



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3787 Name Hubert Roberts Corps Me H.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Hubert Roberts</u> |
| 2. What is your full Address? | 2. <u>Willingdale</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u>0</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Clerk</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, Hubert Roberts 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.

F 16-5-17 SIGNATURE OF RECRUIT.
W. H. Signature of Witness.

Hubert Roberts OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I, Hubert Roberts 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 16 day of May 1917
Signature of Attesting Officer W. H. ...

†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 Robert Roberts
 Apparent age 27 years 31 months Height 5 feet 8 1/2 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 George Roberts
Millington 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.

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 " _____ [" "] _____ " _____

3787



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3787 Name Hubert Roberts Corps Art.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|-----------------------------------|
| 1. What is your name? | 1. <u>Hubert Roberts</u> |
| 2. What is your full Address? | 2. <u>Willing Gate</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>27</u> Years <u></u> Months |
| 5. What is your Trade or Calling? | 5. <u>Clerk</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, Hubert Roberts 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.

Hubert Roberts SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.

F 16-5-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Hubert Roberts 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 16 day of May 1917.

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been 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 be completed with entries in the Medical History Sheet.

Name Robert Roberts
 Apparent age 27 years 37 months Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 33 1/2 inches
 Range of expansion 3 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Miss [unclear] [unclear] | 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>16-5-14</u>					I am left <u>16-4-18</u>				
Joined at <u>St John's</u> on <u>May 16th 14</u>					Reverts to Rank <u>10-8-18</u>				
<u>Discharged 24/1/19</u>									
<u>Embarked at John's B. Harbor to Halifax N.S.</u>					<u>29-1-18</u>				
<u>Embarked for St. J. 2-7-18</u>					<u>Disembarked France 5-7-18</u>				
<u>Joined 13th Batta in the field</u>					<u>9-7-18</u>				
<u>Admitted as 1st Lt. Hqs. Havelock Detach</u>					<u>16th 19th 18</u>				
<u>Transferred to transport</u>					<u>27-11-18</u>				
<u>Archives Newfoundland</u>					<u>21-12-18</u>				
<u>Demobilization St. John's</u>					<u>6-2-19</u>				
Total Service forfeited as above.....									

Total Service towards Engagement to 6-2-19 [date of discharge] 1 years 267 days
 " " Pensions " " " " " " " " " " " "

C.R.

3787

Extract of DAILY ORDERS, PART 11, Depot St. John's, Nfld.
dated 14/2/19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records on noted date.

7/2/19.

#3787 Pte. Hubert Roberts.

C.R. 3787

Extract from Daily Orders Part II Unit the Royal
Hild. Regt., St. John's, Jan. 25th, 1919.

The Discharges of the undernoted on Demobilisation
has been approved by D.C. Discharge Dept on noted
date.

3787 Pte. H. Roberts

25-1-19.

C.R. 3787

Extract from Medical Board Held, January 16th, 1919.

3787 Pte. H. Roberts.

Recommended Discharge as permanently Unfit.

C.R. 3787

Extract from Daily Orders part 11. Depot St. John's dated Dec. 25/18

The undernoted returned from Overseas and reported at depot 21-12-18.

#3787 Roberts,

#

C.R. 3787

Extract of Orders by Lt.Col. B.J.Barton, D.S.O. Commanding
2nd Battalion Royal Newfoundland Regiment. NOV 28 1918

The following having reported back from the 1st Batta.
is taken on the strength and posted to "H" Company.

3787 Pte. H. Roberts, as from 28/11/18

C.R. 3787

Extract from Daily Orders Part 11 Unit The Royal 21st.

Regt., France, 30-11-18.

3787 Pte. H. Roberts.

To England "B" 27-11-18.

C.R.3787

Extract from CASUALTIES from P.A.R.O., London, dated 4/12/18.

The following has reported to 2nd Bn. from Base Depot,
Rouen, 28/11/18.

3787 Pte. H. Roberts

Authority: Mess from Medical Officer, 3/Battalion.

1
C.R. 3787

**Extract Casualties from list of sick and wounded N.C.O's and
men of the Expeditionary Force - France dated Nov. 29th 1918.
List. No. H. A. 32109.**

3787 Pte. Roberts, H.

Scabies.....Adm. 25 Gen. H. Hardelet 20th Nov^r 18.



