



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2773 Name Wallace Rees Corps .....

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

- |   |  |
|---|--|
| 1. What is your name? .....   | 1. <u>Wallace Rees</u> .....                     |
| 2. What is your full Address? .....   | 2. <u>Lance Cove</u><br><u>Bell Island</u> ..... |
| 3. Are you a British Subject? .....   | 3. <u>Yes</u> .....                              |
| 4. What is your age? .....  | 4. <u>19</u> Years <u>11</u> Months .....        |
| 5. What is your Trade or Calling? .....   | 5. <u>Wheeler</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 .....                                      |
| 11. Are you willing to serve upon the conditions as embodied in the roll to be signed by you if you are accepted? ..... | FOR THE DURATION OF THE WAR } II. <u>Yes</u>     |

I, Wallace Rees, 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.  
8 May 1887/16 Wallace Rees SIGNATURE OF RECRUIT.  
Charles Aye Signature of Witness.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.  
 The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.  
 The above questions were then read to the Recruit in my presence.  
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 19th day of May 1916.  
Charles Aye Capt Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.  
 I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....  
 If enlisted by special authority, such will be attached to the original attestation.  
 Date.....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 Wallace Rees  
 Apparent age 19 years 11 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 Solomon Rees Lance Cove,  
Bell Island. | Relationship Father.

### Particulars as to Marriage

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
Pension " " " " [ " " ] " " " "									

2773



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2773 Name Wallace Rees Corps .....

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

- 1. What is your name? ..... 1. Wallace Rees
- 2. What is your full Address? ..... 2. Lance Cove Bell Island.
- 3. Are you a British Subject? ..... 3. Yes.
- 4. What is your age? ..... 4. 19 Years 11 Months
- 5. What is your Trade or Calling? ..... 5. Machinist
- 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, Wallace Rees ..... 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.

5 May 1888/16 ..... Wallace Rees ..... SIGNATURE OF RECRUIT.

..... Chas. A. Aye ..... Signature of Witness.

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

I, Wallace Rees ..... 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 19th day of May ..... 1916.

Signature of Attesting Officer ..... Chas. A. 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 ..... }  
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 Wallace Rees  
 Apparent age 19 years 11 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 Solomon Rees Lance Cove,  
Bell Island | 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 <u>18-5-16</u>					Loose Corp'l. 29-7-18				
Joined at <u>Mohis</u> on <u>May 18<sup>th</sup> 16</u>					Spirited of <u>Para. Staff</u> 24-9-18				
<u>Discharged April 24/19</u>									
<u>Embarked at Mohis S.S. Heister for Det 28</u>					<u>Embarked for B.C. 3<sup>rd</sup> 17</u>				
<u>Joined Battalion 19-6-17</u>					<u>Admitted 37th Mtn Reg. 1-12-17</u>				
<u>Invalided to Camp Laid 8-12-17</u>					<u>Admitted to King's Military Hospital 4th Mtn Reg. 9-12-17</u>				
<u>Then posted to Winchester 1-2-18</u>					<u>Embarked for Det. 15-10-18</u>				
<u>Transferred from B.C. to Winchester 19-1-19</u>					<u>Joined Battalion 24-10-18</u>				
<u>So left for discharge 12-3-1919</u>					<u>Arrived Campfordham 24-3-1919</u>				
<u>Demobilization at Mohis</u>					<u>24-4-19</u>				
Total Service forfeited as above.....									
Total Service towards Engagement to <u>24-4-19</u> (date of discharge)					2 years 342 days				
Pension " " " " " " " " " " " "									



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 Wallace Res  
aged 19 yrs conducted at Med B  
Date: July 18/14 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
- 10 n
- 11 n
- 12 n
- 13 n
- 14 n
- 15 n
- 16 n
- 17 n
- 18 n
- 19 in Both
- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n
- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n
- 33 no

2/17/3

34 5-7  
35 136 lbs  
36 34" - 38"  
37 \$45 per month  
38 Father in Simon Res Bell Island  
39 none

Signature of Medical Examiner: Sw Burden Lieut

C.R. 2773

Extract from Daily Orders part II, Depot St. John's dated April 28, 1919

The discharges of the undernoted on demobilization has been COMPLETED  
by Officer I-3 records on 24-4-19.

#2773 Pte. Wallace Rees.

C.R. 2773

Extract from Daily Orders part II, Depot St. John's dated 12-4-19.

