



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2041 Name Thomas Rowan

Questions to be put to the Recruit before Enlistment

- | | |
|--|------------------------|
| 1. What is your name? | 1. <u>Thomas Rowan</u> |
| 2. What is your full Address? | 2. <u>38 Du</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>32</u> |
| 5. What is your Trade or Calling? | 5. <u>None</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. { |

I, Thomas Rowan do solemnly declare made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Thomas Rowan SIGNATURE

6 Dec. 1915

Gerald W. G. G. SIGNATURE

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Thomas Rowan do make and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and to faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, under 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 a question 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 is true.

and the said Recruit has made and signed the declaration and taken the oath before me at

on this 6th day of December 1915

Signature of the Attesting Officer.

† Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and that the conditions 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 1915

Place _____

† The signature of the Approving Officer is to be affixed here.
† Here insert the "Corps" for which the Recruit has been appointed.

* If so, the Recruit is to be asked the particulars of his former service, and a Certificate of Character, which should be returned to the Recruiting Officer. (Name) _____ re-enlisted in the (Regiment) _____



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. _____ Name _____ Corps _____

Questions to be put to the Recruit before Enlistment

Edward W. J. ...

Years 10 Months 00

Yes

that the above answers

SIGNATURE OF RECRUIT.

Signature of Witness.

with, that I will be faithful and
that I will, as in duty bound, honestly
against all enemies, according to the

OFFICER.

any of the above questions he would be

question has been duly entered as repited to,

St. John's ...
Edward W. J. ...

perly filled up, and that the required forms appear

station.

Approving Officer.

in the presence of the Recruit.
has been enlisted.

to produce, if possible, his Certificate of Discharge, conspicuously endorsed in red ink, as follows, viz.—
(Date)

DESCRIPTIVE REPORT ON ENLISTMENT.

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

N Shaw Rowan

Age 32 years 10 months. Height 5 feet 7 inches.

Girth when fully expanded 36 inches.

Range of expansion 34 inches.

Weight 150 lbs.

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin

Portugal Co Relationship _____

Particulars as to Marriage _____

(a) Christian and Surname of Woman (if any) married to, and date of registration or date of issue of certificate of marriage.

(a) _____

Particulars as to Children _____

Christian Names _____

Date and Place of Birth _____

STATEMENT OF THE SERVICES.

Corps in which served	Rgt. or Depot	Promotions, Changes, Casualties, etc.	Days' Service	Remarks	Number of Days' Absence
Service towards limited engagements: <u>7-2-15</u>					
Joined at <u>A. S. S. S. S.</u> on <u>December 7th</u>					
<u>Embarked at S. S. S. S.</u>					
<u>Embarked for S. S. S. S.</u>					
<u>Discharged at S. S. S. S.</u>					
Total Service forfeited as above _____					
Total Service towards Engagement to <u>12-10-16</u> (date of discharge)					
" " " Pension " _____					

REPORT ON ENLISTMENT.

and with entries on the Medical History Sheet.

Months. Height 5 feet 4 1/2 inches.
 { Chest expanded 38 inches.
 { Waist girth 3 inches.
 Remarks 2nd finger left hand amputated

INFORMATION SUPPLIED BY RECRUIT.

next of kin Miss Elizabeth Bonar, 9. W. Lawlor,
Rd. | Relationship Sister

Particulars as to Marriage.

(a) Name 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.

Name.	Date and Place of Birth.

STATEMENT OF THE SERVICES.

Operations, 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	
Enlistment reckons from		<u>17-12-15</u>					
		<u>December 17/15</u>					
		<u>1st. Section for M.C. 23</u>		<u>3</u>			
		<u>16. Joined unit</u>		<u>21-7-16</u>			
		<u>Transf. 12.10.16</u>					
		...					
		(date of discharge)	<u>—</u>	<u>298</u>	<u>—</u>	<u>—</u>	

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.

