



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3775

Name

Frank Randall, Corps

Capt.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Frank Randall
2. What is your full Address? 2. Port Rington T.P.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years Months
5. What is your Trade or Calling? 5. 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.
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 Yes
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } 11. Yes

I, Frank Randall 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.

Frank Randall SIGNATURE OF RECRUIT.
W. H. Jones Signature of Witness.

July 5-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Randall 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 on this 15th day of May 1917.

Signature of Attesting Officer Charles A. [Signature]

†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 compiled with. I accordingly approve, and appoint him to the rank of
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)

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Frank R. Randall
 Apparent age 18 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Clara "Henry" Randall
Box Renton IA | Relationship Mother

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 for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____ "



3775

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3775 Name Frank Randall Corps Capt.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Frank Randall
2. What is your full Address? 2. Fort Rector T.P.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 7 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.
8. Are you willing to be vaccinated or re-vaccinated? } 8. Yes
9. Are you willing to be enlisted for General Service? } 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? } II. Yes

I, Frank Randall 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.

Frank Randall SIGNATURE OF RECRUIT.
..... Signature of Witness.

4-14-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Frank Randall 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 on this 14th day of May 1917

Signature of Attesting Officer Chas. R. Aye 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 Frank R. Randall
 Apparent age 18 years 7 months. Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Clara "Mary" Randall
Fort Renton Pa. | Relationship Mother

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>4-8-17</u>									Lance Corp. 4-2-19
Joined at <u>St. John's</u> on <u>August 4</u>					<u>12</u>	<u>17</u>			
Discharged <u>July 7 1919</u>									
Embarked at <u>John's St. George's</u> to <u>Halifax N.S.</u> <u>4-2-18</u>					<u>4</u>	<u>17</u>			Embarked for <u>St. John's</u> <u>4-2-18</u> joined <u>15th</u> in the field <u>15-2-18</u>
Admitted <u>29th</u> <u>St. John's</u> <u>4-2-18</u> Invalided to <u>England</u> <u>12-4-18</u>									
Admitted <u>2nd</u> <u>4th</u> <u>Windsor</u> <u>12-4-18</u> Forwarded her papers to <u>Windsor</u> <u>10-5-18</u>									
Embarked for <u>St. J.</u> <u>25-7-18</u> joined <u>15th</u> <u>31-7-18</u> Wounded <u>14-10-18</u>									
Admitted <u>13th</u> <u>St. J.</u> <u>14-10-18</u> Admitted <u>32nd</u> <u>St. J.</u> <u>15-11-18</u>									
Served in <u>5th</u> <u>St. J.</u> <u>14-11-18</u> Regiments sent in the field <u>26-11-18</u>									
Admitted <u>1st</u> <u>St. J.</u> <u>1-4-19</u> Regiments sent <u>Windsor</u> <u>18-4-19</u>									
Served for demobilization <u>22-5-19</u> Arrives to <u>England</u> <u>1-6-19</u>									
Total Service forfeited as above <u>Demobilization</u> <u>St. John's</u> <u>7-7-19</u>									

Total Service towards Engagement to 7-7-1919 (date of discharge) 2 years 55 days
 " " Pensions " " " " " " " " " " " "

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Frank R. Ronnell
 Apparent age 18 years 7 months. Height 5 feet 7 inches.
 Chest Measurement { Girth when fully expanded 35 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Clara "Mum" Ronnell
704 Rexton St. | Relationship Mother

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>4-8-17</u>									Lance Corp. 4-2-19
Joined at <u>St John's</u> on <u>August 4</u>									
Discharged <u>July 7 1919</u>									
Embarked <u>St John's St. Horizel to Halifax N.S.</u> <u>4-7</u>									Embarked for <u>St. J.</u> <u>4-2-18</u> joined <u>Bath</u> on the <u>fields</u> <u>15-2-18</u>
Admitted <u>89 St. Peter's Road</u> <u>22-2-18</u> Invalided to <u>England</u> <u>12-4-18</u>									
Admitted <u>32 St. John's</u> <u>12-4-18</u> Furlough then posted to <u>Wimborer</u> <u>10-5-18</u>									Embarked for <u>St. J.</u> <u>25-7-18</u> joined <u>Bath</u> <u>31-7-18</u> Wounded <u>14-10-18</u>
Admitted <u>13 St. John's</u> <u>14-10-18</u> Admitted <u>32 St. John's</u> <u>15-11-18</u>									
Went to <u>5th Coy</u> <u>14-11-18</u> Regiment sent in the <u>fields</u> <u>26-11-18</u>									Admitted <u>1 St. John's</u> <u>1-4-19</u> Regiment sent <u>Wimborer</u> <u>18-4-19</u> To file for demobilization <u>22-5-19</u> Arrives to <u>Wimborer</u> <u>1-6-19</u>
Admitted <u>1 St. John's</u> <u>1-4-19</u> Regiment sent <u>Wimborer</u> <u>18-4-19</u>									
To file for demobilization <u>22-5-19</u> Arrives to <u>Wimborer</u> <u>1-6-19</u>									
Total Service forfeited as above <u>Demobilization</u> <u>St John's</u> <u>7-7-19</u>									

Total Service towards Engagement to 7-7-1919 [date of discharge] 2 years 55 days
 " " Pensions " [" "] " " "

C.R. 3775-

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, July 10th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY Officer in Charge Records from 7-7-19.

