



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6021 Name Thomas Rider Corps CofE

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-------------------------------------|
| 1. What is your name? | 1. <u>Thomas Rider</u> |
| 2. What is your full Address? | 2. <u>Bonaville</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>25</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Thomas Rider 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.

Thomas Rider SIGNATURE OF RECRUIT.
17-8-18 St. John's Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 17 day of August 1918.
 Signature of Attesting Officer C. Dickson

†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 19-8-18 1918
 Place St. John's } Approving Officer. [Signature]

† 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 Thomas Rider
 Apparent age 25 years months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 { Range of expansion 3 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Abraham Rider
Bonavista | 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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " Pensions " _____ [" "] _____ " _____									



THE ROYAL NEWFOUNDLAND REGIMENT

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- | | |
|---|--------------------------|
| 1. What is your name? | 1. <u>Thomas Rider</u> |
| 2. What is your full Address? | 2. <u>Bonavista</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>25</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to give upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

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on this 17 day of August 1918
Signature of Attesting Officer P. S. Dickson

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Name Thomas Rider

Apparent age 25 years months. Height 5 feet 5 inches

Chest Measurement { Girth when fully expanded 37 inches
 { Range of expansion 3 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Abraham Rider
Bonavista | 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>17-8-18</u>										
Joined at <u>St Johns</u> on <u>August 17-1918</u>										
<u>Discharged</u> <u>January 13-1919</u>										
<u>Granted Leave without pay from 1-9-18</u>										
<u>Demobilized at</u> <u>St Johns 13-1-1919</u>										
Total Service forfeited as above.....										
Total Service towards Engagement to <u>13-1-1919</u> [date of discharge]										
" " Pensions " " " " " "										

years 14 days

C.R. 6021

Extract of Daily Orders Part II, Depot, St. John's,
dated Jan. 14th 1919.

DISCHARGES APPROVED ON DEMOBILIZATION

The discharge of the undernoted man on demobilization has
been approved by G. C. Discharge Depot on noted date.

6021 Pte. Thos. Ryder.

Discharged 10-1-19

C.R. 6021

Extract from Daily Orders Part II Unit The Royal Welch

Regt., St. John's, Jan. 13th, 1919.

The Discharge of the undernoted on Demobilisation has been
confirmed
approved by OTC? Discharge Dept on noted dates.

6021 Pte. Thos. Ryder.

Jan. 13th 1919.

C.R. 6021

Extract from Daily Orders Part 11 Unit The Royal Wfld.

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

6021 Pte. Thos. Rider.

Attested for general service with the Royal Wfld. Regt.

17-8- 18-

Ryder, Geo.

6021

Ray Dept.

January 25th., 1919

#6021 Pte. Thomas Ryder,
Bonavista, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 739."

Yours faithfully,

Captain,
Paymaster & Officer i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6021 Rank Pte Name Peter Thomas

Intended place of residence Bonaville

2. Occupation Fisherman

Classification of soldier D Medical Category A¹¹
On date Leave without Pay granted.

3. The above named man is discharged in consequence of.....
DEMOBILIZATION.

4. His accounts are correctly balanced and he has been **ENLISTED** under the **MILITARY SERVICE ACT** and granted leave without pay.

Place **ALLOWANCES**

Date 10-1-19 **NOT ELIGIBLE** for **PAY** and **ALLOWANCES**
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 and granted leave without pay.

Place and date **NOT ELIGIBLE** for **PAY** and **ALLOWANCES**
Signature of soldier

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 **NOT APPLICABLE**
Signature of soldier

Granted Leave without pay at his own request and attestation to continue in civilian occupation

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17.8.18 No of days on Military

Discharged from service..... 10.1.19 Service 14 Days

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S R. H. Lint Capt

Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date JAN 10 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place St. John's, Nfld. M. Bowley Capt

Officer i/c Records
The Royal Newfoundland Regiment

Date January 13/1919

22 B 2099/739

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6021 Rank Pte. Name Pvt. Thomas
 Date of Enlistment 17.8.18 Address Bonavista District Bonavista
 Occupation Fisherman Classification for Discharge D. Medical Category A II
On date Leave without Pay granted.
 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 3.1.19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

NOT APPLICABLE.

