.	Do.	Do.

August 5th, 1918

From Officer Commanding,
Depot

To Paymaster and Officer i/c Records,
Militia Department

5188 Pte. Pike, A.E.
2727 " Ralph, A.
8284 " Wight, G.
3400 " Pittman, A.
2808 " Wiseman, G.

The marginally noted men have been recommended for discharge from the Naval & Military Convalescent Hospital and discharge from the Army as permanently unfit by Medical Board held on Saturday, August 3rd.

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

COPY.

M-5.

From:- D.M.S.

February 4th. 1918.

To:- O.C. Depot.

838 Pte. G.B. Snow.

8319 Pte. B. Saunders.

2727 Pte. A. Ralph.

The marginally noted men were admitted to the Naval
and Military Convalescent Hospital February 4th. 1918.

Signed, Cluny MacPherson,

Major, D.M.S.

Copy.

From:- The D.M.S.

January 7th. 1918.

To:- Adjutant, Depot.

2727 Pte. A. Ralph.

The marginally noted man will be notified when there is a vacancy at the Naval & Military Convalescent Hospital at the address given by him, King George the Fifth Institute.

Signed Cluny MacPherson.

Major, D. M. S.

WILL.

647

Name

Aaron Ralph

Regtl. No.

2727

Rank

*9/8*1st
Regiment

NEWFOUNDLAND REGIMENT.

Date of:—

1/10/16.

Receipt

Transfer

Final disposal and
to whom sent

No.

Regtl. No.

Rank 2727 1

Name He

Regiment

Date from 2-11-1917

to 10.amp. 5-11-1917

To proceed to London

I/c Hospital

Station

Date 2-11-17

Address whilst on furlough to which any orders will be sent.

61 Battersea Rise
Celestine St

No. 2727 Rank Plt Name Ralph A.

Pay	F.A. WGR	Total
100	10	110
Less: Allotment		60
Net Rate		50

N.P.P/35.

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d						
						From	To			\$	¢					
Approved pay 5-10-16					Balance		8/6/17					17	8	9	✓	
Balance			4	6	Pay @ Net Rate		8/6/17	147	50	73	50	15	2	1	✓	
Acquittance Rolls					Ration allow 40hrs		2/11/17	4	2					8	0	✓
Hospital Advances		5	0	6	0 2/											
A.B. 34 (4/17)			10	9												
P. & R.O. Payments		4	0	0												
<u>NWCA</u>		1	10	0												
<u>Cheque</u> ¹⁰⁻¹⁵⁻⁰ No. 6974	2-11/17	15	0	0	<u>£22-3-10</u>											
<u>Receipt</u> No. 4337	5-11/17	7	0	0												

32-18-10

RMA

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.

1st Infld (Regiment).

No. 2727, Rank Pte, Name Ralph A.,

is discharged from Hospital with orders to proceed to Home

Address 58 Victoria St.

S.W.

and there await further instructions as to his discharge from the Service.

Officer Commanding,

Place Wandsworth

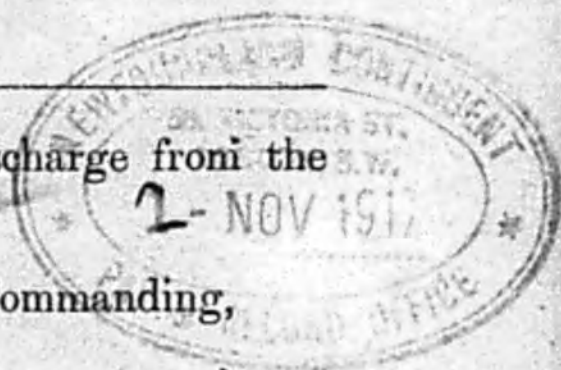
H. Jagan

Capt. R.A.M.C. Hospital

Date 2/11/17

Registrar, R.A.M.C.T.