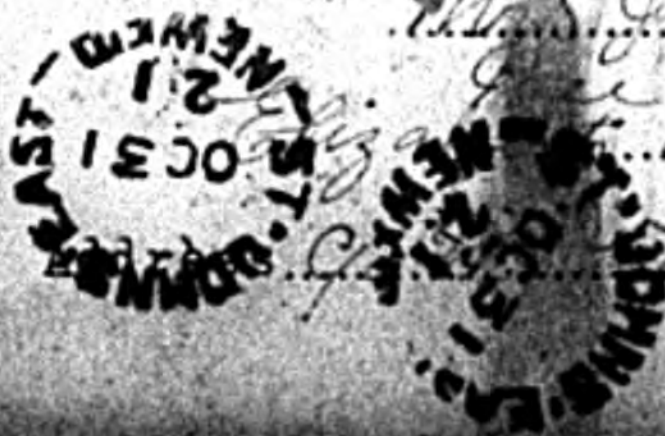
..... 1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 2041 Rank H
Name Thomas Roman
Royal Newfoundland Regt.

Wm. John Redmond (Sgd.)

Wm. John Redmond Relationship.

Lawlor Portugal Cove
RD.



C.R. 2041

Extract from General Roll of U.S.A. Regt. Dist. No. 8.
Depot.
from 1st Regt. to 1st Lt. H.H.F. embarked Southampton,
9-7-16.

2041 Pte. T. Roman.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 1st Newfoundland Regt Regimental Number 2041

Rank K Surname Korran Christian Name J.

Religion R.C. Age on Enlistment 32 years 12 months.

Enlisted (Dec. 19/15 Terms of Service (a) Duration of war. Service reckons from (a) 1915

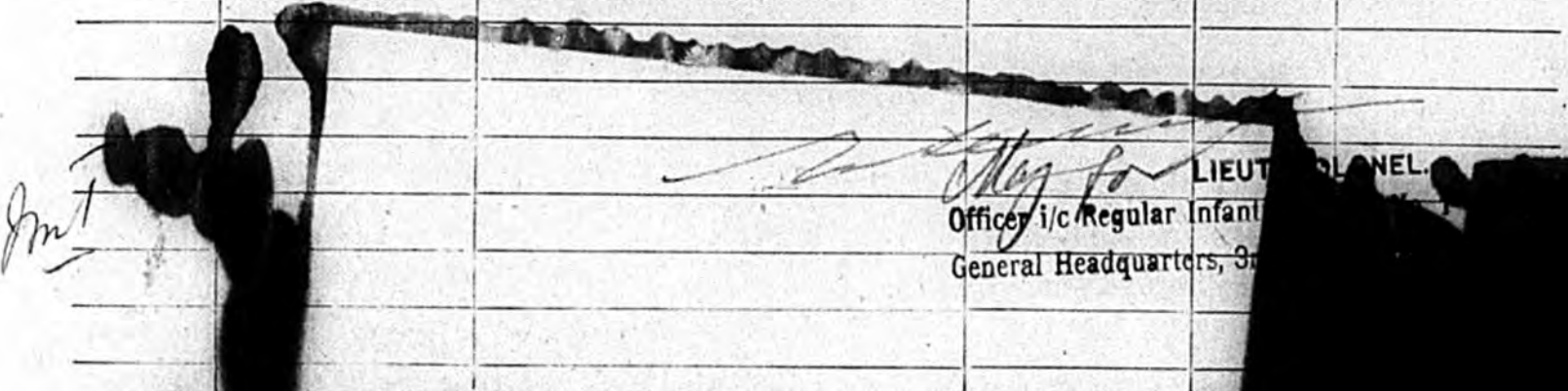
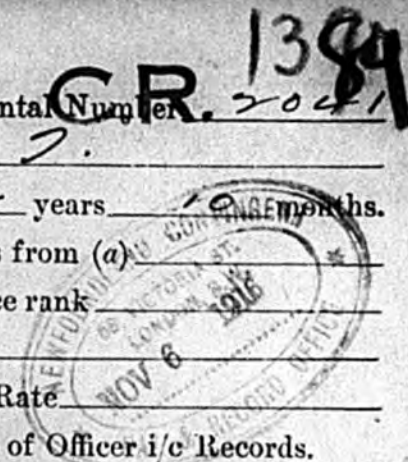
Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____

or Corps Trade and Rate _____

Signature of Officer i/c Records.