3775 L/C. Frank Randell.

C.R. 3775

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Florissal" Aug. 4, 1917.

3775 Pte. F. Randell.

C.R. 3775

Extract from Daily Orders Part 11 Unit the Royal Nfld.
Regt. Depot, St. John's, June 13th, 1919

The discharge of the undernoted on deombilization has been
APPROVED by O.C. Discharge Depot with effect from 23-6-19.

3775 L/Cpl. Frank Randell

C.R. 3775

Extract from Daily Orders Part 11 Depot, St. John's,

Date 12-6-19

3775 L/Cpl. Frank Randell.

Reported at Headquarters 1-6-19

BE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3775

Extract from War Office List No. H.A. 35745.

Admitted 1st April
City Hospital London ~~31st~~ March 1919.

3775 L/c FRED/ RENDELL.

V.D.S.C.

C.R. 3775-

Extract from Daily Orders part 11, Depot St. John's dated Dec. 23rd. 1918

Theu/m returned from Overseas and reported at Depot 21-12-18.

3775 Pte. G. Cooper.

SICK AND WOUNDED N.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

C.R. 3775

No. TWO. RECORD OFFICE. Y O R K

No. H.A. 32013

DIS TO 5 REST CAMP ST MARTINS BOULOGNE EX 10 CON DEP 14 NOV'18

317 Pte	Harding J.E.	1/6 W.Yorks	Wd. Gassed YX.
64001 "	Pearce W.B.	1 W.Yorks.	Debility
47088 "	Ellwood W.	1/4 Y & Lancs.	PUO T.Fever
242784 "	Lynas A.V.	13 Y & Lancs.	Influ.

DIS TO DUTY EX 12 STY H ST POL 18 NOV'18

14928 Pte Hopkinson J. 10 W Yorks R.att RE ASC HQ. Influenza



No. 1. RECORD OFFICE. H O U N S L O W

No. H.A. 32013

DIS TO 5 REST CAMP ST MARTINS BOULOGNE EX 10 CON DEP 14 NOV'18

703561 Pte	Stone C.	2/23 Londs.	Influenza
78583 "	Kean A.J.	10 Queens	Tr. Feet
60568 "	Marshall J.	1 Middx.	Influenza
701100 "	Viney G.	2/23 Londs.	do.
700751 L/C	Palmer R.P.	2/23 do.	do.
129440 Pte	Cook W.G.	31 MGC x 7 Londs.	Boils
615627 "	Hall W.	7 Londons	Influ.
69655 "	Curd B.	11 QRW Surr.	Diarrhoea.
74328 "	Hitchcock S.G.	2/24 Londs.	Myalgia
209433 "	Ames F.	2/4 QRW Surr.	Influ.
S/19297 "	Walters F.	2/24 Londs.	Influ.
206222 "	Rebbeck R.E	11 QRW Surr.	do.

28/2

N E W F O U N D L A N D EXPEDITIONARY FORCE

No. H.A. 32013

DIS TO 5 REST CAMP ST MARTINS BOULOGNE EX 10 CON DEP 14 NOV'18

3775 Pte Randall F. 1 Newfdlds. SW Thigh

X

C.R. 3775

Extract from War Office List.

#C. 1732 dated 11. 18.

#3775 Pte. F. Rendell.

Wounded 14. 10. 18.

QBC.

C.R. 3775

Extract from Casualties.....List No. H.A. 31403.

3775 Pte. F. Randell.

Adm. 10 Ecault, 31 Oct.18.

S.W. Thigh.

NEWFOUNDLAND POSTAL TELEGRAPHS.

CR. 3775



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 **Dept of Militia.**

Line Number	Rcd	By	Sent	by	Check

Dated **Oct 24th, 1918**

To **Mrs. Clare Randell, Port Rexton, T.B.**

Regret to inform you that Record Office, London,
officially reports **No. 3775, Private Frank Randell**
33rd Stationary Hospital Wimereux Oct 25th suffering from
G.S.W. thigh

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

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 3775

Extract from War List

#H. A. 30393.

#3775 Pte. F. Randell.

THE ABOVEMENTIONED WASTRANSFERRED TO 5 REST
CAMP FIT EX 1 CON. DEP. BOULOGNE 16 OCTOBER 1918.

C.R.

3775
3775

Extract from War Office List No. H.A. 30866.