The discharge of the undersigned on demobilization has been APPROVED  
by Officer Commanding discharge Depot on 10-4-19.

10-4-19

#2773 Pte. W. Rees.

C.R. 2773

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, March 25th, 1919.

The undersigned returned from Overseas & reported at the  
Depot 24-3-19.

2773 Pte. W. Rees.



C.R. 2773

Extract of telegram from Syn., London, to  
Military March 15th/19.

---

Following has embarked "Baltic" Liverpool  
for Halifax.

March 12th.

under A.F.B. 179.

#2773 Rees.

C.R. 2773

Extract from Nominal Roll of the Royal Nfld.

Regt. 241-19.

The Undermentioned was transferred from  
B.E.F. to the 2nd Bn., Winchester, awaiting repatriation, 19-1-19.

2773 Pte. W. Rees.

C.R. 2773

Extract from Nominal Roll Embarked Hasleby Down Camp,  
Winchester, for B.M.F. ~~18-10-18.~~

15.10.18

2773 Pte. W. Rees.

MI.

2773


Extract from Daily Orders, Part 11, UNIT: The Royal Nfld.  
Regt., dated 29th. Dec. 1917.

STRENGTH.

2775 Pte. W. Rees.

Invalided to U.K. 8/12/17.

WOUNDED.



C.R. 2713

Extract of Casualties received from Pay & Record  
Office, London, dated December 16, 1917.

#2773 Pte. W. Rees. ✓

Wounded 8/18/17.

# 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)

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

Line Number	Rcd	By	Sent	by	Check

Dated

December 12, 1917.

To

Mr. Solomon Rees,

Lance Cove,

Bell Island.

Record Office, London, today reports No. 2773.  
Private Wallace Rees, has now been admitted to  
Tooting Military Hospital.

R.A. SQUIRES

Colonial Secretary

FOR TYPEWRITER

C.P. 2773

# 2773 Pte. Wallace Rees. ✓  
-----

Extract of Casualty list received December 12, 1917.

Nature of Wounds previously reported.

At Tooting Military Hospital.

C.R. 2413

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

#2773 Pte. W. Rees. ✓

Gunshot wound Left Leg severe.

Admitted Tooting Military Hospital, Tooting, S.W.17.  
9/12/17.



## NEWFOUNDLAND POSTAL TELEGRAPHS.



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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

December 11, 1917.

To

Mr. Solomon Rees,  
Lance Cove,  
Bell Island.

Regret to inform you that Record Office, London,

officially reports

No. 2773, Private Wallace Rees,

was at Tenth General Hospital, Rouen, December second,

suffering from severe gunshot wound in the left leg.

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

R. A. SQUIRES,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2773

# 2773 Pte. Wallace Rees

Extract of Casualty list received December 11, 1917.

Gunshot Wounds left leg severe December 2nd.

At 10th General Hospital, Rouen.

C.R. 2773

Extract from Casualties ~~List~~ Received from Pay & Record  
Office, London, 11 Dec. 1917.

Admitted to Tooting Military Hospital, Tooting, S.W 17.  
9-12-17.

2773 Pte. W. <sup>R</sup>oss.

G.S.W. L. Leg severe

C.R. 277<sup>3</sup>

Extract of Casualties received from Pay & record,  
Office, London, dated December 10, 1917.

#2773 Pte. W. Rees. ✓

Gunshot wound left leg severe.

Admitted 10th General Hospital, Rouen December 2, 1917.

C.R. 2773

Extract from War Office List No. H.A. 17060

ADMITTED 10 GEN. H. ROUEN 2 DEC. 1917.

+ 2773 PTE. W. REES.

30

N.F.P/35

NEWFOUNDLAND CONTINGENT

No 14627

Pay & Record Office,  
58, Victoria Street,  
London, S.W.(1).

28/12 - 1917.

To: Mr. Minister of Militia.

C.R. 2723

With the compliments of:  
PAYMASTER & OFFICER i/c RECORDS.

13147/248./R.&.C.

MEMORANDUM.

*Copy* Army Form C. 848.

From PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, S.W. 1.

To ~~Officer Commanding,~~ ENGLAND.

~~1st Newfoundland R.,~~

~~Avon Scotland.~~

*B.F. France*

From O.C. Newfoundland Regt.

To Paymaster,  
London.

ANSWER.

30th November, 1917.

B.E.F., 12/12/ 1917.

2773, PTE. W. REES.

Pte. Rees was wounded  
on 30/11/17 and is not  
now with the Battalion.