Granted Leave without pay at his own request after
attestation to continue in civilian occupation

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable..... **ENLISTED** under the **MILITARY SERVICE ACT**
 and granted leave without pay.

(b) Clothing Supplied
NOT ELIGIBLE for PAY and ALLOWANCES.

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. to his home
at and Release Certificate No. 1-10 issued. mailed

Date 10-1-19 C. Brooks Capt
Demobilization Officer

4. Pay and Allowances.

ENLISTED under the MILITARY SERVICE ACT

The herein named soldier's accounts have been correctly balanced and all matters in connection
therewith settled. He has received pay and allowances to and ALLOWANCES.....
NOT ELIGIBLE for PAY

Date 10-1-19 W. H. M. Capt.
CR #1925 A mailed 10-1-19. Depot Paymaster.

Discharge approved for. 10 1 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	1	N.F. Med.	D.F. 1	
F 178	W 3494	B 122		Board 1st	" 2	1
R 178a	D 400A	B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 10 1 19 C. Brooks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JAN 10 1919

Date R. H. Suit Capt.
O. C. Discharge Depot.

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

Date

NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. _____

Sent by _____

Rate by _____

Class _____

No. _____

Place from _____

To *Penarabata*
Capt D Grady



*Can you extend my leave
- till 15th October
have some work attend
to answer*

6021 pte Lhos Ryder

157

*Leave granted ^{you} ^{from Sept 11th}
No. Pay ^{to}
Oct. 15th 1918*

2-9-18

*M.
3-9-18*

*R.M. Fairbairn
7/*

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

MEDICAL HISTORY

Surname

Peder

Christian Name

Thomas

Table I.—GENERAL TABLE

Birthplace:—Parish

Bonaville

County

Newfoundland

SPECIAL RESERVE

REGULAR ARMY

Examined	on <i>17</i> day of <i>Aug.</i> 191 <i>1</i>	on	day of	191
	at <i>St. John's</i>	at		
Declared Age	<i>25</i> years	years	years	days
Trade or Occupation	<i>Yachtsman</i>			
Height	<i>5</i> feet <i>5</i> inches	feet	inches	
Weight	<i>137</i> lbs.	lbs.	ll s.	
Chest Measurement	Girth when fully expanded	<i>37</i> inches	inches	
	Range of Expansion	<i>3</i> inches	inches	
Physical Development				
Vaccination Marks	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R. E.—V=	<i>6/6</i>	R. E.—V=	
	L. E.—V=	<i>6/6</i>	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>Lammie Peterson</i>			
(Rank)		Medical Officer		Medical Officer
Enlisted	at <i>St. John's</i>	at		
	on <i>17</i> day of <i>Aug.</i> 191 <i>1</i>	on	day of	191
Joined on Enlistment	Corps	<i>Regt. No.</i>	Corps	Regt. No.
	<i>Regt. No. 6071</i>			
Transferred to	<i>Regiment</i>			
Became non-effective by	on	day of	191	on
(Signature)				
(Rank)				

Nº 6902



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Ryder, Regl. No. 6021, hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz. :

Allotment begins 1-9-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6103	Father	Thomas Ryder	Bonaville B Bay.	60 ⁴
Total Allotment, \$				60

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
[Signature]
 Reg 24 1918

(Sig.) Thomas Ryder
 (Rank) Plt

No. 6902



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Ryder, Regl. No. 6021,
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins: 1-9-18.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
6103	Father	Mr. Albealon Ryder	Bona Vista B Bay.	60 ⁺
Total Allotment, \$				60

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.)