Date	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
	From whom received				
		Embarked .. <u>Sourpaustron</u>		<u>9.4.16</u>	
		Disembarked... <u>Rever</u>		<u>10.4.16</u>	
	<u>Sgt James Battanau</u>	<u>France</u>		<u>21 JUL 1916</u>	
<u>14 OCT 1916</u>	<u>OC Unit</u>	Killed in Action	<u>France</u>	<u>12 OCT 1916</u>	<u>B.2.3</u>



Major
 Officer i/c Regular Infantry
 General Headquarters, 3rd

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement.
 (b) Signaller, Messing-Smith, &c.
 (B00150) W 150 P. & Co., Ltd. Forms B103/3.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

V. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (6-6) W:017/2124 1000m 2/15s 93 56

Forms
 B. 121.
 32.

Regiment of

Newfoundland Regt

Number of Sheet

*W. F. Rudell Cap
 Coy*

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>Ronan P.</i>	Age on	<i>32</i> years <i>10</i> months	<i>Latimer</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's Nfld</i>	Religion	
Joined	Date	<i>Dec 1914</i>	<i>R. C.</i>		
Joined	Date	Period of	with Colours <i>298</i> years	Place of Birth	
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>Newton on Apr</i>	<i>19/5/16</i>	<i>Pte</i>		<i>absent from duty</i>	<i>Serjt. Blackwell Pte H. Branchy</i>	<i>7 days C. B.</i>	<i>20/5/16</i>	<i>Major W. F. Rudell</i>	<i>S. G. A. R.</i>
				<i>Killed in action 12th 76</i>					

To be carried over

REGIMENTAL NUMBER

COMPANY. A.

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my
discharge.

Subject to the Army Act, The King's Regulations,
and to such ordinances as may apply or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.

5 George V.

Chapter IV.

Signed Thomas Roman

Witness W.M. Churchill 2/lt.

Dated at

St. John's
June 30th 1916.

REGIMENTAL NUMBER 2041

COMPANY.

THE
1st NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's
Forces under the following conditions.

For the duration of the present war, or until my
discharge.

Subject to the Army Act, The King's Regulations,
and to such ordinances as may apply or may be
made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act.

§ George V.

Chapter IV.

Signed James R. [unclear]

Witness

Dated at

84

27th October, 1916.

Dear Madam,

I regret to inform you that the War Office of the First Newfoundland Regiment, London, to-day advises that No. 2041, Private Thomas Ronan, was killed in Action on the 12th October.

Yours faithfully,

Colonial Secretary.

Miss Elizabeth Ronan,
c/o Mr. W. Lawlor,
Portugal Cove Road.

G.

84

27th October, 1916.

Dear Madam,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day advises that No. 2041, Private Thomas Ronan, was killed in Action on the 12th October.

Yours faithfully,

Colonial Secretary.

Miss Elizabeth Ronan,
c/o Mr. W. Lawlor,
Portugal Cove Road.

Extract of Casualty List received from P.&.R.O.
October 23th 1916.

2041, Pte T. Ronan.

Killed in Action 12/10/16. r/b O.C. Bn. 14/10/16.

C.R. 2041

Extract of Casualty List received from P.&.R.O.
October 27th 1916.

The following Casualty in the 1st Newfoundland Regt.
with the British Expeditionary Force is reported
under various date.

2041, Pte T. Ronan. ✓

KILLED

C.R. 2041

Extract from Nominal Roll Embarked St. John's for Overseas,
Mar. 23, 1916.

2041 Pte. T. Ronan.

C.R. 2041

Thomas Ronan was allotted for General
Service with the NEWFOUNDLAND REGIMENT ON Dec. 17th 1915.
Regimental No. 2041 was allotted to Ptes T, Ronan.

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919

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. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT) **1st Bn. "1st Newfoundland Regt."** Squadron, Troop, Battery or Company } **B. Co.**
CORPS



Regtl. No **8941** Rank **Private.**

Name **Ronan, F.**

Died { Date **12 10/16.**

Place **France.**

Cause of Death* **Killed in Action.**

Nature and Date of Report **B 213, 14/10/16.**

By whom made **O.C. Unit.**

* 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.

Burial { Place **Not received.**

Date **ditto.**

By whom reported _____

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

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 Fixed Centre Paymaster at Home, the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, 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

[Signature]
LIEUT. COLONEL.
Officer A/c Regular Infantry Section No. 1
General Headquarters, 3rd. Echelon.