**3rd London General Hospital,
WANDSWORTH, S. W.**



Brooklime Military Hospital
Waybridge Sway

This is to certify that
No 2727 Pte Aaron Ralph
may draw money from
allowance due to him at
Newfoundland Pay and
Record office
C. J. Sparks. amount 4 £

OK
M. M. O.
F. H. 9. 8.17

8119/28

OK
/

NEWFOUNDLAND REGIMENT PAY & RECORD OFFICE	
Ref. No.	4337
Rec'd.	9/8/17
Ack'd.	
Ans'd.	15/8/17 (8119/28)
File No.	

~~8119/28~~

30

10th August, 7

Brooklands Milit.

Weybridge, Surrey.

2727

Private

Aaron Ralph

4 : 0 : 0

A handwritten signature in dark ink, appearing to be 'A. Ralph', written in a cursive style with a long horizontal stroke extending to the right.

26/9/17

Dear Sir

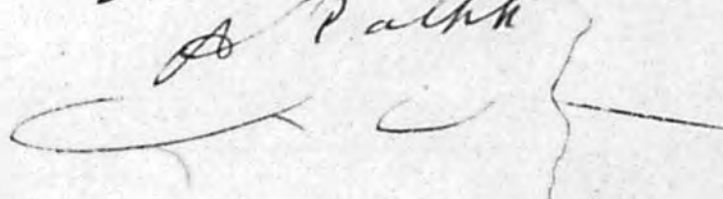
Brookland Mtg

Wentbridge

Sunny

Will you kindly oblige
 2777 P.T. A Palph by sending
 me the amount of money
 due me from pay office as
 I would like to know ^{very} much
 I hope you have no object
 against me asking you

I remain
 yours truly
 A Palph



POST OFFICE	RECEIVED
DATE	5522
RECEIVED	SEP 27 1917
AMOUNT	29-9-17 (10018/1)
FILE NO.	



Sept 6th 7

Secretary
N. W. C. A.

9140

2727 Ph. A. Ralph

The enclosed letter from Ph. A. Ralph
5/27/17 (24999) is forwarded to you
for your usual kind
attention. Please

J. W. Marshall
Jr.

10018/1

29th Sept., 7

2727, Pte. A. Ralph,

1st Newfoundland Regt.,

Brooklands Mil. Hosp., Weybridge, Surrey.

26 9 17

6739

Islet Island
BB
L

4/10/19

To
Paymaster of Department
of Melita

Dear Sir

I wish to inform you that I A. Ralph Reg. No 2727 have not received my full amount of my gratuity money I served in His Majesty's Service 2 years $\frac{201}{365}$ days I have received three payments commencing my first pay which I received of March 29th 1919 next was April 29th 1919 and the next was May 29 which was the total of three I am entitled to four months which means another

months pay due yet,
Why I've not received
my full pay was it through
some small error I was
over looked or was it through
neglect. Please forward
the remainder of my
gratuity money
without further trouble

I remain

your truly
2721 A Ralph



6739

October 20, 1919

A. Ralph,
Flat Island, B.B.

Dear Sir:

With reference to your letter of
4/10/'19, you are entitled to \$350.00, which is
computed as follows:

Bonus		13.70
Over Cr. Ration allc.		130
Jan. 20.	To pay	86.10
Mar. 29		70.00
Apr. 29		70.00
May 29		70.00
June 29		39.90
		<u>\$350.00</u>

Yours truly,

Lieut.
For Paymaster

Statement of Accounts

No. 2727 Rank Pte Name Ralph A.
 Company, etc. Repatriated per SS. (Class A)
 From 9-6-17 to 6-11-17 (dates).

DEBITS				CREDITS			
Date				Date			
	Period 9/6/17 to 6/11/17				Balance from period ending 8/6/17	17	8 9 ✓
	<u>Allowment</u> 151 days @ 60¢ per day = \$90.60	18	12 4 ✓		Period 9/6/17 to 6/11/17		
	Hospital advances	5	4 0 ✓		151 days @ \$1.00 per day = \$151.00	31	0 6 1/2 ✓
	Per R.O. Payments	26	0 0 ✓		<u>Field Allow</u> 151 days @ 10¢ per day = \$15.10	3	2 0 1/2 ✓
5/10/16	Deprived 1 day pay		4 6 ✓		<u>Ration Allow</u> 2/11/17 6/11/17 5 days @ 2/-		10 0 ✓
	Blanketing for m.w.c.a.	1	10 0 ✓				
Creditor Balance				Debtor Balance			
Total £ 52 1 4 ✓				Total £ 52 1 4			

This account is, in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

CHECKED.
[Signature]



Station
Date

Certified correct, NEWFOUNDLAND CONTINGENT.