L. J. Sheehey

Officer Commanding
Company

S. J. Johns

Aug 24
1918

(Sig.)

Thomas Ryder

(Rank)

Plt

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at Headquarters on Aug 17 1918

1. Name Thomas Peter Age (a) Declared 25
(b) Apparent

2. Do you know of anything wrong with you? No.

What severe illnesses have you had? Pneumonia 1 year ago.

Eyes. Brown.
Complexion Fair.
Mark —

6021

3. Height 5 ft. 3 Weight 132

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs

Measurement (a) Expiration 34 (b) Inspiration 37

7. Examination of Heart

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? Yes about 5 years ago

11. Name and address of next of kin Father Jerusalem Bonaville

REMARKS—

A. H.

W. B. D. S.
W. B. D. S.

Medical Examiners.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Regiment of Royal NewfoundlandNumber of Sheet One
Signature of O. C. Company E. S. Dicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6021 Thomas Ride</u>	Age on	<u>25</u> years <u></u> months	<u>Fisherman</u>	
Joined	Date	Place and Date of Enlistment	<u>St John's</u> <u>1748-48</u>	Religion <u>C of E</u>	
Joined	Date	Period of	} with Colours <u>58</u> years } with Reserve <u>30</u> years	Place of Birth <u>Bonavista</u>	
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 13/19</u>					
To be carried over.									

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6021 Rank Pte. Name Pvt. Thomas
 Date of Enlistment 17.8.18 Address Bonaville District Bonaville
 Occupation Fisherman Classification for Discharge D Medical Category A¹¹
 Recommendation S.M.B. Disability Rating On date Leave without Pay granted.

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..... 5.1.19.....

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

NOT APPLICABLE.

Granted Leave without pay at his own request after
attestation to continue in civilian occupation

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable..... **ENLISTED** under the **MILITARY SERVICE ACT**
 and granted leave without pay.
 (b) Clothing Supplied
NOT ELIGIBLE for **PAY** and **ALLOWANCES.**

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at _____ and Release Certificate No. 716 issued.

Date 10-1-19 [Signature]
Demobilization Officer

4. Pay and Allowances.

ENLISTED under the MILITARY SERVICE ACT

The herein named soldier's accounts and granted leave without pay and all matters in connection therewith settled. He has received pay and allowances to **NOT ELIGIBLE for PAY and ALLOWANCES.**

Date 10-1-19 [Signature]
Depot Paymaster.

Discharge approved for 10. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	1	N.F. Med	D.F. 1	
F 178	W 3494	B 122		Board 1st	" 2	1
R 178a	D 400A	B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93	1			

Date 10. 1. 19 [Signature]
Demobilization Officer.

APPROVED [Signature]

Documents as above forwarded to:—
Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Date JAN 10 1919 [Signature]
O. C. Discharge Depot.

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

Date Jan 17 1919 [Signature]
Officer in Records

NEWFOUNDLAND POSTAL TELEGRAPHS

Received _____ m. By _____

Sent out for delivery _____ m. By _____

No. 134 Place from Bonavista No. of Words 11 pd



To Capt O Grady.

*wish leave country for work
can I go without
discharge answer.*

*6021 pte Thomas Ryder
2 weeks leave*

[Large handwritten flourish]

How are

[Small handwritten mark]

Reg. No. *6041* Rank *Sgt* Name *Rides Thomas*
Attested *17-8-18* Address *Lance Cove S. B.*
Allotment *60* Allottee *Mrs Absalom Rides (Father)*
Date of Allotment *1-9-15* Returned from Overseas
Embarked for Overseas Cause

Vacated 2-18 1st Lt 2-18 - 2nd 2-9-15.

I leave 3-9-18. to 10-9-15.

I leave without pay from 11-9-18. to 15-9-18.

PASSED TO DEMOBILIZATION OFFICER JAN 10 1919

10-1-19.

DISCHARGE APPROVED ON DEMOBILISATION.