Station and Date **51/10/16.**

375

PAY LIST.

to 14 October 1916 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *1st Afld*
 No. *2041* Rank *private* Name *J. Ragan*
 Died (a) *Intestate* at *France* on the *14th* of *October* 191*6*.
 Deserted at on the of 191*6*.

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 <i>14-10-16</i>	<i>8</i>	<i>9</i>	<i>6 1/2</i>
	Cash issues (Date of each issue to be stated)				Pay days at from to			
		£	s.	d.	Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"				Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster				Balance due to the Paymaster			
		£				£		
		<i>8</i>	<i>9</i>	<i>6 1/2</i>		<i>8</i>	<i>9</i>	<i>6 1/2</i>

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *8-9-6 1/2* is correctly chargeable against the Public (b).

Dated at this day of 1916 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 Army Form B. 2090 or Army Form O. 1815.
 (b) Words in italics to be struck out when there is no debtor balance.

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

MEDICAL HISTORY

OF

Surname Rooney

Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County W. York

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>16</u> day of <u>Dec</u> 191 <u>1</u> at <u>St John's W. York</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>32</u> years		_____ years	_____ days
Trade or Occupation	_____		_____	_____
Height	<u>5</u> feet	<u>4 1/2</u> inches	_____ feet	_____ inches
Weight	<u>124</u> lbs.		_____ lbs.	_____ lbs.
Chest Measurement	Girth when fully expanded... <u>38</u> inches		_____ inches	_____ inches
	Range of expansion... <u>3</u> inches		_____ inches	_____ inches
Physical Development	_____		_____	_____
Vaccination Marks	Arm	Left	Right	Left
	Number	<u>1</u>	_____	_____
When Vaccinated	<u>1905</u>		_____	_____
Vision	R.E.—V==	<u>6/6</u>	R.E.—V==	_____
	L.E.—V==	<u>6/6</u>	L.E.—V==	_____
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause Rejection	(b) <u>First two joints</u> <u>1st finger, left hand</u> <u>amputated</u>		(b) _____	
Approved by (Signature)	<u>J.W. Burden</u>		_____	_____
(Rank)	<u>Leut</u> Medical Officer.		_____	_____ Medical Officer.
Enlisted	at _____ on _____ day of _____ 191 <u>1</u>		at _____ on _____ day of _____ 191 <u>1</u>	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st W. York Reg</u>	<u>2041</u>	_____	_____
Transferred to	_____		_____	_____
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	_____
(Rank)	_____		_____	_____

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.: Examination 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
February 9 th 16 March 4 th 16	Inoculation } J.W.B.
16.6.16	Vaccination - successful H. Horton M.P.A.M.S.
6.7.16	Fit for foreign Service. N.F.W.
12.10.16	Killed in Action France J.W.B.

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
St Johns St. 247	22/2/16	9/4/16			

No 1957



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Thomas Ronan, Regl. No. 20141,
hereby agree, until further notification by me, and in similar official form to make an Allotment of
— 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 March 22nd, 1916.

Identity Certificate	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>1895</u>	<u>sister</u>	<u>Elizabeth Ronan</u>	<u>1 Woodstone Halifax H. John, Nfld</u>	<u>50</u>
			Total Allotment, \$	

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

(Sig.) Wm G. W. Rendell
for Lieut
Officer Commanding
H Company

(Sig.) Thomas Ronan
(Rank) Private

H. John, Nfld
March 20 1916

PAY LIST.

to 12th October 1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
 No. 2041 Rank Private Name T. Ronan
 Died^(a) Intestate at France on the 12th of October 1916
 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 12/10/16	8	9	6½	
	Cash issues (Date of each issue to be stated) £ s. d.				Pay days at from to				
	191				Proficiency, Service or good conduct pay days at from to				
	"				Messing allowance days at from to				
	"				Kit allowance				
	"				Amount produced by the sale of Effects from Form 2				
	Consolidated stoppage								
	Balance due by the Paymaster	8	9	6½	Balance due to the Paymaster				
		£	8	9		£	8	9	6½

This account is in accordance with information received at the Pay & Record Office to FEB 22 1917 and is therefore subject to amendment if, and as may be found necessary.

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 _____ this FEB 21 1917

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 sent to War Office with Army Form B. 1090 or Army Form O. 1815.
 (b) This entry should be made out when there is no debtor balance.