[Signature]
Paymaster,
CHIEF PAYMASTER & OFFICER I/C RECORDS

Statement of Accounts

No. 2727 Rank Pte Name Ralph A
 Company, etc Repatriated for SS (Class B)
 From 9-6-17 to 6-11-17

Date	DEBITS	CREDITS
Period 9/6/17 to 9/11/17		Balance from previous ending 5/4/17 17 3 9 ✓
<u>allotment</u> 151 days @ 60¢ per day = \$90-60	13 12 4 ✓	Period 9/6/17 to 6/11/17 <u>Pay</u> 151 days @ \$100 per day = \$151-00 31 0 6 1/2 ✓
Hospital advances	5 4 0 ✓	<u>Field allow</u> 151 days @ 10¢ per day = \$15-10 3 2 0 1/2 ✓
P. R. O Payments	26 0 0 ✓	<u>Position allow 9/11/17</u> 5 days @ 2- 10 0 ✓
5/10/16 Deprived 14 days pay	4 6 ✓	
Blanketing for m.c.a.	1 10 0 ✓	

This account is, in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

CHECKED.


Creditor Balance 10 6 ✓ Debtor Balance
 Total £ 52 1 4 ✓ Total £ 52 1 4 ✓



Certified correct
 NEWFOUNDLAND CONTINGENT

 CHIEF PAYMASTER & OFFICER IN CHARGE

Station _____
 Date _____

Statement of Accounts
or

No. 2727 Rank Pte Name Ralph A. [unclear]
 Company, etc. Repatriated per SS.
 From 9/6/17 to 6/11/17 (dates)

DUPLICATE
 MAIL COPY
 Posted

Date	DEBITS	Date	CREDITS
Period 9/6/17 to 6/11/17		Balance forward only 8/6/17	17 8 95
<u>allotment</u>		Period 9/6/17 to 6/11/17	
151 days @ 60¢ per day = \$90.60	13 12 4	<u>Pay</u>	
Hospital advances	5 4 0	151 days @ \$1.00 per day = \$151.00	31 0 65
P & R O. Payments	26 0 0	<u>Field Allow</u>	
5/12/16 Deprived 1 day pay	4 6	151 days @ 10¢ = \$15.10	3 2 05
Clothing for m.w.c.a.	1 10 0	<u>Ration Allow 9/11/17</u>	
		6/11/17 5 days @ 2¢ =	10 0

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

CHECKED

Creditor Balance

10 65

Debtor Balance

Total £ 52 1 4

Total £ 52 1 4

Certified correct, NEWFOUNDLAND CONTINGENT

Station

Date



CHIEF PAYMASTER & [unclear]

DUPLICATE
MAIL COPY
Posted 13 NOV 1917

Statement of Accounts OF

No. 2727 Rank Pte Name Ralph A. [unclear]
Company, etc. Repatriated per S.S. (Class A)
From 9/6/17 to 6/11/17 (dates).

DEBITS				CREDITS			
Date				Date			
Period 9/6/17 to 6/11/17				Balance from period ending 8/6/17 17 8 9 ✓			
<u>allotment</u>				Period 9/6/17 to 6/11/17			
	151 days @ 60¢ per day = \$90.60	18	12 4 ✓	<u>Pay</u>			
	Hospital advances	5	4 0 ✓	151 days @ \$100 per day = \$151.00	31	0	6 1/2 ✓
	P & R.O. Payments	26	0 0 ✓	<u>field allowance</u>			
	5/18/16 Deprived 1 day pay		4 6 ✓	151 days @ 10¢ = \$15.10	3	2	0 1/2 ✓
	Clothing per m.w.c.a.	1	10 0 ✓	<u>Ration allowance 2/11/17</u>			
				6/11/17 5 days @ 2¢ =		10	0 ✓
Creditor Balance				Debtor Balance			
Total £ 52 1 4 ✓				Total £ 52 1 4 ✓			

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

CHECKED.
[Signature]

Creditor Balance

Debtor Balance

Total £ 52 1 4 ✓

Total £ 52 1 4 ✓

Certified correct, **NEWFOUNDLAND CONTINGENT.**

Station
Date



[Signature]
CHIEF PAYMASTER & PAYMENT RECORDS

March 28th, 1919

To: Capt. Howley,

From: V. O.