C.R. 3787

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

RECORD OFFICE.

LIST No. H. A. 30409

ADM 5. GEN. H. ROUEN 15th OCTOBER 1918.

22350	Pte	Keeley W.	2- R.Dub.Fus.	N. Y. D. (S) Mild.
10290	Cpl	Hallain W.	2- do.	do. (S) Sick. Sev.
8970	Sgt	Loney W.	5- R.Innis Fus.	G.W. Arm B. Abdomen Sev.

ADM. 25 GEN H HARDELLOT 16th OCTOBER 1918.

21100	Pte	Culligan R.	1- R.Dub.Fus.	Appendicitis	Mild.
13500	"	Campbell G.	1- R.Irish Fus.	Files.	"
17150	"	Anderson E.	1- R.Irish Rfls	Variococele	"
H/71040	Cpl	Weatherall, A.	N.Irish Horse a/ 6 Drag.Gds.	Appendicitis	"
28471	Pte	Traynor P.	1- R.Innis Fus.	N.Y.D. (Sick)	"

ARMY SERVICE CORPS.

LIST No. H. A. 30409

R4/262633	Pte	Howard J.	ASC 1 Base R.D.	P.O.U.O.	Mild.	Adm 5 Gen H Rouen 15th Oct'18.
366883	"	Shanning J.	ASC.1 do.	N. Y. D. (S)	"	Adm 5 Gen H Rouen 15th Oct'18.
M1/09545	Cpl	Hall W.	ASC.MT.a/261 Sge	Hernia.	"	Adm 25 Gen H Hardelet 16th Oct'18.
503902	Pte	Mills H.	Bty. R.G.A. 245 Lab.Co.a/268 HT.Coy.ASG.	L.I.Hernia.	"	Adm 25 Gen H Hardelet 16th Oct'18.
M/297075	"	Coat E.	ASC.MT.a/34 Bde. R.G.A.	Inj: Abdominal Muscles	Mild.	Adm 25 Gen H Hardelet 16th Oct'18.
M/380394	"	Keele H.	ASC.MT. 558 Coy.	Asthma.	"	Adm 72 Gen H Trouville 15th Oct'18.
M2/020517	"	Bates J.	do. do.	Bronchitis.	"	Adm 72 Gen H Trouville 15th Oct'18.
M2/221009	"	Sutton S.	do. do.	Influenza.	"	Adm 72 Gen H Trouville 15th Oct'18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No. H. A. 30409

5787	Pte	Roberts H.	1- Newfoundland	Scabies.	Mild.	Adm 25 Gen H Hardelet 16th Oct'18.
------	-----	------------	-----------------	----------	-------	------------------------------------

2072

Handwritten signature or initials.

C.R. 3787

0
Extract from War-List., # H. A. 50282.

#3787 Pte. H. Roberts ,

ADMITTED TO 3 CAN. STY. H. OUTREAU 14 OCT. 1918.

Bronchitis Severe

C.R. 3787

Extract from Daily Orders Part 11 Unit The Royal Welch Regt.
B.E.F. France, 17/8/18.

3787 L/C. Roberts H.

Reverts to Private, 8/8/18.

CR 3787

Extract of Orders Part 11, by Lieut. Col., R.A. Berners, D.S.O.,
Commanding 2nd Bn., Royal Newfoundland Regiment, dated 16/4/18.

3787 Pte. M. Roberts

to be Lance Corporal.

C.R. 3787

Extract from Nominal Roll to B.E.F. embarked
Folk stone 2-7-18

#3787 L/Cpl. H. Roberts.

CA 3787

Extract from Nominal Roll Draft "H" Company Embarked
S.S. Florisel. Jan. 29th, 1918.

3787 Pte. Robert H.

C.R. 3787

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., St. John's, May. 16th, 1917.

3787 Pte. H. Roberts.

Attested this day, posted to F. Coy, and assigned to
numbers as shown.

C.R. 3787

Extract from Orders by Major G.T. Mathias, D.S.O.
Commanding 1st Battn. Royal Nfld. Regt. 10-8-18.

3787 L/Cpl. H. Roberts

Reverts to the ranks at his own request.

H Roberts

C.R. 3787

~~PRD~~

2

Medical Report on an Invalid.