Following is extract from  
a telegram received this date  
from the Hon. Minister of  
Militia, St. John's, Nfld.

"..... relatives 2773 Rees  
"complain of having no  
"letters from him since  
"June make enquiries-"

(Sd) C.B. Dicks, Lt.,  
A/Adjt.,  
for O.C. Nfld Regt.

Can you please say?

Major,  
Chief Paymaster & O.I/c Records.

HA/JC

Nov. 28th, 1917.

Mr. Solomon Rees,  
Lance Cove,  
Beal Island,

Sir:-

Your letter of Nov. 20th has been received.  
I am instructed to inform you that a wire has been sent  
to the Pay & Record Office, London for particulars as  
to his whereabouts; upon receipt of reply, you will  
immediately be communicated with.

I have the honour to be

Sir,

Your obedient servant,

Major, C.S.O.



C.R. 2773

Lance Cove  
Bell Island  
Dec 26 /17



ATTENTION

Dear Sir, I am writing  
you hoping to find out where my son P.W. Wallace  
Reg no 2443 C. Coy. 3rd. Bat for Rfld. Regt.  
B. F. L. France. As I have not heard from  
him since July first trusting you will favour  
me with this information I remain yours  
truly.

Solomon Tree  
Lance Cove  
Bell Island  
C. B.

C.R. 2773

Extract from General Roll of Draft No. 24 from 2/1st Newfoundland Regiment

Newton on Apr to 1/1st Newfoundland Regiment E.F.F. 1/6/17.

2773 Pte. W. Rees.

22.

STANDFORD BOND

C.R. 2773

Extract from Manual of the Imperial St. John's for Overseas,  
18/6-16.

2773 Pte. W. Rees.

C.R. 2773

**Wallace Rees.** was attested for General service  
with the NEWFOUNDLAND REGIMENT on **May 18th 1916..**  
Regimental No**773** was allotted to Pte. **W.Rees**

AUTHORITY:

Record Ledger,

Depts of Militia,

March 25th, 1919.

W. Rees.

C.R.

27/3

P.R.O.



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

10

*3/* I, Wallace Rees, Regl. No. 2773

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 50 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz.:

Allotment begins

July 12 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2419</u>	<u>Child</u>	<u>Solomon Rees</u>	<u>Launce Lane Bell Island N.S.</u>	<u>50</u>
		<u>Commencing</u> <u>1/12/16</u>		
Total Allotment, \$				

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


(Sig.) Chas. Aye Capt.  
 Officer Commanding  
6 Company  
John Jones  
June 17 1916

(Sig.) Wallace Rees  
 (Rank) plc

No. 2113 Rank Pte Name Rees W.

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

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d					
						From	To			\$	¼				
Balance		8	14		Balance						1	09	✓		
Acquittance Rolls		<del>16</del>	<del>04</del>		Pay @ Net Rate	9 <sup>6</sup>	8 <sup>17</sup>								
Hospital Advances		1	10	6	Ration allowance	9 <sup>6</sup>	4 <sup>2</sup>	241	60	144	60	29	14	3	✓
A.B. 64.					10 days @ 2/-										
P.&R.O. Payments															
9-11-10 ✓		Cash 5556 2200			22-3-2 ✓								31-10-10		

CHECKED.  
  
 4/7/18

13147/248./R.&.C.

MEMORANDUM.

From  
PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, S.W. 1.  
ENGLAND.

To  
Officer Commanding,  
1st Newfoundland R.,  
Ayr, Scotland.  
B.S.F. France

From

*Copy to [unclear] 28/12/17*  
J.C. Newfoundland  
Regt

To

Paymaster  
London

ANSWER.

30th November, 1917.

2773, PTE. W. REES.

Following is extract from  
a telegram received this date  
from the Hon. Minister of  
Militia, St. John's, Nfld.

"..... relatives 2773 Rees  
"complain of having no  
"letters from him since  
"June-make enquiries"

Can you please say?

*1899 12/12 1917*

*Pte Rees was  
wounded on 30/11/17  
and is ad. now  
with the Battalion.*

*R.A. [unclear]*  
Major,  
Chief Paymaster & O.i/c Records.

NEWFOUNDLAND CONTINGENT, PAY & RECORDS OFFICER	
Ref. Nos. 1/4848	<i>Asdricks</i>
col'd	15 DEC 1917
ck'd	
Ref. Nos. UUF	<i>heard</i>
ACT	<i>as per Regt.</i>
BRANCH	
Comd.	
& A.	
& C.	
B & E	
S.	

