



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 383

Name in full Frank Roberts Age 22

Address 7 Balsam St.

Single Married  
 Color Sans Height Light Brown Weight Brown  
 Hair Light Brown Eyes Brown

Other distinguishing marks \_\_\_\_\_

Nearest relative Father - Samuel Roberts

Address None 7 Balsam St.

Dependents None

Occupation Clerk Present Wage 50c weekly.

Previous service None

Decorations None

General Remarks \_\_\_\_\_

Date of Enlistment \_\_\_\_\_

I, Frank Roberts <sup>Witness</sup>, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland as the case may be) against all his enemies and opposers whatsoever according to the conditions of my service.

*Re-engaged for duration of war.*  
 Frank Roberts  
 Robert Roberts  
 Albert Roberts  
 13-8-15

Frank Roberts

Declared before me this 2 day  
 of October 1914

Chung Macpherson  
 Capt. R.P.M.

Sep 5

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 383

Name Frank Roberts

Apparent age 22 years      months. Height      feet      inches.

Chest measurement { Girth when fully expanded      inches.  
Range of expansion      inches.

Distinctive marks Color: Fair, Hair: Light Brown, Eyes: Brown

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin Samuel Roberts, 7 Balsam St., St. John's  
| 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   | Regt. or Depot | Promotions, 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. O. Pay |      | Signature of Officers certifying correctness of entries |
|---|----------------|---|-----------|-------|--|------|--|------|---|
|   |                |   |           |       | years  | days | years  | days |   |
| Service towards limited engagement reckons from <u>5/9/14</u>   |                |   |           |       |  |      |  |      |   |
| Joined at <u>St. John's</u> on <u>5th September '14</u>   |                |   |           |       |  |      |  |      |   |
| <u>Dysentery, wounded 22/10/14</u>  |                |   |           |       |  |      |  |      |   |
| <u>Died</u>   |                |   |           |       |  |      |  |      |   |
| <u>Embarked S.S. Florent for G.H. 3<sup>10</sup>/<sub>14</sub></u>                                    |                |   |           |       |  |      |  |      |   |
| <u>Embarked to E.F. 20<sup>8</sup>/<sub>15</sub></u>  |                |   |           |       |  |      |  |      |   |
| <u>Disembarked Mex and embarked for Cairo 31<sup>8</sup>/<sub>15</sub></u>                            |                |   |           |       |  |      |  |      |   |
| <u>Embarked for Gallipoli 13<sup>8</sup>/<sub>15</sub></u>  |                |   |           |       |  |      |  |      |   |
| <u>Landed Suvla Bay night of 19-20 Sept 1915.</u>   |                |   |           |       |  |      |  |      |   |
| <u>S.S. Maudslayi Battalion &amp; L. Side (platoon) 22<sup>10</sup>/<sub>15</sub></u>                 |                |   |           |       |  |      |  |      |   |
| <u>Died of wounds 23<sup>10</sup>/<sub>15</sub></u>   |                |   |           |       |  |      |  |      |   |
| Total Service forfeited as above .. .. .  |                |   |           |       |  |      |  |      |   |
| Total Service towards Engagement to <u>23-10-15</u> (date of discharge) <u>1</u> years <u>49</u> days |                |   |           |       |  |      |  |      |   |
| " " " Pension " " " " " " " " " " " "   |                |   |           |       |  |      |  |      |   |

**DESCRIPTIVE REPORT ON ENLISTMENT.**

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

Reg. No. 383

Name **Frank Roberts**

Apparent age 22 years \_\_\_\_\_ months. Height \_\_\_\_\_ feet \_\_\_\_\_ inches.

Chest measurement { Girth when fully expanded \_\_\_\_\_ inches.  
Range of expansion \_\_\_\_\_ inches.

Distinctive marks **Color: Fair, Hair: Light Brown, Eyes: Brown.**

**INFORMATION SUPPLIED BY RECRUIT.**

Name and Address of next of kin **Samuel Roberts, 7 <sup>170 Hamilton Street</sup> ~~Balsam~~ St. St. John's**

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  | Regt. or Depot | Promotions, Reductions, Casualties, a.c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension on |      | Service in Re-served not allowed to reckon towards G. O. Pay |      | Signature of Officers certifying correctness of entries |
|--|----------------|--|-----------|-------|---|------|--|------|---|
|  |                |  |           |       | years   | days | years  | days |   |
| Service towards limited engagement reckons from <b>5/9/14</b>                        |                |  |           |       |   |      |  |      |   |
| Joined at <b>St. John's</b> on <b>5th September '14</b>                              |                |  |           |       |   |      |  |      |   |
| <i>Dies at Alexandria Oct 23/15</i>  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
|  |                |  |           |       |   |      |  |      |   |
| Total Service forfeited as above .. .. .   |                |  |           |       |   |      |  |      |   |
| Total Service towards Engagement to _____ (date of discharge) _____ years _____ days |                |  |           |       |   |      |  |      |   |
| " " " Pension " _____ ( " ) _____ " _____ "  |                |  |           |       |   |      |  |      |   |

J. Roberts

383

P.H.P. Co.