Aaron Ralph, No 2727

This is to certify that the man named in
the margin discontinued our Re-training
course this day

V. O.

W. B. Bechall.
Vocational Officer

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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

Changes occurring in the description subsequent to the date of admission to pension should be noted in the following manner:



A Name in full *Ralph Aaron Woodworth*
Regiment from which discharged *1st Buffs*
Regimental Number *2727*
Where born (Parish, Town and County), and when *Walden, Essex, 18th April*
Intended address *do.*

Height on discharge *5* Feet *7* Inches
Colour of Hair on discharge *Brown* **Colour of Eyes** *Blue*
Descriptive marks *2 Promus Scar* **Complexion** *Fair*
Figure on discharge *Sturdy*
Christian name of Father *Charles*
Christian name of Mother *Mary*
Wife's Maiden name in full *—*
Date and Place of Marriage *—*
Christian names of Children *—*
Nature and locality of civil employment desired *Motor Driver if able.*

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) *Ralph Aaron Woodworth*

(Rank) *Ser*

Station *Walden* Date *26.10.17*

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.

J. L. E. H. *R. V. Strick* Medical Officer i/c
3rd London General Hospital.

Station *Walden* Date *26.10.17*

B Period of Service and in what Corps ...	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
					India	
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of pension }					
Sums due on account of public debts ...	}					

Rank on Discharge
Character (as on Certificate of discharge)
Where born, and on what date
Date and Place of first Enlistment
Trade on Enlistment
Cause of Discharge
Number of G.C. Badges
Wounds, and Actions in which received

Medals

Other distinguishing marks

I certify that the above details of service and other particulars are, to the best of my knowledge, correct.

Station _____ Officer in Charge
Date _____ Records.

N.F.P./54

No.416

From Pay & Record Office, London

To Minister of Militia, St. John's, Nfld.

#2727 Pte. A. Ralph

Overcredited Ration Allowance as per Claim 171.1/3.

COPY.

(1374.) Wt. 6889/8361. 500m. 9/16. P.P.Ltd.

Army Form W. 3494.

Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service



No. 2727

Rank Private

Name (surname first) Ralph Aaron

Regiment 1 Newfoundlands

1. State what special qualifications you have for employment in civil life.

Motor Engineer

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Mr. Charles Ralph. Motor Engineer
2 years

3. What is the nature and locality of the employment you desire?

4. What is the name of your Approved Society? None

5. Have you been employed whilst with the Colours? If so, in what capacity?

No

Date 26.10.17

Signature Ralph Aaron

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes, If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name. *Aaron*.... 2. Surname... *Ralph*.....

3. Rank. *Private*..... 4. Regtl. No. *2727*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *6 Adelaide Street*

..... *St. John's Nfld.*

6. Date of enlistment in the Regiment... *May 10th 1916*.....

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... *not applicable*.....

9. Address in full of such dependent... *not applicable*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *not*.....

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *France*.....

..... *Oct. 1. 1916 to April 26. 1917*.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *2 years 5 1/2 mos*.....

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.....

Yes
one hundred Dollars I to Sgt
Paid by Milita Dept

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

Yes

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

No

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

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.? *No* If not give:- (a) Date of discharge..... *Aug 17/18* ..(b) Reason for discharge.....

Med. Unfit .. *wounds received in action*

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
from Oct 1/16 to April 26/17

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..... *Yes* .. *Full Pay*

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: *Aaron Ralph*
 Place of Residence: *6 Adelaide Street*
 Declared before me at: *S. John's, Nfld.*
 This *27* day of *Feb* 19...*19*

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

William Grimes P.P.