ADMITTED 32ND STY. H. WILSON 15 OCT. 1918.

#3775 Pte. F. Rendell.

S.W. THIGH.

CR. 3775

Extract from Nominal Roll of 2nd. Battalion to B. E. F. embarked
Southampton 25/7/18.

#3775 Pte. F. Randell.

C.R. 3775

Extract from Daily Orders Part 2, by Lt. Col. R. A. Berners, D.S.O.

11-5-18.

The following having reported back from the 1st Battn. 82d is
posted to "H" Company.

3775 Pte. F. Randell

10-5-18.

C.R. 3775

Extract of Casualty from Pay and Record Office London dated May 1st. 1918.

3775 Pte. F. Randell

Royal Newfoundland Regiment.....Was discharged from 3rd. London General
Hospital on 30/4/18.....Authority: A.Fs. W.3016 from 3rd. L.G.H.

3775
Counter No. _____

NEWFOUNDLAND POSTAL TELEGRAPHS.

C.R.



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)

W. P. R.

Signature of Sender _____ Address Militia Dept.

Line Number	Rcd	By	Sent	by	Check

Dated **April 15th 1918.**

To **Mrs Clara Randell, Port Rexton, T.B.**

Regret to inform you that Record Office, London, officially reports **3775 Pte. Frank Randell at Wandsworth Septic Hand.**

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

J.R. Bennett.

Minister of Militia.

FOR TYPEWRITER

CR.3725

WOUNDED AND SICK N.C.O.s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.



INFANTRY RECORD OFFICE - F A R I C K - (PART TWO).

LIST NO.H.A.21550.

26122 Pte. Coombe, C. 4/Forc.R. PUO.Mild.....Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.

WINCHESTER - RECORD OFFICE.

LIST NO.H.A.21550.

204938 L/C. Hollingworth, H. 1/15 Londons.

"W" Gas Shell.... Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.
Mild.

15 Pte. Smith, J.H. 16/Rif.Bde.att.

Spr.Ankle.R.Mild..Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.

S/27100 Sjt. Anderson, J.J. 15/Cps.School.
13/Rif.Bde.

(S) Varicocele....Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.
Mild.

R/7149 Sjt. Cooper, B.H. 16/K.R.R.C.

Debility Mild.....Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.

A/201818 Pte. Rosenberg, L. 18/K.R.R.C.

Diarrhoea Sev.....Adm.13 (Chicago USA) Gen.H.Dannes Camiers, 4 Apl.18.

R/23603 Pte. Clarke, H. 18/K.R.R.C.

Inf.of Pharynx Sev. Adm.13 (Chicago USA) Gen.H.Dannes Camiers,
4 Apl.18.

699

ROYAL ARMY MEDICAL CORPS.

LIST NO.H.A.21550.

27059 Pte. Ainsworth, T. 108/Fd.Amb.RAMC.

ICT.Finger L..... Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.
Mild.

25968 Pte. Eckergley, S. RAMC. 48/Fld.A.

GSW.Abdomen Sev...Adm.13 (Chicago USA) Gen.H.Dannes Camiers, 4 Apl.18.

105914 Pte. Birbeck, T. RAMC. 48/F.Amb.

GSW.Eye R.Sev.....Adm.13 (Chicago USA) Gen.H.Dannes Camiers, 4 Apl.18.

66649 Pte. Sleeman, F.G. RAMC. 101/F.Amb.

Influenza Mild....Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.

163228 Pte. West, J.T. 1/2 W.Rid, F.A.

"W" Gas Shell Sev. Adm.13 (Harvard USA) Gen.H.Boulogne 6 Apr.18.

372328 Pte. Edwards, E.J. 1/1 W.Rid, F.A.

P.U.O.Mild.....Adm.13 (Harvard USA) Gen.H.Boulogne 6 Apr.18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO.H.A.21550.

3775 Pte. Randell, F. 1/R.Newfoundland. ICT.Hand L.Mld..Adm.13 (Harvard USA) Gen.H.Boulogne, 6 Apl.18.

C.R. 3775-

Extract from Orders by Major G.T. Mathias, D.S.O. Comdg.
1st Bn. Royal Newfoundland Regiment, 3-7-18.

The following arrived yesterday and is posted to D.Coy.

3775 Pte. Fz Randell.

C.R. 3775

Abstract from Nominal Roll Draft No. 36, 100 Other ranks
from 2nd., (Reserve) Bn. Royal Newfoundland Regiment
and proceeded to join the 1st. Battalion of the Royal
Wfld., Regt., K. B. F. DEPARTED SOUTHAMPTON 4/8/19.

~~3000~~ 1.

3775 Pte F. Randell

3775-

Extract from Daily Orders Part 11 Unit The Royal Nfld
Regt., St. John's, May. 14th, 1917.

3775 Pte. F Randell.

Attested this day, posted to F. Co., and assigned number
as shown.