HA/JC  
*W-30/11/17*



No. 13617/1  
From:

*Wd*

NEWFOUNDLAND CONTINGENT

N.F.P./79

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

To:

Officer Commanding,  
1st Newfoundland Regt.  
B. E. F.

10th December 1917

3 JAN 1918  
RECORD

Subject: 2773, Pte. Wallace Rees

Receipt hereunder.

With reference to the following telegram (7511) from the Hon. Minister of Militia, received

Officer Comdg. Battn  
1st Newfoundland Regiment

*7/12/17*

"Pay to 2773, Rees, £1:0:0 in gold  
Xmas gift from Dominion Fire Brigade

Received the sum of £ one  
pound on account of  
cable remittance from Newfoundland.

Draft £1:0:0 is enclosed  
for payment to this Soldier.  
Kindly obtain his receipt  
hereon.

W Rees

*H. A. Guinness May*  
Chief Paymaster & O. i/c Records.

No. 2773 Rank Pte.

14594

PAYMASTER & OFFICER I/C RECORDS,  
NEWFOUNDLAND CONTINGENT,  
58, VICTORIA STREET,  
LONDON, S.W. 1.  
ENGLAND.

Officer Commanding,  
Tooting Military Hospital,  
Tooting.

Pay and Record Office,  
28th December 1917.

Reference Reverse, Postal Draft  
enclosed for payment as indicated.  
Kindly obtain the Soldiers receipt,  
hereon.

*A. A. [Signature]*  
Major,  
Chief Paymaster & O. i/c Records.

To The Chief Paymaster,  
Newfoundland Contingent.

Postal draft has been duly  
handed to man, whose receipt is  
herewith please.

*[Signature]*  
----- Capt, R.A.M.C.  
Registrar. for OI/c.

Tooting,  
2.1.18.



Only for use with Men returned from an Expeditionary Force or from  
Garrisons Abroad.

Army Form W. 3016  
(In Books of 200.)



No. **X 28** Date **2nd February** 191 **8**

- (1) To the Officer i/c Records, **Newfoundland Regt.**  
**58, Victoria St., S.W.** (Station).
- (2) The Officer Commanding, **Newfoundland Regt.**  
**Hazeley Down Camp, Winchester** (Station).
- (3) The Paymaster, **Newfoundland Regt.**  
**58, Victoria St., S.W.** (Station).

Regimental No. **2773**

Rank and Name **Pte. Rees, Wallace.**

Regiment or Corps **1st Newfoundland Regt, "C" Coy.**

has been granted a furlough from **February**  
**5th February** to **14th February.**

His address while on leave will be: **25, Monument Road,**  
**Ayr, Scotland.**

I consider he is fit for\*  
\* Strike out that which is inapplicable.  i. Duty.  
 ii. ~~Command Depot.~~  
 iii. ~~Employment.~~

**B. H. G. Donald** Officer in charge **Tooting Military** Hospital,  
**Major, R.A.M.C.** **Tooting, S.W. 17.** (Station).

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office. In the case of men of the Royal Flying Corps, Royal Engineers and Army Ordnance Corps two copies of A.F.W. 3016 will be sent to the Officer in charge Records concerned and one to the Paymaster, instead of one copy to the Officer i/c Records, the Paymaster, and O.C. shown in the Schedule.

No. 15847/1672.

N.F.P./79

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd. Bn. Royal Nflds Rgt.,  
  
Winchester.

October 2nd. 1918

Subject: 2773. Pte. W. Rees,

With reference to the follow-  
ing telegram ( 8444 ) from the Hon.  
Minister of Militia, received

"Pay to 2773, Pte.W. Rees, £5.0.0.

Draft £ 5.0.0. is enclosed  
for payment to this Soldier.

Kindly obtain his receipt  
hereon.

*A.A. Minns Maj.*  
Chief Paymaster & O. i/c Records.

Oct. 5<sup>th</sup>. 1918.

Receipt hereunder.

*Cham*  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND BATTALION  
OFFICER COMMANDING  
ROYAL NEWFOUNDLAND REGIMENT  
LIEUT. COLONEL

Received the sum of Five  
Pounds £ 5.0.0 on account of  
cable remittance from Newfoundland.

W Rees  
No. 2773 Rank PL

*Witness*  
*W. Rees*

# SIGNALLER'S RECORD SHEET.

Rgtl. No. 2773 Rank Pte Name & Initial Rees W  
 Unit Royal Newfoundland Regt.