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
<i>20.1.19</i>	<i>100.10</i>		<i>5.40</i>		<i>350.00</i>
			<i>Len P.D.P.</i>		<i>100.10</i>
					<i>249.90</i>
Certified Correct.					Paymaster.

RECEIVED

Flat Island B B Sep 19 1916

R. J. McSwath

Dear Sir Mrs Mary Ralph is my
sister and Aaron Ralph his her son and she have
received the amount \$18 60 ct I do not understand rightly
how two fill out the returns certificate please instruct me
how two fill it out as there is no Clergeman or magstrate
with in seven miles of us yours truly

William Samson Jr

14/10/19

6988

Flat Island

B/B

To Paymaster
Militia Department

Dear Sir

I wish
to inform you that I
2727 A. Ralph have
not received my full
amount of gratuity
money. I served in
The 11th Rgt 2 years $\frac{201}{361}$
I am entitled to 4 months
at \$70 pr month and I have
only received three
months pay the last
pay I have received
was May 29/19 and I
have notified you about
the same before please
see this thing straight

as quickly as possible
& save further trouble

yours truly
A Ralph

Bonus dat of discharge	1370
overd. Ralton 1/2	30
Jan 20 D Pay	8610
May 29 to pay	7000
Apr 29	7500
May 29	7500
June 29	3990

35000

27/10/19

Flat. Island
18/19

Paymaster Militia
Department

Dear Sir

In referen^{ce}
ce to your letter of Oct 20th
in which to state that I
have received all my
money current up to
May 29 I received my last
pay. June I have not
yet received any money
for that ^{month} if its pay out
of Militia office I have
not yet received it as
yet kindly see through
error and forward my
balance

2727
yours truly
A. Ralph

Phone 403

Accounts Rendered Quarterly

The Best and
Most Modern
System of
Cutting Adopted.

Good Fit
and Satisfaction
Guaranteed

281-283 Duckworth Street

St. John's, Newfoundland,

1918

Apr 18
John A. Ralph

To **John Maunder,** TAILOR AND CLOTHIER
No 2727

John A. Ralph
Apr 18
John Maunder
2727
St. John's
1918
Original covered A Ralph



DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10.⁰⁰

June 29th 1918

Received from the First Newfoundland Regiment
the sum of Ten 00 Dollars.
on account of Pay. *Z.P.B.*
balance of Pay. *A.P. Loh*

Ch. No. <i>8188</i>	Initials: <i>ew</i>
Pay Ledger <i>HP</i>	Initials: <i>gpxo</i>
Gen. Ledger <i>KP</i>	Initials: <i>JK</i>

Regtl. No. Rank

No.

2727

Rank

Pte

Name

A. Ralph

C. Stone

1917-1918

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15.00

July 30 th / 19 18.

Received from the First Newfoundland Regiment
the sum of ten Dollars.
balance on account of Pay.

A Ralph

Ch. No.	8569	Initials	JH
Pay Ledger		Initials	
Gen. Ledger		Initials	

Regtl. No. Rank

No. 2727

Rank *P-*

Name *Ralph A*

N. & M. A.

1918-1919.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 47⁹⁰

Aug. 16th 1918

Received from the First Newfoundland Regiment
the sum of Forty Seven ⁹⁰ Dollars.
~~on account~~
balance of Pay.

A. Ralph

Ch. No. 1307	Initials EW
Pay Ledger 55'	Initials WM
Gen. Ledger	Initials J

Regtl. No. Rank

No. 2727 Rank Pl.

Name Ralph A.

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 10⁰⁰

Aug 31 19 18

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

A. P. R. H.

Ch. No. <u>803</u>	Initials <u>EW</u>
Pay Ledger <u>55</u>	Initials <u>WM</u>
Gen. Ledger	Initials

Regtl. No. Rank

9

No. 2727.

Rank PL

Name

Ralph A.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10.00

May 31st 1918

Received from the First Newfoundland Regiment
the sum of Ten Dollars.
on account of Pay.
balance

A Ralph

C. J. B. A.

Rank.....