F. Randell

C.R.

3775

PRD

Medical Report on an Invalid.

Station Ragley Down

Date 1/5/19

- 1. Unit Royal Newfoundland
- 2. Regimental No. 3775
- 3. Rank C/Corp
- 4. Name Randell South
- 5. Age last birthday 19
- 6. Enlisted { on May 1917
at St John's
- 7. Former Trade } Fisherman
or Occupation }
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(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).

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. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil
- 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).
(b) constitutional or hereditary, and not aggravated by service during the present war.
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. na

13. What is his present condition?

He complains of no disability

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
 (b) Where?
 (c) Opinion?

16. Was an operation performed? If so, what?

na

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

na

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W. E. Prosser
Sgt. H. M. Cap Rame
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Mazeley Down*

Officer in charge of Hospital.

Date *1/5/19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

No. 3775 Rank Pvt Name Randell J

Pay	F.A.	Wkg	Total	N.F.P. 73
100	10		110	
Less Allotment			70	11/5
Net Rate			40	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d	
						From	To						
Balance					Balance to boy.	15	18				1	7	11
Acquittance Rolls	2	4	0		Pay @ Net Rate	16	18	74	40	29	6	6	8
Hospital Advances	1	7	0		Ration Allow.						17	6	
A.B. 64.					10 days @ 1/9	15	18	7	40	2	80	11	6
P.&.R.O. Payments	2	0	0										
Wt. A. 256	1	15	0			7	18	2	40	80	3	4	
Temp stops.			5	0									
7-6-0 8-11-0 8-15-0													
Cheque 6843	30	4	1	0									
Receipt No 6957				7									
Cash 7002	8	15		4									
													4.1

~~8-9-11~~
~~8-18-7~~
9.2.1



1ST. NEWFOUNDLAND REGIMENT 6

ALLOTMENTS

I, Frank Randall, Regl. No. 3715

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

Allotment begins August 1/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3762	Mother	Mrs. Emma (Mara) Randall	Port Antonio St. John's Bay	70
Total Allotment, \$				70

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

<p>(Sig.) <u>[Signature]</u> Officer Commanding <u>[Signature]</u> Company July 27 1917</p>	<p>(Sig.) <u>[Signature]</u> (Rank) <u>[Signature]</u></p>
--	---

FORM K

N^o 3552



1^{ST.} NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Frank Randell, Regl. No. 3775

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins August 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3762</u>	<u>Mother</u>	<u>M^{rs} Henry (Mona)</u>	<u>Randell</u> <u>Port Rexton</u> <u>Trinity Bay.</u>	<u>70</u>
Total Allotment, \$				<u>70</u>

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

(Sig.) [Signature]
Officer Commanding
Company

(Sig.) [Signature]
(Rank) Pte

John H T
July 27
1917

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

Sir:-

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

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
3775	Pte	Randell	2.50	F Ro

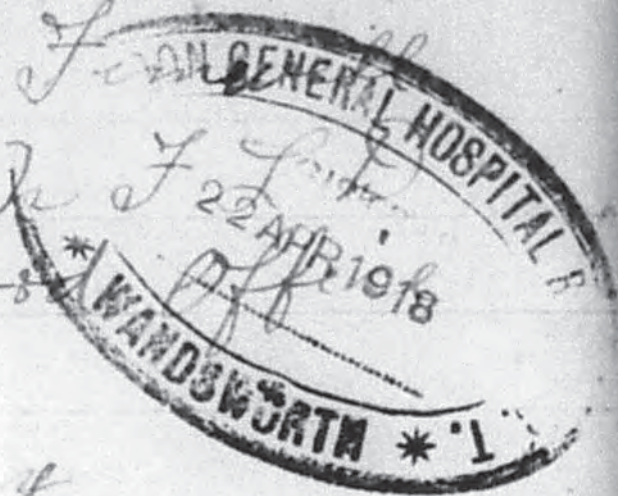
I have the honour to be, Sir,
~~Respectfully~~
Your obedient servant.

Date

12.2.18

F. Randell

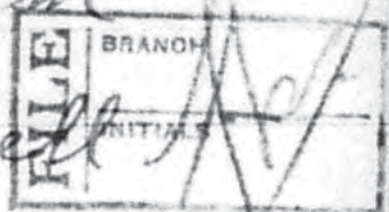
To Major ²² ~~John~~ ^{General} ~~John~~ ²² ~~John~~
Royal ~~W~~ ^{London} ~~London~~
Pay & Record ^{Office} ~~Office~~
List



Please Pay
To Pte F Randell 3775

The sum of one pound
on account of what
may be due from

Pte F Randell



no 3775 Royal W LD

OK Approved
1.0.0
APR 27/4/18
Receipt No 7710
Capt. [unclear]