Station Hazley Downs Camp
 Date 10-12-18

1. Unit Royal N. Fld
 2. Regimental No. 3787
 3. Rank Plt
 4. Name Robert's Hubert
 5. Age last birthday
 6. Enlisted { on 16 May 1917
 at St Johns
 7. Former Trade } Clerk
 or Occupation }
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.; 91. A
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

2 Bronchitis

Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

went to France July 1918
says he contracted Bronchitis
boarded Queen Mary B baton and
transferred to England with attached
report

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition? *He is slightly debilitated now otherwise no disability*

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

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

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

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

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

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

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

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

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

20. Do you recommend—

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

Repatriation
M. R. C. Approved

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

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.

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

No 3718



41st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, A Roberts, Regl. No. 3787

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and Sefty 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 October 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3192		Geo. Keal	Becks Cove	50
		Commissioner	St Johns N.F.	
			Total Allotment, \$	50.

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.) *Arthur J. ...*
 Officer Commanding
9. Company
St. Johns N.F.
October 5 1917

(Sig.) *Arthur Roberts*
 (Rank) Private

Pls to Pte 8/18/18

LAST PAY CERTIFICATE

OFFICE COPY

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with G.L./12, 26/5/17.

Regtl No. 3837 Rank Pte. Name Roberts M. Unit Royal Wfld Bgt. who was repatriated to Newfoundland on 12/12/18 Authority Draft 79 Cause

STATEMENT OF ACCOUNT

DR.	PARTICULARS	\$			£			PARTICULARS	\$			£			CR.	
		d	s	d	s	d	d		s	d	s	d				
12/12/18 TO 6/7/18 FROM	Balance Dr. from							Balance Cr. from 5/7/18			1	7	4			
	Allotment 160 days @ 50	80	00	16	8	9	Pay 35 days @ \$ 1 05	34	65							
	Cash Payments: P.&.R.O.			10	18	0	Field Alice 160 days @ \$ 10	127	00							
	Acq. G.162			7	3	0		16	00							
	Depot :				10	0	Other Allces days @ \$	177	65	36	9	1				
	Other Debits Depot.				2	11	R.A. V.1583				1	4	6			
	Total Debits				35	12	8	Other Credits:								
	Balance due by Paymaster				3	8	3	Total Credits				39	0	11		
					39	0	11	Balance due to Paymaster				39	0	11		

Copy Sent
Mof. 1253/4
21-1-19

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 191 _____ O.C. " " Company.

has been checked in accordance with information received in the Pay & Record Office London to 8/1/19 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, Chief Paymaster & O. i/c Records.

Reverts to Pte 8/8/18

LAST PAY CERTIFICATE

N.F.P./94.

to be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L./19, 23/5/17.

Roll No 3787 Rank Pte Name Roberta Mx Unit Royal Nfld Regt who was repatriated
Newfoundland on 1/1 Authority Draft 79 Cause _____

STATEMENT OF ACCOUNT

PERIOD: FROM 6/7/18 TO 8/1/18

PARTICULARS	P				S				CR.			
	£	s	d	q	£	s	d	q	£	s	d	q
Balance Dr. from												
Allotment 160 days @ 50 ^c	80	00			16	8	9	4				
Cash Payments: P.R.O.					10	18	0					
<i>acquittance</i>					7	3	0					
<i>6162</i>						10	0					
Deposits " "						10	0					
Other Debits Deposits							2	11				
Total Debits						35	12	8				
Balance due by Paymaster						3	8	3				
						39	0	11				
Balance Cr. from 2/7/18									34	65		
Pay 127 days @ \$1.00									127	00		
Field Allowance 160 days @ \$0.10									16	00		
Other Allowances days @ \$									177	65		
<i>Ra V.1583</i>											36	9
Other Credits:												
Total Credits											39	0
Balance due to Paymaster												11
											39	0

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of _____

(Place) _____ (Date) 1919
 and is therefore subject to amendment if and as may be found necessary.
 Pay & Record Office, London, London to 8/1/19
 Chief Paymaster & O. i/c Records.