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

# MEDICAL HISTORY

OF

Surname Roberts Christian Name Frank

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

|   | SPECIAL RESERVE.                |                       | REGULAR ARMY.    |             |
|---|---------------------------------|-----------------------|------------------|-------------|
|   | on                              | day of                | on               | day of      |
| Examined .....  | at                              |                       | at               |             |
| Declared Age... ..  | 22                              | years — days          |                  | years days  |
| Trade or Occupation... ..   |                                 |                       |                  |             |
| Height .....  |                                 | feet inches           |                  | feet inches |
| Weight .....  |                                 | lbs.                  |                  | lbs.        |
| Chest Measurement {   | Girth when fully expanded... .. |                       | inches inches    |             |
|   | Range of expansion.. ..         |                       | inches inches    |             |
| Physical Development... ..  |                                 |                       |                  |             |
| Vaccination Marks {   | Right                           | Left                  | Right            | Left.       |
|   | Arm .....                       |                       |                  |             |
| Number .....  |                                 |                       |                  |             |
| When Vaccinated .....   |                                 |                       |                  |             |
| Vision .....  | R. E.—V==                       |                       | R. E.—V==        |             |
|   | L. E.—V==                       |                       | L. E.—V==        |             |
| (a) Marks indicating congenital peculiarities or previous disease | (a)                             |                       | (a)              |             |
|   | (b)                             |                       | (b)              |             |
| (b) Slight defects but not sufficient to Cause Rejection          |                                 |                       |                  |             |
| Approved by (Signature)   |                                 |                       |                  |             |
| (Rank)  |                                 |                       |                  |             |
|   | Medical Officer.                |                       | Medical Officer. |             |
| Enlisted .....  | at                              | St Johns. N. F. L. D. | at               |             |
|   | on                              | day of 191            | on               | day of 191  |
| Joined on Enlistment ... ..                                       | Corps.                          | Regtl. No.            | Corps.           | Regtl. No.  |
|   | Newfoundland                    | 383                   |                  |             |
| Transferred to.. ..   |                                 |                       |                  |             |
| Became non-effective by. ....                                     |                                 |                       |                  |             |
|   | on                              | day of 191            | on               | day of 191  |
| (Signature)   |                                 |                       |                  |             |
| (Rank)  |                                 |                       |                  |             |

**Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.**

| Date        | Brief Details, and Signature |
|-------------|------------------------------|
| Oct<br>1914 | <u>T. V.</u><br>2            |
| 23. 4. 5.   | Vac.                         |
| 13. 8. 15   | Fit for foreign service      |
| 21. 8. 15   | <u>Ch. V.</u>                |
| 30. 8. 15   | 2                            |

**TABLE IV.—SERVICE TABLE.**

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation. | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|----------------------|--------------------------------|--------------------------------------|----------------------|--------------------------------|-------------------------------------|
|                      |                                |                                      |                      |                                |                                     |

## FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 218 or Army Form A. 86 or from other official documentary sources.

REGIMENT } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery } B COMPANY.  
or  
CORPS }

Regt. No. 383. Rank Private

Name Roberts, F.



Date 23rd. October, 1915.  
Died { Place 26 Casualty Clearing Station Hospital.  
Cause of Death\* Died of Wounds Received in Action.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation, or exposure while on military duty, or from injury while on military duty.

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not Known.  
(b) in Small Book (if at Base) Not Known.  
(c) as a separate document Not Known.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Paymaster at the Base (see Field Service Regulations, Part II.), together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge  
of Section Adjutant-General's  
Office at the Base

H. Parkhouse Captain,  
for Officer i/c Records, T. F. 6,  
3rd. Echelon, M. E. F.

Station and Date ALEXANDRIA, 28/10/15.

NEWFOUNDLAND CONTINGENT.

INVENTORY of EFFECTS of

No. 383 Wm. H. Roberts deceased.

EXTRACT from A.F. p. 2090 A, dated \_\_\_\_\_:

CAUSE of DEATH Died of wounds  
DATE 23<sup>rd</sup> Oct. 1915 PLACE Alexandria Egypt?

- WILL: (a) In Pay Book \_\_\_\_\_  
 (b) In Small Book \_\_\_\_\_  
 (c) Separate Document \_\_\_\_\_

NEXT OF KIN: Samuel Roberts  
 Relationship Father  
 Address 7 Balsam St  
St Johns Newfoundland

PARTICULARS.

1/2 Kit Bag from Depot.



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NEWFOUNDLAND CONTINGENT

INVENTORY of EFFECTS of

No. 82. Pte W. J. Collins. deceased.

EXTRACT from A.F. B. 2090A, dated 5/11/15.

CAUSE of DEATH Died of Dysentery.

DATE 28/10/15. PLACE Alexandria

- WILL: (a) in Pay Book \_\_\_\_\_  
 (b) in Small Book \_\_\_\_\_  
 (c) Separate document \_\_\_\_\_

NEXT of KIN: Jerry Collins.  
 Relationship \_\_\_\_\_  
 Address 1 Flower Hill.

Particulars

- 1 Photo Post card.
- 1 Identity Disc
- 1 Soldier's Small Book.



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NEWFOUNDLAND CONTINGENT

INVENTORY of EFFECTS of

383 Mr. F. Roberts

No. \_\_\_\_\_ deceased.

EXTRACT from A.F.B. 2090A dated 28/10/15

CAUSE OF DEATH 26<sup>th</sup> Family Club Str. Hosp.

DATE \_\_\_\_\_ PLACE \_\_\_\_\_

WILL: (a) in Pay Book \_\_\_\_\_

(b) in Small Book \_\_\_\_\_

(c) Separate document \_\_\_\_\_

NEXT of KIN: James Roberts

Relationship Brother

Address St. Johns N.F.

Particulars

- 1 New Testament
- 1 Pocket Diary
- 1 Packet Letters
- 1 Identity disc.



No. 383 Name *Roberts F.* Sqn., Batty., or Company } *B* Corps *Newfoundland* Date of enlistment } *2.10.14* 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. } Signature O.C. Company, etc. } Character }

| 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>Pte</i> |                      | <i>Killed at Seville.</i> |                    |                    |   |                 |         |

Army Form B. 122

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Hotel Metropole,  
Alexandria.

Nov. 17th., 1915.

To The Pay & Record Offices, Newfoundland Regiment,  
~~The Command Paymaster,~~ 58 Victoria Street,  
London, S. W.

~~R. S. J.~~

I forward herewith the A. B. 64 belonging  
✓ to the late No. 383, Pvt. F. Roberts, B Company,  
1st. Newfoundland Regiment.