Ch. No. <u>771</u>	Initials <u>ew</u>
Pay Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>
Gen. Ledger <u>[Signature]</u>	Initials <u>[Signature]</u>

No. 2727

Rank Pte

Name A. Ralph

Citome

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10

April 30th 1918

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

A. Ralph

Ch. No. 6104	Initials. [Signature]
Pay Ledger [Signature]	Initials. [Signature]
Gen. Ledger [Signature]	Initials. [Signature]

Regtl. No. Rank

C.P.A.

No. 2727 Rank Pvt.

Name A. P. Ralph

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$15.⁰⁰/₁₀₀

Nov. 19th 1917

Received from the First Newfoundland Regiment
the sum of Fifteen ⁰⁰/₁₀₀ Dollars.
on account of Pay. Pte A. P. Akh
~~balance~~

Ch. No. <i>BL 8</i>	Initials. <i>ew</i>
Pay Ledger <i>44</i>	Initials. <i>[Signature]</i>
Gen. Ledger <i>[Signature]</i>	Initials. <i>[Signature]</i>

Regtl. No. 2727

Rank *Pte*

No. 2727 Rank Pte.

Name A. Ralph

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$10.⁰⁰/₁₀₀

Mar 29th 1918

Received from the First Newfoundland Regiment
the sum of Ten Dollars.
on account of Pay.
balance

Cheque mailed Apr 1/18

Ch. No. <u>5280</u>	Initials <u>JN</u>
Pay Ledger <u>44</u>	Initials <u>Edal</u>
Gen. Ledger <u>BJ</u>	Initials <u>JN</u>

Regtl. No. 2218 Rank 2218

No. 2727

Rank Pte

Name A. Ralph

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 86 $\frac{10}{100}$

July 20 1919

Received from the First Newfoundland Regiment
the sum of Eighty Six 00 Dollars.
~~on account~~ of Pay. P.D. 00
balance

A Ralph

Ch. No. 8633	Initials. EW
Pay Ledger. 301	Initials. awl
Gen. Ledger.....	Initials.....

Regtl. No..... Rank

Frederick Jones

No. 2727

Rank

PL

Name

Raeff. a

Notification that a Soldier has been sent Home from Hospital to await Discharge under para. 392 (xvi.) King's Regulations. Admitted. 25.4.17.

Soldier's
Regtl. No. 2727 Rank Pte. Name Ralph G.
(Surname first)

Corps or Regiment (also Unit if known) 1st 9th



To OFFICER in charge of RECORDS 58, Victoria St. S.W.

REGIMENTAL PAYMASTER 58, Victoria St. S.W.

The above-named man, who appeared before a Medical Board, and whose discharge as "no longer physically fit for war service," was approved by the President of the Board on the 30.10.17, has been sent to ^{the address below.} ~~his home~~ on warrant to await instructions as to his final discharge; he has been given £1 (one pound) advance and a suit of plain clothes.

He proceeded on (date) November 2nd 1917

to (full address) 58, Victoria St. S.W.

Place Wandsworth. Officer Comm.

Date 9.11.17. Hospital.

Three copies to be made; one copy sent to each Officer mentioned above, and one copy filed in the Office Registrar, R.A.M.C.I.

Reg. No. 2727 Rank Pl. Name Ralph A.
 Attested _____ Address 20 Walsh's Squar.
 Allotment _____ Allottee _____
 Date of Allotment _____ Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

21-11-17. M.B. Rec. adm to ~~2200~~ 71.4 m. Com ~~Head~~
 after short furlough to home if desired
 25-11-17. Granted leave from 2200 25 to Dec 17th 17. on 200
 21-11-17. Rec. av. after dis. from bow. Hoop.
 Ext. leave to 11/1/18, Ret'd 7/1/18.
 7/1/18 Sent to D.M.S. for action
 4-2-18. Adm. N.I.M. C. H.
 3-2-18 Rec. ~~transfer~~ ^{recharge} in Non-con Hoop. & recharged for
 until 2nd Brd.

DISCHARGED - MEDICALLY UNFIT

AUG 8 17 1918 205146

C.R. 2727


RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Date... 6/12/19...
Place... Hat Island...

Name...

Aaron Ralph


RECEIPT.

C.R. 2727

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British Victory Medal-1914-1919.