JEH
 15.1.19

No. 162

Pay

WESTERN UNION

ANGLO-AMERICAN DIRECT UNITED STATES CABLEGRAM



Prefix		Code		SENT		FOR STAMPS	
WORDS		CHARGE		At _____			
10				To _____		By _____	
				VIA WESTERN UNION			

THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To MAGISTRATE ROBERTS
TWILLINGATE

ARRIVED SAFELY ENGLAND REPATRIATION IMMINENT

H. ROBERTS

*Charge of
3787 Roberts*

10/-

CHARGED
 PAY BOOK *PK*
 Date *1-12-18* by *DM*

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address **58, Victoria Street, S.W.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

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

Sir;-

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

Commencing on 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
3787	1/c	Roberts H.	\$2 ⁵⁰	

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

Date

29-6-16

H. Roberts

No. 10308/1005

047807
JR

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:
JR
Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

28th June 1918

Subject: 3787, Pte. H. Roberts,

With reference to the following telegram (5882) from the Hon. Minister of Militia, received

Pay to 3787 Roberts £6:0:0

Draft £ 6:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. H. Marsland
Chief Paymaster & O. i/c Records.

June 30 1918

Receipt hereunder.

Charles P.
LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT

Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of Six

Six on account of
cable remittance from Newfoundland.

H Roberts?

No. 3787 Rank 2/Pl.

Witness. L. G. Marsland 22nd.

o the Paymaster,
Royal Newfid Regt.,
59 Victoria Street.

No. 3787 Rank. Pte Name. Roberto H. £. 0. 0.

Dr. "H" Coy Pay Book

10. 0.

This man is on draft leave and can you pay him the balance due to the Dec 14/18.
~~end of the period.~~ please.

Date.



Signed

JR Hopkins. C2MS

Roberts, A.

3787

Ray Sept.

February 10th., 1919

#3787 Pte. Hubert Roberts,
Twillingate.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 896."

Yours truly,

Paymaster & O.I.-C Records
C. pyain.

Enc' 1 l.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3787 Rank Private Name A. Roberts
 Intended place of residence Lawrencegate
 Occupation Bookbinder
 Classification of soldier B Medical Category F

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

ELIGIBLE for FOOT DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place
 Date
 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, subject to my balance being paid.
 Place and date St. John's 22-1-19
 Signature of soldier A. Roberts
 Signature of witness C. B. Dicks Capt.

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 Jan 21st 1919
ST. JOHN'S.
 Signature of soldier A. Roberts
 Signature of witness Harold D.

STATEMENT OF SERVICE

7. Enlisted for service 16. 5. 17. No of days on Military
 Discharged from service 24. 1. 19 per 14 days Service 633 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.
 Date JAN 26 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. John's, Nfld
 Date February 7/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

16
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31
31

20791896

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3787 Rank. Private Name Roberts H.
 Date of Enlistment 16.5.17 Address Willingate District Willingate
 Occupation Clerk Classification for Discharge B Medical Category A
 Recommendation S.M.B. permanently unfit Disability Rating 40% 3/10ths
 Passed to Demobilization Officer with following documents:—

N.F. P36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	
B 178a.....	1 D 400A.....	1 B 1915.....		do 2nd.....	" 3.....	5
B 179.....	2 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 20.1.19

W. J. Carr
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

H. Roberts

Particulars passed to Vocational Officer for information and action.

Date 21.1.19

W. J. Carr

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph A. Snowling

Date 22-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 577 to his home at Inverigate and Release Certificate No. 922 issued.

Date 22-1-19 C.B. Dickes Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-2-19

Date 22-1-19 W. H. Murray Capt.
overseas pay etc to be adjusted Depot Paymaster.
26. 1. 19

Discharge approved for.....
Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	
F 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	1 200 m B
R 178a.....	D 400A.....	B 1915.....	1	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.....	1		" 6.....	
B 179c.....	B 120.....	M 93.....				

Date 22. 1. 19 C.B. Dickes Capt.
Demobilization Officer.

APPROVED.

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

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date JAN 26 1919 R.H. Jait Capt.
O. C. Discharge Depot.

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

Date

16
30
31
31
30
31
31
7
268

761 Theatre Ave

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

MEDICAL HISTORY

Surname Rheats

OF
Christian Name Habert

Table I.—GENERAL TABLE.