VICTORIA HOSPITAL
18 APR 1918
* WARD NO. 10

68 VICTORIA
LONDON, S.W. 1
7 APR 1918
CONTINGENT

M.C. OK. £1.0.0
18th / 18th
Recpt. no. 6631

Major Imwell
J.C. records office
Sir

please pay to 3775-
pt of Randell the sum
of £1.00 on account of Wat
May be due from
Sign

Approved
Schall
Capt

FILE
BRANCH
INITIAL
H

No. 3775 Name *Handell Frank* Sqn., Batty.,
or Company

Corps *Newfoundland Regt* Date of enlistment *14/5/17*

G.C. Badges Service or Proficiency Pay

Date of last entry in Company Conduct Sheet

No. and date of last drunk

Period not reckoning towards freedom from extra fine

Sheet No. *1*

Signature O.C. Company, etc.

Character

J. B. ... Capt. ...

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
<i>In the Field</i>	<i>15/2/18</i>	<i>Priv.</i>		<i>Deficient of Hon. Ratings</i>	<i>Sgt. Barber</i>	<i>Fog for Same</i>	<i>14/2/18</i>	<i>Sgt. Woodroffe</i>	<i>1818</i>

Handell
4/1/16

Army Form B. 122

Randell, I

3775

Hay sept.

July 8, 1919

#3775 L/C. Frank Rendell,

Port Hexton, T.B.

Dear Sir:-

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

Yours truly

Captain
Paymaster & O.i/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Frank* 2. Surname *Randell*

3. Rank *IC* 4. Regtl. No. *3775*

5. Address in full to which future payments of gratuity are to be forwarded. *Post Roston Trinity Bay*

6. Date of enlistment in the Regiment. *1.4.17*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.
Not applicable

8. Relationship of such dependents.
Do

9. Address in full of such dependents.
Do

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
No

11. Were you on active service only in Nfld, if so, give dates and particulars of such service.
Overseas

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *14 months in*

France and in Belgium
Twenty five months and one week

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

Not applicable

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.

\$ 19.90 Clothing etc

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

no

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

no

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

no

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

no

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

no

19. Are you now serving in the R.C.S.T.? If not give - (a) Date of discharge

June 23/19

Demobilization

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

France Belgium Germany

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Frank Randall*
 Place of Residence: *Port Reaction I.B.*
 Declared before me at: *St Johns nfid.*
 This *9th* day of *June* 19...*19...*

John W. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

July 7, 1919

#3775 L/C. Frank Randell,

Port Rexton, T.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2717.

Yours truly

Captain,
Paymaster & O.I/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3775 Rank Sgt Name Randell Mark
 Intended place of residence Port-Robert

2. Occupation Soldier
 Classification of soldier E Medical Category A²

3. The above named man is discharged in consequence of **DEMOBILIZATION**
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place ST. JOHN'S
 Date JUN 9 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place and date JUN 9 1919
ST. JOHN'S
 Signature of soldier Y. Randell
 Signature of witness Ambleton

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place and Date ST. JOHN'S
JUN 9 1919
 Signature of soldier Y. Randell
 Signature of witness James O'Sullivan

STATEMENT OF SERVICE

7. Enlisted for service 14-5-17 No of days on Military
 Discharged from service 23-6-19 plus 14 day Service 420

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
JUN 23 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's
 Date July 7/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

Handwritten note: a 282079/2717

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5775 Rank Lt/L Name Randell Frank
 Date of Enlistment 1-14-17 Address Port of Boston District St. John's
 Occupation Fisherman Classification for Discharge 5 Medical Category A1
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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

Date 7-6-19 O. C. Discharge Depot [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R.1691 to his home at Fort Rector and Release Certificate No. 2508 issued.

Date 9-6-19 *J.A. Snow Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 7-7-19

Date 9-6-19 *H.M. [unclear]*
Depot Paymaster.

Discharge approved for 23-6-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 9-6-19 *J.A. Snow Capt.*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

- Officer i/c Records.
- Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. [unclear] Capt.

Date JUN 23 1919
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation

F. Randell

Signature of Man.

J. A. Brawley

Signature of the Vocational Officer or his Representative.

Reg. No. *9279*

Place

St Johns

Date

JUN 9 1919

191

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

MEDICAL HISTORY

Surname Pandee OF Christian Name L. B.



Table I.—GENERAL TABLE.