**STANDARD TESTS:** (Details overleaf.)

No.	Map Reading		Electrical Instrument		Signal Training	
	Date	Officer's Sig.	Date	Officer's Sig.	Date	Officer's Sig.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

*Qualified in all  
 Standard Tests,*  
*J. Whitty Capt*  
 SEP 16 1918

**CLASSIFICATION TESTS.**

Instrument	Flag	Buzzer	Lamp	Shutter	Semaphore	Date
Sending ...	100%	99%	99%	100%	%	
Reading ...	98%	100%	98%	99%	%	

\* R.A. Signallers only.

Classified as 1st Class Signaller at Stanley Gifford Camp  
 Date \_\_\_\_\_ Signature of Classifying Officer J. Whitty Capt  
 Reclassified as \_\_\_\_\_ Class Signaller at \_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Classifying Officer \_\_\_\_\_

Courses

Other qualifications

NOTE.—This Sheet is to be used as an Office Record during training, and on completion pasted in the Signaller's A.B. 64.

Ross, Wallace,

2773

Pay Dept

April 24, 1919

#2773 Pte. Wallace Rees,  
Lance Cove  
Bell Island.

Dear Sir:-

Please find enclosed "Discharge Certificate  
No.1990."

Yours truly

Paymaster & Officer i/c Records  
Captain,

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 2773..... Rank Private..... Name Rees, Wallace  
Intended place of residence Lance Cove

2. Occupation Machinist  
Classification of soldier R..... Medical Category AT

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 APR 9 1919  
for Mus. H.  
Comanding 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 EXCEPT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Place and date ST. JOHN'S..... Wallace Rees  
Signature of soldier  
W. Houston  
Signature of witness

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

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

Place and Date ST. JOHN'S..... Wallace Rees  
Signature of soldier  
W. J. Cato  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 16-5-16..... No of days on Military  
Discharged from service 10-4-19 Plus 14 days..... Service 1074

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S..... R. H. Lant Capt.  
Officer Commanding Discharge Depot  
The Royal Newfoundland Regiment.  
Date APR 10 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
Place St. John's Nfld..... M. Bowley Capt  
Date April 24 1919.....  
Office in Records  
The Royal Newfoundland Regiment

*205*  
*365*  
*205*  
*340*  
A.P.B. 2079/1990



# 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 ..... *8.14.19* .....

Regimental No. .... *2773* .....

Name ..... *Wallace Jones* .....

Address ..... *Lance Corp. Bell St.* .....

Present Medical Category ..... *A1* .....

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

Members of Board {

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

*L. Paterson*  
Senior Medical Officer

*W. Burden*  
M. O. Depot

# 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  
(Mechanic)*

*Wallace Ross*

Signature of Man.

Reg. No. *2773*

*J. A. Snow*

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S**

Date **APR 9 1918**

# The Royal Newfoundland Regiment *A*

## DEMOBILIZATION OF

Reg. No. *7773* Rank *Plt* Name *Rear Wallace*  
 Date of Enlistment *16.5.16* Address *Lance Ave B I do* District *St John's 6*  
 Occupation *Machinist* Classification for Discharge *E* Medical Category *AI*  
 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	<i>1</i>
B 178	W 3494	B 122	Board 1st	" 2	<i>3</i>
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 *8.4.19*

*H. Muns H.*  
for O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*Wallace R. R. R.*

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

*William Houston Lieut*

Date *9-4-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 6472947 to his home at Beedon and Release Certificate No. 2063 issued.

Date 9-4-19 *J.A. Sampson*  
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 24-4-19

Date 9-4-19 *H. News*  
Depot Paymaster.

Discharge approved for 10-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	1	<i>Form B</i>
B 178	W 3494	B 122	Board 1st	" 2	1	
B 178a	D 400A	B 1915	do 2nd	" 3	2	
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 9-4-19 *J.A. Sampson*  
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 APR 10 1919 *R.H. Sait Capt.*  
O. C. Discharge Depot.

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

Date .....

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

# MEDICAL HISTORY

Surname Ries OF Christian Name Wm

Table I.—GENERAL TABLE.