Birthplace:—Parish Twillingate County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>16</u> day of <u>May</u> 191 <u>7</u>	on _____ day of _____ 191 <u> </u>	at <u>Headquarters</u>	at _____
Declared Age ...	<u>27</u> years _____ days	_____ years _____ days		
Trade or Occupation ...	<u>Clerk</u>			
Height ...	<u>5</u> feet <u>8 1/2</u> inches	_____ feet _____ inches		
Weight ...	<u>134</u> lbs.	_____ lbs.		
Chest Measure-ment {	Grith when fully expanded ...	<u>37</u> inches	_____ inches	_____ inches
	Range of Expansion ..	<u>3</u> inches	_____ inches	_____ inches
Physical Development....				
Vaccination Marks {	Arm			
	Number	<u>1 Scar</u>		
When Vaccinated				
Vision	R.E.—V= <u>6/9</u>	R.E.—V=_____		
	L.E.—V= <u>6/6</u>	L.E.—V=_____		
(a) Marks indicating congenital peculiarities or previous disease	(a)	(a)		
(b) Slight defects but not sufficient to Cause rejection	(b)	(b)		
Approved by (Signature)	<u>Lamont Peterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>	at _____		
	on <u>16</u> day of <u>May</u> 191 <u>7</u>	on _____ day of _____ 191 <u> </u>		
Joined on Enlistment....	Corps. _____	Regtl. No. _____	Corps. _____	Regtl. No. _____
	<u>49922 3787</u>			
Transferred to ..				
Became non-effective by	on _____ day of _____ 191 <u> </u>	on _____ day of _____ 191 <u> </u>		
(Signature)				
(Rank)				

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 take up course in
accountancy.

J. Roberts

Signature of Man.

Reg. No. 3787

A. Butler

Signature of the Vocational Officer or his Representative.

Place *St John's Nf.*

Date *Jan'y 22nd* 191*9*

Medical Report on an Invalid.

Station Hazlet Down Camp
 Date Dec 11th 1918

1. Unit Royal Newfoundland. Former Trade } C. list.
 or Occupation }
 2. Regimental No. 3787
 3. Rank Pte.
 4. Name ROBERTS.
 5. Age last birthday
 6. Ealisted { on 16 May 1917.
 at St Johns.

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

8. Disability in respect of which invaliding is Proposed.

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

Bronchitis.

Statement of Case.

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

9. Date of origin of disability.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Went to France July 1918. Says he contracted Bronchitis. Boarded Ronen, marked B. category, and transferred to England. v. e. attached report.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*He is slightly debilitated
now, otherwise no
disability.*

13. What is his present condition?

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

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

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

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

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

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

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

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

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

20. Do you recommend—

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

Repatriation
Mr. Casnew R. P. R.

Officer in medical charge of case.

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

Station _____

Officer in charge of Hospital.

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.

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

Opinion of the Medical Board.

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

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

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

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

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

*Para 100. No heart murmur
No dyspnoea. General condition from
Cough better. No accompaniments
in lungs.*

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

- (i.) Service during the present war;
- (ii.) Climate;
- (iii.) Ordinary military service;
- (iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or
- (v.) Whether it is constitutional or hereditary.

yes

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

Strain of military service.

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

23. Is the disability permanent?

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

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

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

40% 3 months.

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

27. Do the Board recommend—

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

yes

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

- (a) Sanatorium;
- (b) Hospital;
- (c) Convalescent home;
- (d) Asylum; or
- (e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

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

Signatures:—

[Signature]

President.

Station

[Signature]

[Signature]

Members.

Date

[Signature]

Approved



Station

JAN 16 1919

[Signature]
Administrative Medical Officer.

Date

No.



Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i. c. Records together with the remainder of the man's documents.

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

Name in full *Hubert Roberts*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3787*

Intended address *261 Theatre Hill*

Height on discharge *5 Feet 7ⁱⁿ*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes ~~Green~~ *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *George*

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 *Twillingate June 19th 1889*

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)

H Roberts

Pte
(Rank)

Station *St Johns.*

Date *Jan 14th 1919*

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.



Medical Officer, i. c. Hospital,
Unit, or Command Depot, Newfound Land

Station

Date

R. W. L. Pk 8/8/18

LAST PAY CERTIFICATE

ORIGINAL

N.F.F./18

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.L. /19, 26/5/17.