Death report was passed to you on the  
October 28th., 1915.



H. Parkhouse  
Records Captain,  
for Office of ~~1st~~ P. M. G.  
3rd Echelon, N. S. F.

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PAY LIST. to 23<sup>rd</sup> October 1915. Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *1st Newfoundland*  
 No. *383* Rank *Private* Name *J. Roberts*  
 Died (a) at *Alexandria* on the *23* of *October* 191*5.*  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191*.*

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

**STATEMENT OF ACCOUNT.**

[FORM 1.]

| Date | Dr.  | £ | s. | d. | Cr.   | £ | s. | d.  |
|------|--|---|----|----|---|---|----|-----|
|      | Balance Dr. last month.....                      |   |    |    | Balance Cr. last month.....   | 3 | 14 | 10½ |
|      | Cash issues<br>(Date of each issue to be stated) |   |    |    | Pay days at _____ from _____ to _____<br><i>Exchange Bal. 19/3/15</i><br>Proficiency, Service or good conduct pay |   | 14 | 7½  |
|      | 191  |   |    |    | _____ days at _____ from _____ to _____   |   |    |     |
|      | "  |   |    |    | Messing allowance _____ days at _____   |   |    |     |
|      | "  |   |    |    | from _____ to _____   |   |    |     |
|      | Consolidated stoppage .....                      |   |    |    | Clothing and kit allowance .....  |   |    |     |
|      | <i>Allstiment paid to</i>                        |   |    |    | Amount produced by the sale of Necessaries  |   |    |     |
|      | <i>Oct. 31/15 Charged to</i>                     |   |    |    | Personal Clothing and Effects from Form 2...  |   |    |     |
|      | <i>23rd.</i>                                     |   |    |    | Amount of Savings Bank balance, including   |   |    |     |
|      | <i>8 dys @ 70¢ \$5.60</i>                        |   |    |    | interest (if no balance, to be so stated)   |   |    |     |
|      | Balance due by the Paymaster                     | 3 | 6  | 6  | Deferred Pay or Gratuity.....   |   |    |     |
|      |  | £ | 4  | 9  | Balance due to the Paymaster.....   |   |    |     |
|      |  |   |    |    |   | £ | 4  | 9   |
|      |  |   |    |    |   |   |    | 6   |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public<sup>(b)</sup>

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191*5.* Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 1090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

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**PAY LIST.** to 23 September 1915. Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps *1st Newfoundland*  
 No. *1138* Rank *Private* Name *F. E. Ebsary*  
 Died (a) at *Gallipoli* on the *23* of *September* 1915.  
 Deserted at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_ { *Commanding Squadron, Troop,  
Battery or Company.*

**STATEMENT OF ACCOUNT.** [FORM 1.

| Date | Dr.   | £ | s. | d. | Cr.   | £ | s. | d. |   |
|------|---|---|----|----|---|---|----|----|---|
|      | Balance Dr. last month.....   |   |    |    | Balance Cr. last month.....   |   |    |    |   |
|      | Cash issues<br>(Date of each issue to be stated)  |   |    |    | Pay days at _____ from _____ to _____   |   |    |    |   |
|      |   | £ | s. | d. | Proficiency, Service or good conduct pay  |   |    |    |   |
| 191  |   |   |    |    | days at _____ from _____ to _____   |   |    |    |   |
| "    |   |   |    |    | Messing allowance days at _____   |   |    |    |   |
| "    |   |   |    |    | from _____ to _____   |   |    |    |   |
| "    |   |   |    |    | Clothing and kit allowance .....  |   |    |    |   |
|      | <i>Allstment paid to<br/>Oct 31/15 24/9/15-31/10/15<br/>38dys @ 70 \$ 26.00<br/>Consolidated stoppage .....</i> |   |    |    | Amount produced by the sale of Necessaries  |   |    |    |   |
|      |   |   |    |    | Personal Clothing and Effects from Form 2...  |   |    |    |   |
|      |   |   |    |    | Amount of Savings Bank balance, including<br>interest (if no balance, to be so stated)      |   |    |    |   |
|      |   |   |    |    | Deferred Pay or Gratuity.....   |   |    |    |   |
|      | Balance due by the Paymaster  |   |    |    | <i>Cash received from Command 11 6<br/>Balance due to the Paymaster 4 2 7<br/>Paymaster</i> |   |    |    |   |
|      |   | £ | 5  | 9  | 4   | £ | 5  | 9  | 4 |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ \_\_\_\_\_ is correctly chargeable against the Public (b)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 191 . \_\_\_\_\_ Paymaster.

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already done, to Form O. 1625 or A.F.E. 2090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.

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PAY LIST.

to <sup>23</sup>October 1915. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1<sup>st</sup> Newfoundland*  
 No. *383* Rank *Private* Name *T. Roberts*  
 Died (a) at *Alexandria* on the *23* of *October* 1915.  
 Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

STATEMENT OF ACCOUNT.

[FORM 1.

| Date | Dr.  | £ | s. | d.  | Cr.  | £ | s. | d.     |
|------|--|---|----|-----|--|---|----|--------|
|      | Balance Dr. last month.....                      |   |    |     | Balance Cr. last month.....  | 3 | 14 | 10 1/2 |
|      | Cash issues<br>(Date of each issue to be stated) |   |    |     | Pay <i>6</i> days at <i>Exchange Balance</i> from <i>19/3/16</i> to <i>25/3/16</i> |   | 14 | 7 1/2  |
|      |  | £ | s. | d.  | Proficiency, Service or good conduct pay   |   |    |        |
|      | 191  |   |    |     | days at from to  |   |    |        |
|      | "  |   |    |     | Messing allowance days at  |   |    |        |
|      | "  |   |    |     | from to  |   |    |        |
|      | "  |   |    |     | Clothing and kit allowance .....   |   |    |        |
|      | Consolidated stoppage .....                      |   |    |     | Amount produced by the sale of Necessaries   |   |    |        |
|      | <i>Attainment paid to</i>                        |   |    |     | Personal Clothing and Effects from Form 2...                                       |   |    |        |
|      | <i>Dec 31.15 charged 75<sup>rs</sup></i>         |   |    |     | Amount of Savings Bank balance, including  |   |    |        |
|      | <i>8 days @ 70<sup>rs</sup> 560</i>              | 1 | 3  |     | interest (if no balance, to be so stated)  |   |    |        |
|      | Balance due by the Paymaster                     | 2 | 6  | 6   | Deferred Pay or Gratuity.....  |   |    |        |
|      |  | £ | 4  | 9 6 | Balance due to the Paymaster.....  |   |    |        |
|      |  |   |    |     |  | £ | 4  | 9 6    |