Birthplace:—Parish \_\_\_\_\_ County \_\_\_\_\_



	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 18 day of May 1916		on _____ day of _____ 191	
	at St. John's, N.S.		at _____	
Declared Age	19 years 11 <sup>mo</sup> days		years _____ days	
Trade or Occupation	Machinist			
Height	5 feet - 7 inches		feet _____ inches	
Weight	136 lbs.		lbs. _____	
Chest Measurement	Girth when fully expanded... 38 inches		inches _____	
	Range of expansion... 4 inches		inches _____	
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= 4/6		R.E.—V= _____	
	L.E.—V= 6/6		L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<i>Lieut Paterson</i>			
(Rank)	Major		Medical Officer.	
Enlisted	at St. John's		at _____	
	on 18 day of May 1916		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1 <sup>st</sup> Newfoundland Regiment	2773		
Transferred to	NEWFOUNDLAND CONTINGENT.			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(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				
Toolingland NH.	9	12	14	4	2	18	G.L.W. 17-1 <sup>line</sup> left leg.	54	Wounded Dec. 1, 17 Cambrai Wound on left leg. Treated Enhance infection but internal perfor. Treated as ecz Dec 15 18. Healed wound a slow. No injury to large vessel the arm. Discharge to duty.	J. Reynolds or L. Mott USA.







April, 28, 1919

#2773 Pte. Wallace Rees,

Lance Cove,

Bell Island, C.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

Paymaster & U. i/ c Records Capt.

19357

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 *Wallace* ..... 2. Surname *Rees* .....

3. Rank *O/C* ..... 4. Regtl. No. *2773* .....

5. Address in full to which future payments of gratuity are to be forwarded..... *Lance Cove, Bell I., G.B.*

6. Date of enlistment in the Regiment..... *May 16/16*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge..... *No*

8. Relationship of such dependents..... *—*

9. Address in full of such dependents..... *—*

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

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

12. Give total length of time which you served on active service, whether in Hfld. or Overseas..... *From May 16/16 to Apr. 9/19 date of temporary discharge*

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.

*Clothing allowance + back pay \$78.60*  
*Board allowance 18.90*

15. Have you been issued with a War Service Badge? *No*

16. Have you, during the present war, served in the Imperial Forces? *No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*

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

19. Are you now serving in the Res.?  
If not give - (a) date of discharge *Feb. 9/19* (b) Reason for discharge

*Temporary Demobilization*

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

*France, Belgium + Germany - From May 17/17 to Jan. 15/19 - Officer, Cambrai, Peshendal Armies.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee? *No*

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

Wallace Rees

Signature of Applicant:

Place of Residence:

Declared before me at:

This

9th

day of

April

1919

Lance Cove, Bell Co. Mo.

St. Johns, Mo.

John M. Cassidy

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
			5 mos.	350 <sup>00</sup>

Certified correct.

Registrar

*[Signature]*

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

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

1. Unit and Corps *Royal Field Regt* 7. Former Trade or Occupation }  
 2. Regtl. No. *2773* 3. Rank *Pte.* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *REES* *Wallace* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *nil*

12. Place of origin of disability.

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

*was cured*

*Came from 1st Bde  
 for re-education developed  
 influenza went Hospital*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. *Yes* ..
  - (ii.) Previous active service .. *Yes* ..
  - (iii.) Climate in pre-war service .. *Yes* ..
  - (iv.) Ordinary military service before the war .. *Yes* ..
  - (v.) Serious negligence or misconduct on the man's part. } *?* ..
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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

15. What is his present condition?

*Complain of no disability*

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

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

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

Station *H.D. Camp, Winchester*

Date *5/2/19*

*Repatatriation*

*[Signature]*

Medical Officer in charge of case.

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

(a) Attributable to (b) Aggravated by

- (i) Service during the present war .. .. .
  - (ii.) Previous active service .. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the part of the soldier .. .. .
- Give details:

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

23. Is the disability in a final stationary condition? If

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24.

\* 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

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

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

1. Unit and Corps. *Royal Artillery* 7. Former Trade or Occupation }  
 2. Regtl. No. *2773* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
 4. Name *Russ. Wallace* (a) Former Regts. or Corps ;  
 (Surname) (Christian Names) with Regtl. Nos.  
 5. Age last birthday.....  
 6. Posted for duty on..... at.....  
 in category (or grade).....  
 8. If the disability is an injury was it caused  
 (a) in action (b) on field service  
 (c) on duty (d) off duty ? (b) Date of Discharge ;  
 (c) Cause of Discharge.  
 9. If a Court of Inquiry was held on an injury state :—  
 (a) When (d) Particulars of Pension or Gratuity  
 (b) Where (if any)  
 (c) Opinion of Court