Birthplace:—Parish Port-Geaton County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>14th</u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>18</u> years <u>7</u> days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>5</u> feet <u>7</u> inches		_____ feet _____ inches	
Weight	<u>132</u> lbs.		_____ lbs.	
Chest Measurement	Grith when fully expanded ... <u>35 1/2</u> inches		_____ inches	
	Range of Expansion .. <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Right	Left
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V==	<u>6/6</u>	R.E.—V==	_____
	L.E.—V==	<u>6/6</u>	L.E.—V==	_____
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	_____		_____	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
	_____		_____	
Approved by (Signature)	<u>Lamont Paterson</u>		_____	
(Rank)	<u>Major</u>		_____	
Enlisted	at <u>St John's</u>		at _____	
	on <u>14th</u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191 <u>1</u>	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4th Newfoundland</u> <u>3775</u>		_____	
Transferred to	<u>Royal Newfoundland</u>		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(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 future 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, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 ^d band General. Hooper, Louisiana	12	4	18	30	4	18	J. C. J. Left wing finger.	18	accidental injury finger - France reported sick 31. March/18. Syph. condition followed - Cond. satisfactory on discharge.	St. Bringle, Capt. R. A. M. C.

The Royal Newfoundland Regiment

Class for Demobilization: E.

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 7.6.19

Regimental No. 3775

Name Randell Frank

Address Port Rexton

Present Medical Category A-1

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

Members of Board { R.H. Canfield
O.C. Discharge Depot.

Members of Board { Harrison
Senior Medical Officer

Members of Board { Seeberden
M.O. Depot



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 *Candell. Franks*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3775*

Intended address *Port Rexton.*

Height on discharge *5* Feet *7*;

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown.*

Descriptive Marks *Med.*

Figure on discharge *Med.*

Christian name of Father *Clara.*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Port Rexton. 3 Oct. 180 1900.*

Nature and locality of civil employment required _____

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *C. Franks*

Station **ST. JOHN'S.**

Date *5 6 19*

(Rank) *Sgt*

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

Station

Date



No. 3775 Name *Randell Frank* ~~Sgt.~~ *Plt.* *Co.* *H^a* *Corps* *Royal Newfoundland* Date of enlistment *14/5/17* G.C. Badges *7* Service or Proficiency Pay *9*
 or Company } *H^a Corps* }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. *1* Signature O.C. Company, etc. } *[Signature]* Character *Good*

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
									<i>Wtd 14/10/18</i>

Army Form B. 123

Medical Report on an Invalid.

Station Hazeley Down
 Date 1/5/19

- | | |
|---|--|
| <p>1. Unit <u>Royal Newfoundland</u></p> <p>2. Regimental No. <u>3775</u></p> <p>3. Rank <u>L Cpl</u></p> <p>4. Name <u>Hubert Frank</u></p> <p>5. Age last birthday <u>19</u></p> <p>6. Enlisted { on <u>May 1917</u>
 at <u>R Johns</u></p> | <p>7. Former Trade } <u>Stoker</u>
 or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit ;</p> <p>(b) Regimental No. ;</p> <p>(c) Date of Discharge ;</p> <p>(d) Cause of Discharge.</p> |
|---|--|

8. Disability in respect of which invaliding is Proposed.

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

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.
10. Place of origin of disability.
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.
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).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

nil
 nil
 nil
 nil

} na.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He complains of no disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
 - (b) Where?
 - (c) Opinion?

16. Was an operation performed? If so, what?

na.

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

na.

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

na.

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

Repatriation

W. B. Proctor *Capt R. Home*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *Hazeley Down* _____
Officer in charge of Hospital.

Date *1/5/19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

The Royal Field. Regiment

DEMOBILIZATION

No. 3775 Rank

Name Randall F

Warned for demobilization on

JUN 9 1919

SEPARATION ALLOWANCE.

Claimant *Clara Randell* *Mother*
On account of *Frank Randell* No. *3775* Rank *S/C*

Decision *Approved*

Date *May 17/1920*
W. F. Randell, Secy. Col.
McDowley, Wagon

Instructions

Allotment of *70¢* per day payable to *Clara Randell*
his *mother* from *1/8/17* to *7/7/18*.
Discontinued on account of *being discharged*.
R. H. Summey

224-67
A 120 00

ROYAL NEWFOUNDLAND REGIMENT
(Separation Allowance Branch)

NOTICE

MOTHER

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

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

The Paymaster
Separation Allowance Branch
St. John's, Nfld.

-
- (1) Name in full of soldier Rank Reg't or Unit Reg't No.
Frank Raudell *Cpl* *Nfld* *3775*
-
- (2) Age of soldier *20 years* Married or single *S*
-
- (3) Name in full of mother Age Occupation Permanent Address
Clara Raudell *46* *House-keeping* *Port Kenton*
-
- (4) Give name of your husband Age Occupation Where employed
Husband dead
-
- (5) If your husband is not supporting you give the reason. _____
-
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue). *Dead*
-
- (7) If you are a widow, state date and place of death of your husband *Died at Port-Kenton in 1910*
-
- (8) Have you married again since death of above mentioned husband? *No*
-
- (9) Names of your other children. Address in full Age Occupation Married or single
Howard B. Raudell *Port Kenton* *17* *Fisherman* *S*
Horah Raudell " *13*
-
- (10) State amount earned by (a) Yourself *nil*
(b) Your husband
-
- (11) State amount and source of any other income
About \$30.00 from Howard B.