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *4 9 6* is correctly chargeable against the Public<sup>(a)</sup>

Dated at this



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Paymaster.

PAYMASTER & OFFICER IN CHARGE RECORDS

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.F.B. 1090 or Army Form O. 1815.

(b) Words in italics to be struck out when there is no debtor balance.

Hotel Metropole,  
Alexandria,

Nov. 17, 1915.

To

Pay & Record Offices,  
Newfoundland Regiment,  
58 Victoria Street,  
London, S.W.

I forward under separate cover the Personal  
Effects of the late, No. 383, Private F. Roberts, 1st.  
Newfoundland Regiment, as per list below:-

- checked  
J.M.*
- ✓ 1 New Testament.
  - ✓ 1 Pocket Diary.
  - ✓ 1 Packet Letters.
  - ✓ 1 Identity Disc.



*H. Parkhouse*  
Captain,  
Officer i/c Records, T.F. 6,  
3rd. Echelon, M. E. B.

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5378/1

December 13th ..6..

Madam,

///.

20/11/16 .

one Kit Bag containing the effects of No. 383.  
Pte. F. Roberts was shipped to the Colonial  
Secretary, St. John's on the 1/12/16.  
Statement of his account, was also sent to the  
Deputy Paymaster to whom you should apply for  
the balance due to your son's estate.

///Madam

Mrs. Julia Roberts,  
120, Hamilton Street,  
St. John's,  
Newfoundland..



Major.  
Paymaster & O. i/c. Records..

120 Hamilton St.  
St. Johns Newfoundland  
November 20/16

To Captain Timewell  
Pay & Record Office  
London

Dear Sir

I wish very much for the return  
of the personal Effects of my Dear Son (Deceased)  
Private Frank Roberts No 383 first  
Newfoundland Regiment who Died October 29  
at 26. C. C. I. Mudroff also for a  
settlement of pay Due to his account over  
there I shall be very much obliged  
for an early Reply

Sincerely yours Julia Roberts

|          |             |
|----------|-------------|
| PREPAID  | NOV 20 1916 |
| NO. 1700 | DEC 26 1916 |
| AMOUNT   |             |
| DATE     |             |
| FILE NO. |             |

Bark

---

What effect  
for this  
polder; ?

J. K. A. Baq.

from Depot.

---

Shipped to Mfld.

1/12/16.

GAB

Roberts A.

383

Pay. Dept

**Casualty Form—Active Service.**

Regiment or Corps Newfoundland

Regimental No. 303 Rank Pte. Name Roberts, F.

Enlisted (a) 2/10/14 Terms of Service (a) One year Service reckons from (a) 2/10/14

Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N.C.Os. }

Extended \_\_\_\_\_ Re-engaged <sup>Duration</sup> of war Qualification (b) \_\_\_\_\_

| Report |                    | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 83, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents. |
|--------|--------------------|--|-------|------|--|
| Date   | From whom received |  |       |      |  |

|             |              |   |             |                       |               |
|-------------|--------------|---|-------------|-----------------------|---------------|
|             |              | Embarked St. John's, Nfld.  |             | 3/10/14               |               |
|             |              | Disembarked Alexandria  |             | 1/9/15                |               |
| 22/10/15.26 | Cgrm. C.C.S. | Embarked for Gallipoli G.S.Wound, R. Buttock & L. Side, dangerous | Dardanelles | 13/9/15               |               |
| 23/10/15    | "            | Died of Wounds  |             | 22/10/15.<br>23/10/15 | Auth. A 14762 |



(Sgd) H. PARKHOUSE, Captain  
 for Officer i/c Records, T.F.6  
 3rd Echelon, M.E.F.

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



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1914

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 Robert's Frank (136)  
aged 22 conducted at B. H. B. Army  
Date: Aug 25 - 1914 Recruiting Officer:

NO. OF TEST FINDING

|    |   |
|----|---|
| 1  | n   |
| 2  | n   |
| 3  | n   |
| 4  | n   |
| 5  | n   |
| 6  | n   |
| 7  | n   |
| 8  | n   |
| 9  | n   |
| 10 | n   |
| 11 | Slight flat feet                          |
| 12 | n   |
| 13 | Normal                                    |
| 14 | n   |
| 15 | malformation of left ear (injury)         |
| 16 | n   |
| 17 | n   |
| 18 | n   |
| 19 | $\frac{1}{60}$ right, left $\frac{1}{36}$ |
| 20 | n   |
| 21 | n   |
| 22 | n   |
| 23 | n   |
| 24 | n   |
| 25 | n   |
| 26 | n   |
| 27 | External Haemorrhoids (not disqualified)  |
| 28 | n   |
| 29 | n   |
| 30 | n   |
| 31 | n   |
| 32 | n   |
| 33 | n   |
| 34 | 5' 8" on 9 years ago                      |
| 35 | 129 lbs                                   |
| 36 | Inspiration 37 Expiration 35              |
| 37 | about \$8.00 per week                     |
| 38 | Father Samuel Roberts 120 Hamilton Avenue |
| 39 | n   |

Signature of Medical Examiner: Cluny Macpherson M.D.  
383  
F. H. Stutcher

**FIELD SERVICE.**



REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 713 or Army Form A. 36 or from other official documentary sources.