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

### Statement of Case.

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

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

11. Date of origin of disability. *Nil*  
 12. Place of origin of disability.  
 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *caused from 1st post provided by influenza*  
*caused to 1st post cured*

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | yes                 | .....             |
| (ii.) Previous active service.. .. .                       | no                  | .....             |
| (iii.) Climate in pre-war service .. .. .                  | .....               | .....             |
| (iv.) Ordinary military service before the war .. .. .     | .....               | .....             |
| (v.) Serious negligence or misconduct on the man's part. } | .....               | .....             |

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

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

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

*No complaints of disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

*Refutation*  
*[Signature]*  
 Medical Officer in charge of case.

Station .....

Date .....

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





## Descriptive Return of a Soldier Discharged on Account of Disability.

**INSTRUCTIONS**—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. & 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 *Rees, Wallace.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2775*

Intended address *Lance Cove Bell Island.*

Height on discharge *5* Feet *8*.

Color of hair on discharge *Light.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks *Scar on left leg.*

Figure on discharge *Slender.*

Christian name of Father *Solomon.*

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 *Lance Cove Bell Island June 26, 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) *Wallace Rees*

(Rank) *Plt.*

Station *St John's* Date *8. 4. 19*

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



Station

Date

FORM K

No. 2433



**1st. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

*23*

*10*

I, Wallace Rees, Regl. No. 2773

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 ..... Dollars and 50 Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons  
 concerned, viz. :

Allotment begins

*July 12 1916*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2419</i>	<i>father</i>	<i>Solomon Rees</i>	<i>Lance Cove Bell Island</i>	<i>50</i>
Total Allotment, \$				

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

(Sig.) *Charl. Aye Capt.*

Officer Commanding

Co Company

*Asst. John  
June 17 1916*

(Sig.) *Wallace Rees*

(Rank) *pr*

**Casualty Form—Active Service.**

Regiment or Corps... ROYAL NEWFOUNDLAND REGT  
 Rank... Plt Surname... Rees Christian Name... Wallace  
 Religion... Church of England Age on Enlistment... 19 years... 11 months  
 Enlisted (a)... St John's Terms of Service (a)... 18 MONTHS Service reckons from (a)... 18/5/16  
 Date of promotion to present rank... \_\_\_\_\_ Date of appointment to lance rank... \_\_\_\_\_  
 Extended { } Re-engaged { } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rate \_\_\_\_\_  
 Occupation... Machinist 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 ...			
		Disembarked... <u>La Br</u>	<u>Field</u>	<u>3/10/18</u>	<u>Bor3 2/11/18</u>
		Transferred to U.K.			<u>Part 2 3/E</u>
		<u>for Re-patriation</u>			<u>Capt for Lt Col</u>
					<u>for Officer in Not Infantry Section</u>
					<u>G.H.Q. 3rd Echelon.</u>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoemaker-Smith, & Co. (17591.) W. W 1887-P 1124, 1,000,000, 6/18. U.S. Form B/103 (E. 1256.) (P.F.O.)

Next of Kin: - Father, Rees Solomon, Lance Cove, Bell, La Br, D. W. P.

*[Handwritten scribble]*

*[Handwritten scribble]*

ST. JOHN'S, Apr 9<sup>th</sup> /19

# Royal Newfoundland Regiment.

Billeting Account,

To W. W. Rees

Billeting Soldiers as undermentioned

from Mar 24<sup>th</sup> /19 to April 10<sup>th</sup> /19

2773. W. W. Rees

J. C. R.

18 80

AMOUNT	<u>18 80</u>
DATE	<u>15464</u>
INITIALS	<u>W</u>
IND. LEDGER	
PAY LEDGER	
OKED	

Certified correct for \$ 18 80

W. W. Rees  
for Billeting Officer.

19.5

W. W. REES

**Casualty Form—Active Service.**

Regiment or Corps 1st Newfoundland  
 Rank Private Surname Rees Christian Name Wallace  
 Religion C of E Age on Enlistment 19 years 11 months.  
 Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) 18/5/16  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) 1st Class signaller  
 or Corps Trade and Rate .....  
 Occupation machinist Signature of Officer. W. Sweeney 2nd Lieut