- (12) State value of real property belonging to you and your husband *\$400.00*
- (13) State value of personal property belonging to you and your husband
- (14) If husband is dead state value of real and personal property left by him *\$400.00*
- (15) Actual amount contributed by soldier during the year prior to his enlistment *\$60.00*
- (16) Was this amount contributed weekly or monthly *Yearly*
- (17) Did this amount include payment of son's board, etc? *Yes*
- (18) State your son's trade or occupation prior to enlistment *Fisherman*
- (19) State amount of his wages per week _____
- (20) State name and address of his last employer *John Guppy*
- (21) State amount of monthly support from son since enlistment *\$21.00*
- (22) State amount of allotment received by you from son since enlistment *\$21.00*
- (23) State from what date did you receive Allotment? *13 Sept 1917*
- (24) Actual amount contributed by other children
- | | | |
|-------------|--------|---------|
| | Weekly | Monthly |
| <i>None</i> | | |
- (25) Are any of these children in the employ of you or your husband? *No*
- (26) If not receiving support from other children, state cause. Explain fully. *Too young*
- (27) With whom are you residing at present? *In my own house with my children*

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars? *Made no claim as I didn't know anything about it*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *During the war I received \$6.00 per month and payment of this amount ceased in July 1919*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government? *No*

(32) In what capacity and in what place? *_____*

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much? *No*

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

Signature of Applicant *Lelara Mandell*

Place of Residence *Port Bealson*

Declared and subscribed before me at *Trinity* this *4th* day of *March* 19*20*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *J. Houston Esq.*

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

Signature of member of the Patriotic Fund Committee _____

*Hugh F. Blacklock M.A.
Rector of Trinity East.
Newfoundland.*

April 30, 1920

Mrs. Clara Mandell,
Port Rexton.

Dear Madam:-

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

Yours truly

Major

Magister.

CERTIFICATE OF BIRTH AND BAPTISM
SOLEMNISED AT TRINITY EAST.
1902.

DATE OF BIRTH & BAPTISM.	^{Surname} Name	Parents	Name	Abode	Trade.	Officiant.
Born: Jul 10 th . 1902.	Howard Bernam	Henry James r Clara	Randall	Ship- Cove.	Fisher- man.	J. St. Field. Priest.
Bapt. Jul 26 th .						

I certify that the Above is a True & Accurate
Extract from the Parochial Registers of the
Parish of Trinity East.

As witness my hand this
fifth day of May, 1920. Signed:—
Hugh F. Blackledge M.A.
Rector.

May 28th.1920

Mrs Clara Randell,

Port Rexton, T.B.

Dear Madam:☺

With reference to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for \$224.67, being amount due to date of your son's discharge; and one for \$120.00, representing amount due on account of war Service Gratuity.

Yours truly,

Major,

Paymaster

8317

Port, Rexton
Jan. 13th 1920

Dear Sir

Seeing your notice in The papers, which concerned Separation allowance, will I were the only Support, of a Mother, and she received no Separation Allowance while I was at war, would wish to know if I am entitled to any or not;

I am yours. Sincerely

3775. Ex. L/CP.L.

F. Randall

Port. Rexton

J. B

Send forms

January 31, 1920

F. Randell,
Port Rexton,
T.B.

Dear Sir:

With reference
to your letter of Jan. 13th. I enclose
form, which kindly have your mother com-
plete in the presence of a Magistrate
or a Justice of the Peace, and return
to this Office.

Yours truly,

Lieut.
For Paymaster

LM-
Enc.



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

SEP 20 1921 1921.

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

is/are forwarded herewith to

Frank Randell

in respect of his service as No. 3775 Rank Pte.

Name F. Randell Royal Nfld. Regt.
Nfld. Infantry Corps.

Receipt of the same should be acknowledged hereon.

Received Monday 3rd Oct

Signature F. Randell

Date Oct 5th

Address Port Rexton

[P.T.O.]

Receipt for Army Book 64

2

No. 3775 Name J. Kendall

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

Name J. Randall

Date 24.7.20

Place Port Reston

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

C.R. 3775

RECEIVED.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE. 10/25/1920
PLACE... Bvt. Rector

NO. 3775. NAME S/Chl. F. Randell

Casualty Form—Active Service.