REGIMENT ) **NEWFOUNDLAND REGIMENT.** Squadron, Troop, Battery } **B COMPANY.**  
 or ) CORPS ) or Company }

Regtl. No. **383.** Rank **Private**

Name **Roberts, F.**

Died { Date **23rd. October, 1915.**  
 Place **26 Casualty Clearing Station Hospital.**  
 Cause of Death **\* Died of Wounds Received in Action.**

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation, or exposure while on military duty, or from injury while on military duty.

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) **Not Known.**  
 (b) in Small Book (if at Base) **Not Known.**  
 (c) as a separate document **Not Known.**

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Paymaster at the Base (see Field Service Regulations, Part II.), together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge of Section Adjutant-General's Office at the Base

*H. Parkhouse* Captain,  
 Officer i/c Records, T. F. C.,  
 3rd. Echelon, M. E. F.

Station and Date **ALEXANDRIA, 28/10/15.**

PAY LIST.

to 23rd October

1915 . Voucher No.

**NON-EFFECTIVE ACCOUNT.**

Regiment or corps 1st Newfoundland  
 No. 383 Rank Private Name F. Roberts  
 Died (a) at Alexandria on the 23rd of October 1915  
 Deserted at . . . . . on the . . . . . of . . . . . 191 . . . . .

I Certify to the correctness of above in every particular.

\_\_\_\_\_  
 Commanding Squadron, Troop,  
 Battery or Company.

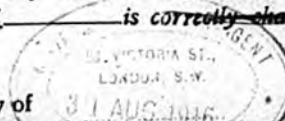
**STATEMENT OF ACCOUNT.**

[FORM 1.]

| Date | Dr.  | £ | s. | d. |  | Cr.                           | £  | s. | d.            |   |
|------|--|---|----|----|--|-------------------------------|----|----|---------------|---|
|      | Balance Dr. last month.....  |   |    |    | Balance Cr. last month.....  | 3                             | 14 | 10 | $\frac{1}{2}$ |   |
|      | Cash issues<br>(Date of each issue to be stated)                         |   |    |    | Pay days at from to.....   |                               |    |    |               |   |
|      |  | £ | s. | d. | Exchange Balance 19/3/15<br>Proficiency, Service or good conduct pay                   |                               | 14 | 7  | $\frac{1}{2}$ |   |
|      | 191  |   |    |    | days at from to.....   |                               |    |    |               |   |
|      | "  |   |    |    | Messing allowance days at  |                               |    |    |               |   |
|      | "  |   |    |    | from to .....  |                               |    |    |               |   |
|      | "  |   |    |    | Clothing and kit allowance .....   |                               |    |    |               |   |
|      | Consolidated stoppage .....  |   |    |    | Amount produced by the sale of Necessaries   |                               |    |    |               |   |
|      | Allotment paid to Oct<br>31/15. Charged to 23rd<br>8 days @ .70 = \$5.60 | 1 | 3  | 0  | Personal Clothing and Effects from Form 2...   |                               |    |    |               |   |
|      | Balance due by the Paymaster   | 3 | 6  | 6  | Amount of Savings Bank balance, including<br>interest (if no balance, to be so stated) |                               |    |    |               |   |
|      |  | £ | 4  | 9  | 6  | Deferred Pay or Gratuity..... |    |    |               |   |
|      |  |   |    |    | Balance due to the Paymaster.....  |                               |    |    |               |   |
|      |  | £ | 4  | 9  | 6  |                               | £  | 4  | 9             | 6 |

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ is ~~correctly chargeable against~~ the Public.

Dated at \_\_\_\_\_  
 this \_\_\_\_\_ day of \_\_\_\_\_ 1915



for *F. H. Marshall*  
 PAYMASTER & OFFIC Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with A.E.B. 3090 or Army Form O. 1815.  
 (b) Words in Italics to be struck out when there is no debtor balance.





**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*The Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.. *Aug 27* ..... 1921

I beg to acknowledge receipt of  
Memorial Plaque issued in respect of services of  
the late No. *383* ..... Rank *Plt* .....  
Name *Frank Roberts* .....  
Royal Newfoundland Regt.

*Samuel Roberts* ..... (Sgd.)

*Father* ..... Relationship.

Address *120 Hamilton St.* .....

1921

The accompanying list of goods is for the purpose of...

ST. JOHN'S

Fold Here

ON HIS



MAJESTY'S

SERVICE  
MADE IN  
NEWFOUNDLAND  
GOODS

To the Officer in Charge of Records,

**Royal Nfld. Regt.**

**Dept. of Militia,**

**ST. JOHN'S. Nfld.**

Fold Here

SIGNATURES

Date

Address

ST. JOHN'S  
NEWFOUNDLAND  
1921



SEP 23 1921 1921.

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

Mr. Samuel Roberts (Father)

in respect of his service as No. 383 Rank Pte.

Name Frank Roberts Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received The above named medals with thanks.

Signature Samuel Roberts

Date September 24<sup>th</sup> 1921

Address 120 Hamilton Street

[P.T.O.]

Sept 29<sup>th</sup> 1921

Lieut, Col.,  
W. F. Rendall.

C.R. 383

Chief Staff Officer.

Dear Sir,

I beg to acknowledge receipt  
of photograph of the grave of my Son  
# 383. Plé Frank Roberts 1<sup>st</sup> Royal  
Newfoundland Regiment.

Except thanks for courtesy extended

Samuel Robertō

# 120 Hamilton Street

Receipt for Army Book 64

No. 283 Name J. Roberts

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

Name Samual Roberts

Date Aug 7th 1920

Place 120 Hamilton St

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

*WJ*

*R*  
Lieut. Col. W.F. Rendell.  
Chief Staff Officer.  
1st. Royal Nfld. Regiment.