Report From whom received	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
		Embarked <u>Solihull</u>	<u>3.6.17</u>	
		Disembarked... <u>Boulogne</u>	<u>3.6.17</u>	
		Joined Battalion	<u>19 JUN 1917</u>	<u>B 213</u>
<u>9/12/17</u>	<u>WOUNDED IN ACTION</u>	<u>France</u>	<u>9/12/17</u>	<u>B 213</u>
<u>1/12/17</u>	<u>As Gloucesters</u>	<u>5 CES</u>	<u>1/12/17</u>	<u>CA 4369</u>
<u>10 Dec 17</u>	<u>of</u>	<u>Kanar</u>	<u>1/12/17</u>	<u>KA 17060</u>
<u>Blondelle</u>	<u>Transferred to England</u>		<u>8/12/17</u>	<u>W 3083</u>
		<u>J. Neary</u>		
		<u>MAJOR</u>		
		<u>C. i/c No. 1</u>		
		<u>Infantry</u>		
		<u>G. H. O. 3rd Echelon</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, Shoeing-Smith, &c.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
[Form] W.P. 17/2124 1000m 6/16es 93 56

Forms  
B. 121.  
29.

Regiment of

*Newfoundland.*

Number of Sheet

*First*

Signature of O. C. Company

*J. J. Cunningham  
Capt.*

Regiment, Number and Name <i>207th Rees W. Depot</i>		Enlistment Age on <i>19</i> years <i>11</i> months		Grade <i>Machinist</i>	Good Conduct Badges, Service Pay or Proficiency Pay <i>1000/10 19/6/19</i> <i>500/10 19/9/19</i>	
Joined	Date <i>6/9/16</i>	Place and Date of Enlistment <i>St. John 18/5/16</i>	Religion <i>C of E.</i>			
Joined	Date	Period of (with Colours) <i>2 3/4</i> years (with Reserve) <i>3 1/2</i> years.	Place of Birth <i>Bulldog</i>			

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>Newton Park School</i>	<i>19/1/17</i>	<i>Pte.</i>		<i>Absent from tattoo until 10:30 AM.</i>	<i>Sgt Lynch.</i>	<i>2 days BB</i>	<i>20/1/17</i>	<i>RW Bartlett Lt</i>	<i>SR</i>
<i>Hayley Sound</i>	<i>11/9/19</i>	<i>L/C</i>		<i>Truck body messed about saw sheet in net wearing particles on waist belt</i>	<i>Sgt Bailey</i>				
			ii	<i>Stake a falsehood to the M. &amp; Police</i>	<i>Sgt Stewart</i>	<i>Deprived of Lance rank</i>	<i>24/9/19</i>	<i>Lt Col A. J. Barber</i>	<i>9/11</i>
<i>Hayley Sound</i>	<i>10/1/19</i>	<i>Pte</i>		<i>Absent from work 10/1/19</i>	<i>Sgt Fitzpatrick</i>	<i>7 days BB</i>	<i>11/1/19</i>	<i>Capt White</i>	<i>4/11 7 days BB</i>
				<i>Demobilized 24/7/19</i>					
				<i>To be carried over</i>					

Army Form B. 121

A-2773

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 2773 Rank Private Name Rees Wallace  
 Date of Enlistment No. 5-16 Address Lance Cove B. Id. District St. John's 6  
 Occupation Machinist Classification for Discharge 6 Medical Category AI  
 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	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 8.4.19 for H. Mans H. O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*Wallace Rees*

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$65.00
- (b) Clothing Supplied Attest Louston

Date 9-4-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 94729.473 to his home at Beacons and Release Certificate No. 2062 issued.

Date 9-4-19

*J.A. Snowling*  
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 24-4-19

Date 4-4-19

*H. H. H. H.*  
Depot Paymaster.

Discharge approved for 10-4-19

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
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 9-4-19

*J.A. Snowling*  
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

APR 10 1919

Date .....

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

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

Date 18/4/19

*A. H. Green Esq.*  
*for officer in charge*



EXTRACT FROM STATEMENT OF ACCOUNT TO 12-3-19 RECEIVED FROM  
PAY AND RECORD OFFICE LONDON

2773 Pte. Rees, W.

Dr. Bal. 22-904

Transferred to Pay Office 22-4-19

Reg. No. *2773* Rank *Plt* Name *Rees Wallace*

Attested ..... Address *Lance Cove Bell Isd.*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *24-3-19*

Returned on S.S. *Train* Cause *Discharge*

APR 9	1919	PASSED TO DEMOBILIZATION OFFICE
10. Oct. 19		DISCHARGE APPROVED ON DEMOBILISATION.