Regiment or Corps *Royal Newfoundland*
 Rank *Pte* Surname *Randell* Christian Name *John*
 Religion *Cof. E.* Age on Enlistment *18* years *7* months
 Enlisted (a) *14-5-17* Terms of Service (a) *Duration* Service reckons from (a) *14-5-17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation *Fisherman* Signature of Officer *[Signature]*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ...	3 FEB 1918	
			Disembarked...	6 FEB 1918	
	<i>of leave</i>	<i>To Hospital</i>		<i>30/3/18</i>	<i>8213</i>
	<i>897A</i>	<i>ad ubras Naud 31/3/18 trans</i>	<i>3 Busces</i>	<i>7/4/18</i>	<i>E.O. 9809</i>
	<i>3 (M. 1st) Gen. M.</i>		<i>Boacape</i>	<i>6/4/18</i>	<i>MA 21550.</i>
	<i>to Cambria</i>	<i>Transferred to England</i>	<i>MAJOR</i>	<i>12/4/18</i>	<i>W 3083.</i>
		<i>n 7 Filgate</i>	<i>Infantry Section</i>		
			<i>MAJOR</i>		

(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) Signaller, Shoeing-Smith, &c.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland Regimental Number CR. 3775
 Rank Pte Surname Randell Christian Name Frank
 Religion of England Age on Enlistment 18 years 7 months
 Enlisted (a) St Johns Terms of Service (Duration) Service reckons from (a) 14/5/17
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 Occupation Fisherman of Corps Trade and Rate _____
 Signature of Officer i/c Records. [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ..	<u>Southampton</u>	<u>25.7.18</u>	
		Disembarked...	<u>France</u>	<u>26.7.18</u>	
	<u>D. I. B. D</u>	<u>Joined</u>	<u>Roisen.</u>	<u>27.7.18</u>	<u>Roll</u>
		<u>Joined Battalion</u>		<u>21 JUL 1818</u>	
	<u>297a</u>	<u>to "Leaves"</u>	<u>Fin</u>	<u>18/9/18</u>	<u>E.O. 7125</u>
	<u>- " -</u>	<u>to duty</u>	<u>Unit</u>	<u>29/9/18</u>	<u>E.O. 7440</u>
		<u>Wounded in Action</u>	<u>14-10-18</u>		
	<u>3 Ave Ces</u>	<u>Ad Gen High</u>		<u>14/10/18</u>	<u>E.O. 8298</u>
	<u>32 State Hp</u>		<u>Waverus</u>	<u>15/10/18</u>	<u>HA 30366</u>
	<u>1 Con sep</u>		<u>Boulogne</u>	<u>16/10/18</u>	<u>HA 30393</u>
	<u>10" EPD</u>	<u>Arrived</u>	<u>Roisen</u>	<u>16/11/18</u>	<u>Rev</u>
		<u>Joined</u>	<u>Field</u>	<u>26/11/18</u>	<u>B. 213</u>
	<u>Roisen</u>	<u>app R/cpe</u>	<u>"</u>	<u>4/2/19</u>	<u>" 2-1/19</u>

(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) Signaller/Shoing-smith, &c.

Next of Kin: Mothe - Randell Mrs Henry, Fort Weston P.O. Alder [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
	1/26/19. Hplk.	Ademi V.D.S.C.		1/24/19	7/16 357-45
		Discharged Hsp		10/4/19	B213

where

[Large handwritten signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Regiment of 1st Newfoundland

Number of Sheets First
Signature of O. C. Company Mark R. Ayle Capt.

Regimental Number and Name		Enlistment		Trade
No.	<u>3775 Raudell Frank</u>	Age on	18 years 7 months	<u>Fisherman</u>
Joined	Date	Place and Date of Enlistment	<u>St Johns 14-5-17</u>	Religion
Joined	Date			<u>C. of E.</u>
Joined	Date	Period of	{ with Colours 2 53 years. with Reserve 365 years.	Place of Birth
Joined	Date			

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<p style="font-size: 2em; font-family: cursive;">Demobilized St Johns, 7th 19</p>									
<p>To be carried over</p>									

Reg. No. *3775* Rank *PL* Name *Randell, J.*

Attested Address *Port Raton*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Coruscac* Cause *Discharge*

7-6-19
23-6-19

PASSED TO DEMOBILIZATION
DISCHARGE APPROVED ON DEMOBILIZATION

The Royal Newfoundland Regiment

83775

DEMOBILIZATION OF

Reg. No. 3775 Rank L/C Name Randell Frank
 Date of Enlistment 11-2-17 Address Port Rexton District Trinity
 Occupation Fisherman Classification for Discharge 4 Medical Category A1
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

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

Date 7-6-19 O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am in a position to resume civilian occupation. F Randell

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.
 Certified that Clothing Regulations have been complied with:
 (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied *[Signature]*

Date 9-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1691* to his home at *Fort-Reston* and Release Certificate No. *2508* issued.

Date *9-6-19* *J.A. Snow Capt.*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *7-7-19*

Date *7-6-19* *H.M. Smith*
Depot Paymaster.

Discharge approved for *23-6-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *9-6-19* *J.A. Snow Capt.*
Demobilization Officer.

APPROVED.

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

with following additional documents.

Eligible for War Service Gratuity

Date *JUN 23 1919* *R.H. Sait Capt.*
O. C. Discharge Depot.

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

Date *June 19/19* *James Keith*
for Records