C.R. 383

Dear Sir

I have received through you, under registered cover, a message from His Most Gracious Majesty the King, accompanied by a Memorial Scroll in memory of my son #383 Pte. Frank Roberts, who gave his life in defence of the Empire, Oct. 1915.

Please accept my sincere thanks for same. 7

Yours Etc.

*Samuel Roberts*

120 Hamilton Street.

St. Johns.

Newfoundland.

Jany. 17th. 1920.



RECEIPT.

C.R. 383

I hereby certify that I have received the 1914-1915

STAR.

No 383

Name

Samuel Roberts

W. H. Roberts

120 Hamilton Street

Witness

J. N. Yates

Date

5-12-19

Place

St. Johns

November 23, 1917.

Samuel Roberts, Esq.,  
120 Hamilton Street,  
City.

383 Ptc. F. Roberts.  
-----

Sir:-

With reference to your letter of 6th Nov., I have the honour to state that the matter has received full consideration. In reply I would point out that your son did not make an allotment in your favor, but at his Savings Bank Account in the C.L.B Savings Department for his own benefit.

With regard to a continuation of Allotment in the case of dependent of Soldiers who have been "Killed in Action" or who have "Died of Wounds" an allotment has been continued until such time as the pension where payable can be determined. The understanding is that, when such continuation of payments of allotments has been made, and when a pension is granted subsequently the amount of allotment paid will be deducted from the amount of pension allowed, of course it is understood that dependence must be shown before pensions can be granted, the procedure is that, allotments not

2.

payable to dependents cease at the date of death of Alloter.

I trust that this explanation will be clear and satisfactory to you.

I have the honour to be,

Sir,

Your obedient Servant,



Minister of Militia.

WFR/CE.

## PENSIONS AND DISABILITIES BOARD

OF

## NEWFOUNDLAND PATRIOTIC ASSOCIATION

HON. P. T. McGRATH, LL.D.  
(President Legislative Council)  
Chairman

HON. M. P. CASHIN,  
(Minister of Finance and Customs)

HON. M. G. WINTER, M.L.C.

FLEET PAYMASTER W. F. WELLS,  
(H.M.S. Briton)

MAJOR G. T. CARTY, (1st. Nfld. Regt.)

C. P. AYRE, Esq.,

J. A. CLIFT, Esq., K.C., M.P.A.

H. E. COWAN, Esq.

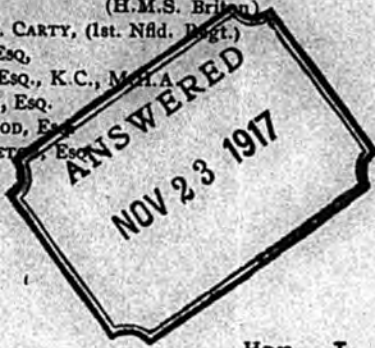
R. F. HORWOOD, Esq.

R. A. TEMPLET, Esq.

All Communications should be addressed to the Secretary  
LIEUT. J. M. HOWLEY,  
Deputy Paymaster 1st. Nfld. Regt  
St. John's.

*St. John's, Newfoundland,*

November, 15th., 1917. 191



Hon. J. R. Bennett,  
Minister of Militia.



Sir,

I have the honour to acknowledge the receipt of your letter of November, 8th., enclosing communication from Samuel Roberts, regarding the Allotment of his late son, Pte. Frank Roberts.

I have been directed to advise you, that Pte. Roberts did not make any Allotment in favor of his father, but ~~connected~~ <sup>allotted</sup> one payable to the C.L.B. Savings Department, for his own benefit only.

The Pensions & Disabilities Board naturally takes the stand, that if a man, who has an opportunity to do so, does not make a contribution from his pay to his parents or dependents, he either has some specific reasons for not doing so, or else, he considers them not to be dependent upon him.

In view of the fact, that dependence must be shown, before Pension can be granted, and also, that continuations of Allotments are made ~~in~~ <sup>as</sup> advance on account of any Pension that the payee may later be found to be entitled ~~there~~ to.

# PENSIONS AND DISABILITIES BOARD

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FLEET PAYMASTER W. F. WELLS,  
(H.M.S. Briton)  
MAJOR. G. T. CARTY, (1st. Nfld. Regt.)  
C. P. AYRE, Esq.  
J. A. CLIFT, Esq., K.C., M.H.A.  
H. E. COWAN, Esq.  
R. F. HORWOOD, Esq.  
R. A. TEMPLETON, Esq.

All Communications should be addressed to the Secretary  
LIEUT. J. M. HOWLEY,  
Deputy Paymaster 1st. Nfld. Regt  
St. John's.

*St. John's, Newfoundland,*

.....November, 15th., 1917. 191

-2-

The procedure is, that such Allotments as are not payable to dependents, cease at the date of death of the allotter.

This proceeding has not been deviated from, in any case yet, and the Board is of opinion, that to change this procedure, would be a far reaching precedent, and quite undesirable.

I have the honour to be,

Sir,

Your obedient servant,

  
Secretary.



# DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

Nov. 7th. 1917.

Capt. J.M.Howley.

Secretary.

Pensions & Disabilities Board.

Sir,

I beg to forward you herewith a letter I have just received from Mr. Samuel Roberts, 120 Hamilton St, in relation to the allotment of his late son, Pte. Frank Roberts, who died at Gallipoli.

The facts, as outlined in the letter, you will be good enough to lay before your Board for consideration, and please inform me what is being done in other cases where boys have died and allotments have been continued to the parents.

I would like to have a full report on this whole matter, so that I might forward the same to Mr. Roberts for his information.

I have the honour to be,

Sir,

Your obedient servant,

Minister of Militia.

Nov. 7th. 1917.

Mr. S. Roberts.  
120 Hamilton St.  
City..