Regtl No. 3787 Rank _____ Pte. Name Roberts M. Unit Royal Nfld. Regt. who was repatriated
to Newfoundland on 11/12/18 Authority Draft 79 Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			CR.				
		s	d	s	d				
PERIOD. FROM 6/7/18 TO 12/12/18	Balance Dr. from				34	65	1	7	4
	Alloiment 160 days @ 50	80	00	16	8	9			
	Cash Payments: P.&.R.O.			10	18	0			
	Acq. C.162			7	3	0			
	Depot :				10	0			
	Other Debits Depot.			2	11				
	Total Debits			35	12	8			
	Balance due by Paymaster			3	8	3			
	Total Credits						39	0	11
	Balance due to Paymaster						39	0	11

CHECKED
[Signature]

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

191

(Place) _____ (Date) _____ O.C. " " Company, _____ to 8 / 1 / 19
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,
8 : 1 : 1919

Chief Paymaster & O. i/c Records.

[Signature]

Army Form B 103.

Regimental Number 3787...

Casualty Form—Active Service.



Regiment or Corps Royal Newfoundland 16-5-1890

Surname Roberts Christian Name Robert

Religion Methodist Age on Enlistment 27 years — months

Enlisted (a) 16-5-17 Terms of Service (a) Duration Service reckons from (a) 16-5-17

Date of promotion to present rank Date of appointment to lance rank 16-4-18

Extended { } Re-engaged { } Qualification (b)
S { } or Corps Trade and rate

Occupation clerk 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				
		A I Embarked ...	2 JUL 1918		
		28. 6. 18 Disembarked	5 JUL 1918		
		Joined Battalion	Field	9.7.18	Onsd 15/7/18
1378	O. C.	Reverts to Private	~	8.8.18	B 213. B 0380
	10 CCS	to "pouchettes"		13/10/18	Ed 8240
	2 Com. Stab. M.		Outpost	14/10/18	HA 30282
	25 Gen. M.	"Seabed"	Naval	16/10/18	HA 30409
	5th IBD	Arrived	Rouen	23/11/18	Call
	DO	2. M. B. D	"	"	"
	2 MBD	to England B		27/11/18	Call

For Officer i/c No 1 Infantry Section
Sgt. Echelon, General Headquarters

(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, Shosong-Smith, & Co. W. 5527—M2093 1000m 7/17 (25688) C. P. & S., Ltd. Forms B, 103 E/1555. **[P.T.O.]**
 NEXT OF KIN: George Roberts, Twillingate Infld.

No 2 Medical Board Base Depot.

INSTRUCTIONS FOR MEN PROCEEDING TO ENGLAND.

No. 3787 Rank. Pte Name. Roberts H.

Unit. 1st Newfoundlands

You will proceed to ENGLAND today, the 27-11-18, reporting to the M.L.O. S/S "St George" on the Right bank of the River ~~opposite~~ Quai de Havre at 0830

On arrival at SOUTHAMPTON you will report to the Embarkation Officer for the necessary warrant to convey you to Winchester where you will report to the O.C. Depot of your Unit.

The unconsumed portion of the current day's rations and THREE day's rations will be carried on the person.

AUTHORITY. D.A.G. C.R. No. 1858/272 dated 24-7-16

REASON. "B" Personnel

27/11/1918.

Andrews
Commanding No 2 Medical Board Base Depot.

Captain
Major.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name..... *Robert*..... 2. Surname..... *Hubert*.....

3. Rank..... *Pte*..... 4. Regtl. No..... *3787*.....

5. Address in full to which future payments of gratuity are to ~~for~~ be forwarded..... *3 Devon Row*
St. Johns.....

6. Date of enlistment in the Regiment..... *May 14th 1917*.....

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

8. Relationship of such dependents..... *Not Applicable*.....

9. Address in full of such dependent.....
Not applicable.....

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

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....
Not applicable.....

12. Give total length of time which you served on active service, whether in Nfld, or Overseas... *One year, eight months, 23 days*

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.....

None

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

Yes

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

No

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

None

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?.....

Not Applicable

19. Are you now serving in the Regt.? *No*..... If not give:- (a) Date of discharge..

July 7th 1919

(b) Reason for discharge.. *Disability*

Caused through Sickness on Active Service.....

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

France from July 1st /18 to Nov 27th /18

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.

Signature of Applicant:

Hubert Roberts
3 Devon Row, St. Johns,

Place of Residence:

Declared before me at:

This *twenty seventh* day of *February* 19*19*

Chas. B. Reid
Notary Public

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, 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
.....	<i>4 60/100</i>	<i>280.00</i>
.....
.....
Certified Correct.			Paymaster.	