NO. 2727 NAME.. A. Ralph

DATE: 17/1/20

PLACE: Setat Island

B B g
[Signature]



Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld Regt.,



Dept of Militia,

St. John's Nfld.

Fold Here

July 5th. 1921. 1919.

The accompanying King's Certificate, on his discharge,

(No. 972), is forwarded herewith toAaron Ralph,in respect of his service as No. 2727 Rank Pvte.Name Aaron Ralph Corps Royal Nfld Regt

Receipt of the same should be acknowledged hereon.

Received

Aug. 28th 1921

Signature

Aaron Ralph

Date

Sept 24th 1921H. G.

Address

St. John's Island Nfld

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt. .

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

ST. JOHN'S
Nfld.
DEC 22 1912

ST. JOHN'S
Nfld.
DEC 22 1912

OCT 21 1921 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Aaron Ralph

in respect of his service as No. 2727 Rank Pte.

Name A. Ralph

Royal Nfld. Regt.

Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Nov 2nd 1921

Signature

Aaron Ralph

Date

Dec 18 1921

Address

Flat Island B. Bay

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4A.
[666] W5017/2124 1000m 6/15ss 93 56

Forms
B. 121.
29.

Regiment of *1st Newfoundland*

Signature of O. C. Company

Number of Sheets *First*
H. Kennedy
Major

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>2727</i>	Age on	<i>19</i> years <i>8</i> months	<i>Wickerman</i>	
Joined _____ Date _____		Place and Date of Enlistment		Religion	
Joined _____ Date _____		Period of { with Colours <i>2</i> 10 ¹ years. with Reserve <i>3</i> 6 ⁵ years.		Place of Birth	
Joined _____ Date _____				<i>St. John's</i> <i>May 9th 1916</i>	<i>C of E</i>
				<i>Flat Island</i> <i>Bonaville Bay</i>	

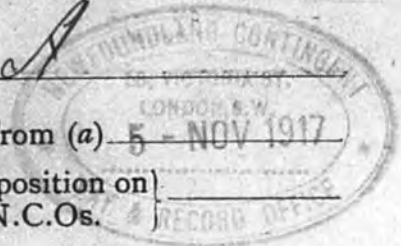
Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order depending with trial	By whom awarded	REMARKS
				<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> COPY SENT TO O.C. H.Q. ST. JOHNS, N.F.L.D. N.E.F.38. NO. <i>11774/1135</i> <i>6</i> - NOV 1917 DATED _____ </div>					
				<i>Medically Unfit</i>	<i>St John's</i>	<i>17</i>	<i>18</i>		
				To be carried over					

Army Form B. 121.

COPY.

Casualty Form Active Service.

Regiment or Corps 1st Field
 Regimental No. 2727 Rank Plt Name Ralph A
 Enlisted (a) 9.5.16 Terms of Service (a) Duration War Service reckons from (a) 5 - NOV 1917
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Southampton		3.10.16	
		Embarked London		4.10.16	
		Joined Battalion		14.10.16	
	Must. 2.A.	Adm. Troop 2nd Transf	Ch. S. Curie	31.10.16	Ed 5913
		With Battalion		23.1.17	
20.4.17	Unit	Wounded in Action	France	14.4.17	B213
28.4.17	872.A.	Adm + Troop G.W.L. High	C.C.S.	16.4.17	Ed 3402
4.5.17	139.H.	as do	Boulogne	21.4.17	NA. 8742
	"Stannis"	sent to England		24.4.17	W 3083
			Sgt Dookhill		Lt for Section
					of No. 1 Coy 1st Section

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

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE **Nov. 16, 1973**

NAME

Service No.

CPC No.

NOM **RALPH, Aaron**

Matricule No **2727 ROY, Nfld REGT.**

CCP No **260334**

WVA No.

AAC No

Information Received from:

Information reçue de: **SPME CPC St. John's, Nfld. Oct. 17, 1973**

Date of Death

Date du Décès **October 7, 1973**

Place

Endroit **not stated**

Distribution: WSR-DASG

VI - ASS

~~XXXXX~~

HO - BC

Pour le chef,


for Chief, Central Registry Division.
Dépôt central des dossiers.