Dear Sir,

I beg to acknowledge receipt of your letter of yesterday's date in reference to the allotment of your son, the late Pte. Frank Roberts.

The question of the continuation of allotments after the death of soldiers, is one that is decided by the Pensions & Disabilities Board, and is outside the jurisdiction of this Department. I have therefore forwarded your letter to the Secretary of that Board with a request that he will give me a full report as to what is being done in similar cases and the reasons, if any, why a distinction was made in the case of your son. Upon receipt of this report I will send a copy to you for your information.

I beg to remain,

Yours faithfully,

Minister of Militia.

Nov. 7th. 1917.

Capt. J.M. Howley.

Secretary.

Pensions & Disabilities Board.

Sir,

I beg to forward you herewith a letter I have just received from Mr. Samuel Roberts, 120 Hamilton St, in relation to the allotment of his late son, Pte. Frank Roberts, who died at Gallipoli.

The facts, as outlined in the letter, you will be good enough to lay before your Board for consideration, and please inform me what is being done in other cases where boys have died and allotments have been continued to the parents.

I would like to have a full report on this whole matter, so that I might forward the same to Mr. Roberts for his information.

I have the honour to be,

Sir,

Your obedient servant,

Minister of Militia.



City.  
Nov. 6<sup>th</sup> /14.  
Hon. J. R. Bennett.  
Minister of Militia

Sir.

Permit me to call your attention to what I consider an anomalous state of affairs existing in the Newfoundland Regiment, a body, I believe with which you are intimately connected, & that has to do with the payment of a son of mine (Pte. Frank Roberts) who paid the Supreme Sacrifice on the plains of Gallipoli. Shortly after the arrival of the regiment there.

When he left here with the first contingent he made provision for the payment of his allotment to be paid to a Bank managed by the Church Lads Brigade in this City.

These payments were made up to the time that he died from wounds received & then ceased.

As he enlisted for the "duration" of the war, and the Regiment in which he enlisted has not been abandoned, is there any valid reason why? the payment has not been continued as has been done. I have been credibly informed in similar cases. Why is such a distinction made? If the relatives of one Section of the Regiment have received the allowance set apart by the Regimental Authorities, why not others? whose claim is equally as good.

I trust I am not asking you to much if you would enquire into the matter so as to have a question

of this kind adjusted in order that the Parents of one  
of the first in the detachment who lost his life may  
receive the remuneration they're entitled to.

I have the Honour to be, &c.

Samuel Roberts, Street,  
120 Hamilton  
City.

To, Hon. J. P. Bennett  
Minister of Militia

M

January 9, 1917.

Dear Sir,

I beg to forward you herewith letter, under date 5th instant, from Mrs. Julia Roberts, of Hamilton Street, in this City, who is making enquiry regarding the effects of Private F. Roberts. These articles, she has been informed by the Pay and Record Office, London, were shipped to St. John's on the 1st of December. I shall be glad if you will communicate direct with Mrs. Roberts giving her the information desired.

Yours truly,

Deputy Colonial Secretary.

Second Lieut. J. M. Howley,  
Paymaster's Office,  
City.

M

January 8, 1917.

Dear Madam,

I am in receipt of your note of the 5th instant, which I have forwarded to the Paymaster, Lieut. J. M. Howley, Colonial Building, to whom all these effects would come. I am asking him to reply direct to you in relation to the matter of which you write.

Yours faithfully,

Colonial Secretary.

Mrs. Julia Roberts,  
120 Hamilton St.,  
City.

TRACER.

DEPARTMENT OF THE COLONIAL SECRETARY,  
NEWFOUNDLAND.

TO BE SUBSTITUTED ON FILES FOR ORIGINAL DOCUMENTS DURING TEMPORARY REMOVAL

FROM—

*M<sup>rs</sup> Julia Roberts*

DATE—

*5 Jan 14*

ENCLOSURES—

SUBJECT—

*Effects of \$6*

REFERRED TO.....

*Dep. P. master*

UNDER DATE.....

*9 Jan 16*

*R*

2000

W-7-4-16.

C.R. 383

Extract of daily Orders Part 11 from Unit: Newfoundland Regiment,  
dated Oct. 30th. 1915, received Nov. 15th. 1915.

383 Pte. F. Roberts


"B" Coy. Died of Wounds received in Action, 25/10/15.

✓  
October 29, 1915.

Dear Sir,

I regret to have to inform you that the Record Office of the Newfoundland Regiment, London, officially reports that No. 383 Private Frank Roberts died of wounds on the 23rd October.

Yours sympathetically,

A handwritten signature in cursive script, reading "J. H. Bennett". The signature is written in dark ink and is positioned above a horizontal line that serves as a separator between the signature and the typed name below.

Colonial Secretary.

Mr. Samuel Roberts,  
120 Hamilton Street,  
City.

October 29. 1915.

Dear Sir,

It was with the greatest regret that the sad news was received here from the Record Office, London, of the death of your son No. 383 Private Frank Roberts as the result of wounds received in action.

On behalf of the Government of the Colony and for myself also, I desire to express the sincerest sympathy with you all in this time of sorrow. Our humanity feels the loss when those who are so dear to us are taken, but our burst of sorrow is lighter when we realize that our boys have given their lives for their King and Country, and in defence of the principles of Righteousness, Truth and Justice. Your gallant boy came forward early and willingly, and did his part nobly, and his name will be inscribed upon the Roll of Honour, and be held in loving memory by his Country. We are proud to have such brave sons, and such noble fathers and mothers who so willingly allowed their boys to answer the call of duty.

With the greatest respect, I have the honour to be

Faithfully yours,

Colonial Secretary.

Samuel Roberts, Esq.,  
120 Hamilton Street,  
City.



Government

(85)



MEDITERRANEAN FORCE CASUALTIES.

Nos. M. 10888. M. 10889. M. 10891.

No. M. 10888.