No 3718



#1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, A Roberts, Regl. No. 3787

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and Fifty 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 October 1st / 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3192		Geo. Keal	Becks Cove	50
		Commissioner	St Johns Mt	
			Total Allotment, \$	50

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
9th Company

(Sig.) Hubert Roberts

(Rank) Private

St. Johns Mt
October 5 1917

St. John's, Dec 28th / 18

Royal Newfoundland Regiment.

Billeting Account,

To M^{rs} G. Hall
Theatre Hall

Billeting Soldiers as undermentioned

from Dec 21st / 18 to Dec 27th / 18

3787	Plt. A. Roberts	7	20
------	-----------------	---	----

136 m.
1598 EW

Certified correct for \$ 7. 20

C. B. Duke Capt

Billeting Officer.

A. J.
H. Roberts
for M^{rs} Hall

Reg. No. 3787 Rank Pl Name R. L. H. H.

Attested 16-5-17 Address Swillingate

Allotment 50 Allotee Geo. Mack. Becks Coors. St. Lites

Date of Allotment Oct. 1/17 Returned from Overseas _____

Embarked for Overseas _____ Cause _____

Imms 1st 2-7-17 2nd 23-7-17 3rd 26-9-17 Vac 3-11-17
H.L. 16-11-17 to 26-11-17, H.L. 8. 1. 18 - 18. 1. 18
R.H.O. 25/1/18

1801

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Date

Address

SEP 23 1921.

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

is/are forwarded herewith to

Hubert Roberts

in respect of his service as No. 3787 Rank Pte.

Name H. Roberts Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

Wednesday Sept. 28th /21

Signature

H. Roberts

Date

Office of
% Mutual Life Insurance

Address

St. Johns

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39

Regiment of *1st Newfoundland.*

Number of Sheet *First*
Signature of O. C. Company *Thas. R. [unclear]*

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>Roberts. Hubert</i>	Age on	<i>27</i> years — months	<i>Clerk.</i>		<i>apparies Lancer Corporal 16. 4. 18</i>
<i>3787</i>		Place and Date of Enlistment	<i>St Johns 16-5-17</i>	Religion		
Joined _____ Date _____		Period of	with Colours	<i>267</i> years.	Place of Birth	
Joined _____ Date _____			with Reserve	<i>365</i> 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
				<i>Demobilized St. Johns, 6²/₁₉</i>					

To be carried over

Army Form B. 21

The Royal Newfoundland Regiment

D 3787

DEMOBILIZATION OF

Reg. No. 3787 Rank Rt. Lieut. Name Roberts, H.
 Date of Enlistment 16.5.17 Address Twillingate District Twillingate
 Occupation Clerk Classification for Discharge B Medical Category E
 Recommendation S.M.B. permanent unfit Disability Rating 40% 3 months
 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 20.1.19

W. S. Cap
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

H. Roberts

Particulars passed to Vocational Officer for information and action.

Date 20.1.19

2. Clothing

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
 (b) ~~Clothing Supplied~~ Joseph H. Snow

Date 22-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 577 to his home at Inverclyde and Release Certificate No. 922 issued.

Date 22-1-19

C.B. Dicks Capt.
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 9-2-19

Date 22-1-19

W. S. New Capt.
Depot Paymaster.

overseas pay etc to be adjusted

Discharge approved for 26. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	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 22-1-19

C.B. Dicks Capt.
Demobilization Officer.

APPROVED.

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

ELIGIBLE for POST DISCHARGE PAY

JAN 26 1919

Date

R. H. [Signature] Capt.
O. C. Discharge Depot

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

Date Jan 26/19

[Signature]



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

Dec. 24th. 1918.

From the Paymaster & O i/c Records

To The Officer Commanding, Royal Nfld. Regt.,
Depot.

Sir:

Re No. 3787. H. Roberts.

The above man has cancelled his allotment from and including
Dec. 1st. 1918.

H. M. Haddick
Lieut.
For Paymaster.

Er.

Reg. No. *5787* Rank *pte* Name *Roberts A.*

Attested Address *Collingate*

Allotment Allottee

Date of Allotment Returned from Overseas *21.12.18*

Embarked for Overseas Cause *Discharged*

16-1-19. Recommended discharge Permanently unfit.

21-1-19. PASSED TO DEMOBILIZATION OFFICER

26-1-19. DISCHARGE APPROVED ON DEMOBILISATION