Third Echelon, Mediterranean Expeditionary Force, Alexandria, telegraphs 24th October, 1915. (M.F.C. 23372. Received 25th October, 1915.)

1/5th WELSH REGIMENT.

Died of Dysentery 21st October, 1915.

1962

Williams

Pte. G.

No. M. 10889.

Third Echelon, Mediterranean Expeditionary Force, Alexandria, telegraphs 24th October, 1915. (M.F.C. 23297. Received 25th October, 1915.)

NEWFOUNDLAND REGIMENT.

Died of Wounds 23rd October, 1915.

X

383

Roberts

Pte. F.

No. M. 10891.

Third Echelon, Mediterranean Expeditionary Force, Alexandria, telegraphs 24th October, 1915. (M.F.C. 23335. Received 25th October, 1915.)

2nd COUNTY OF LONDON YEOMANRY.

Reported Wounded (no date).

1759

Wickham

Pte. C.W.

C.R. 383

Extract of Mediterranean Force casualties, NO: M. 10816, dated Oct.  
26th. 1915.

Third ~~Number~~ Echelon, Mediterranean Expeditionary Force, Alexandria  
telegraphs 23rd. October, 1915. (M.F.C. 23176. Received 24th. October, 1915.)

Dangerously Wounded 22nd. October, 1915.

*383* Pte. F. Roberts

Newfoundland Regiment.



C.R. 383

(63)

TELEPHONE REPORT.

02 Casualties, Kingsway.

✓ Dangerously wounded, October 23rd, 1915. ✓

385, Pte. F. Roberts.

-----

Received 24/10/15.

12.55 p.m.

-----

R 5

October 24th, 1915.

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 383.

Private Frank Roberts, of St. John's, was dangerously wounded on October 22nd.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

J. R. Bennett

Colonial Secretary.

Mr. Samuel Roberts  
7 Balsam Street.  
City.

Oct 24<sup>th</sup> 1915 ✓

Hon John R. Bennett  
Colonial Secretary

Dear Sir:-

I would be glad if you would change the address of Private Frank Roberts, (as reported Dangerously Wounded) from Balsom Street to 120 Hamilton Street, as he only boarded on Balsom Street for a while for convenience of work. His Regimental No is 383. by changing address you would ~~oblige~~ oblige me very much

Yours Very Truly

(Mr.) S. Roberts  
120 Hamilton St.  
City

Allotment Paper  
made payable to  
C.L.B. Savings Dept.:

Oct 25

C.R. 383

Extract of Casualty List received from P.&R O.

Nov 18th. 1915.

383, Pte F. Roberts. ✓

Died of Wounds, 23/10/15.

C.R. 383

Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.  
Embarked, at Devenport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,  
Cairo, same date. Embarked ~~for~~ Alexandria for Gallipoli  
13-9-15.

383 Pte. R. Roberts.

C.R. 383

Extract from Nominal Roll Embarked St. John's per S.S.  
Florina Oct. 4 1914.

383 Roberts Frank.



C.R. 383

Frank Roberts was attested for General service  
with the NEWFOUNDLAND REGIMENT on ... Sept. 5th, 1914.  
Regimental No 383 was allotted to Pte. Frank Roberts

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

## Casualty Form—Active Service.

Regiment or Corps

Newfoundland.

Regimental No.

C.R. 383

Rank

pte

Name

Roberto J.Enlisted (a) 2-10-14Terms of Service (a) one year.Service reckons from (a) 2-10-14.Date of promotion to  
present rank

Date of appointment

Numerical position on  
roll of N.C.Os.to lance rank.  
Duration of war.

Extended

Re-engaged

Qualification (b)

| Report    |                            | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 86, or in other official documents. The authority to be quoted in each case. | Place       | Date        | Remarks taken from Army Form B. 213, Army Form A. 86, or other official documents. |
|-----------|----------------------------|--|-------------|-------------|--|
| Date      | From whom received         |  |             |             |  |
|           |                            | Embarked St. John's, NFLD.   |             | 3/10/14.    |  |
|           |                            | Disembarked Alexandria   |             | 1/9/15.     |  |
|           |                            | Embarked for Gallipoli   |             | 13/9/15.    |  |
| 22/10/15. | <u>Ggram.</u><br>26 G.C.S. | G.S. Wound, R. Buttock   | Dardanelles | 22/10/15.   | Auth. A 14762. p   |
| 23/10/15. | "                          | Died of Wounds   |             | 23/10/15. p |  |



H. Parkhouse, Captain,  
Officer i/c Records, TF. 6,  
3rd. Echelon, M. E. F.

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

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Regiment of Newfoundland

Number of Sheet 1

Signature of O. C. Company Capt. Alexander Capt.

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|                            |                      |                    |                 |               |   |                |
|----------------------------|----------------------|--------------------|-----------------|---------------|---|----------------|
| Regimental Number and Name |                      | Enlistment         |                 | Trade         | Good Conduct Badges, Service Pay or Proficiency Pay |                |
| No.                        | <u>383 Roberts J</u> | Age on             | <u>99</u> years | months        |   | <u>Greener</u> |
| Joined                     | Date                 | Date of Enlistment |                 | <u>C.S.F.</u> |   |                |
| Joined                     | Date                 | Period of          |                 |               |   |                |
| Joined                     | Date                 | with Colours       | years.          |               | with Reserve  | years.         |
| Joined                     | Date                 |                    |                 |               |   |                |

| 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 |
|--------------------|---------------------------|------------|----------------------|----------------------------------|--------------------|--------------------|---|-------------------------|---------|
| <u>Edinburgh</u>   | <u>May 7<sup>th</sup></u> | <u>pte</u> |                      | <u>Absent from 9 a.m. parade</u> | <u>Sgt. Munro</u>  | <u>2 days C.B.</u> |   | <u>Capt. Alexander.</u> |         |
| To be carried over |                           |            |                      |                                  |                    |                    |   |                         |         |