PAY LIST.

to 12th October 1918. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland
 No. 2041 Rank Private Name T. Ronan
 Died^(a) Intestate at France on the 12th of October 1918.
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	Cash issues (Date of each issue to be stated)				Pay days at from to			
	£ s. d.				Proficiency, Service or good conduct pay days at from to			
	191				Messing allowance days at from to			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	8	9	6½	Balance due to the Paymaster			
	£	8	9	6½	£	8	9	6½

This account is in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

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

FEB 21 1919

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 sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE 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. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT, 1st Bn. 1st Newfoundland Regt. Squadron, Troop, Battery or Company } B. Co.
CORPS }

Regtl. No. 2041 Rank Private.

Name Ronan, T.

Died { Date 12 10/18.
Place France.
Cause of Death* Killed in Action.

Nature and Date of Report B 213, 14/10/18.

By whom made O.C. Unit.

* 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.

Burial { Place Not received.
Date ditto.
By whom reported _____

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

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 Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, 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 } May for **LIEUT. COLONEL.**
Officer i/c Regular Infantry Section No. 1
General Headquarters, 3rd. B.

Station and Date 31/10/18.



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2041 Name Thomas Roman Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|-------------------------------------|
| 1. What is your name? | 1. <u>Thomas Roman</u> |
| 2. What is your full Address?..... | 2. <u>38 Ducharme</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>37</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling?..... | 5. <u>Salesman</u> |
| 6. Are you Married?..... | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... | 11. <u>Yes</u> |

I, Thomas Roman do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

Thomas Roman SIGNATURE OF RECRUIT.

6. Dec. 1915

Donald W. Dore Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at St. John's, Nfld. on this 20th day of December 1915.
Donald W. Dore Signature of the Attesting Officer.

† Certificate of Approving Officer.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the: _____
If enlisted by special authority, such will be attached to the original attestation.

Date _____ 191

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, the 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) _____

2041

DESCRIPTIVE REPORT ON ENLISTMENT.

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

Name Roman
Age 22 years 10 months. Height 5 feet 4 1/2 inches.

Girth when fully expanded 38 inches.
Range of expansion 3 inches.

lost 2 joints 1st. finger left hand amputated

INFORMATION SUPPLIED BY RECRUIT.

Address of next of kin Miss Elizabeth Roman, J. W. Lawler,
1st Ave Rd. | Relationship Sister

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	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. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
		<u>MA. 121076</u>							
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " " Pension " _____ (") _____ " _____ "									

Casualty Form—Active Service.

Regiment or Corps Newfoundland

Regimental No. 2041

Rank Pte

Name Rouan

Enlisted (a) 19.12.15

Terms of Service (a) Duration

Service reckons from (a) * NOV 7 1915

Date of promotion }
to present rank }

Date of appointment }
to lance rank }

Numerical position on }
roll of N.C.Os. }

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. 36, 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 Southampton		9.7.16	
		Disembarked Dover		10.7.16	
		Unit joined Battalion France		21.7.16	
14.10.16	OC Unit	Killed in action France		12.10.16	B213
		See			
		Leading Lt. Col. Officer, Regular Infantry. Lt. Col. 3rd Echelon			

(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. Specialist, Signaling Smith, etc., etc., also special qualifications in technical Corps duties.



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

should be entered the findings in the routine of examination set forth in the Appendix.
ed that each finding be entered after the number below which corresponds to the number

Thomas Reagan

conducted at Headquarters

16th/1915 Recruiting Officer:

FINDING

Chin

First two joints of fingers left hand acropathic.

- 13 n
- 14 n
- 15 n
- 16 } n
- 17 } n
- 18 } n

2041

19 n $\frac{1}{2}$ both eyes

- 20 n
- 21 n
- 22 n
- 23 n
- 24 n
- 25 n
- 26 n 3'

- 27 n
- 28 n
- 29 n
- 30 n
- 31 n
- 32 n

400 # - 10y ago. meser left arm

124 # - 28 5'4"

500 25 28

Sister broke - Edward Rowan.

Robert

Signature of Medical Examiner:

W. Burden
Lieut. Col.



This Form is to be used in connection with Pamph. M. E. 1
N. F. 1915

In the spaces below should be entered the findings in the routine of examination, or both 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 *Thomas Pearson*
aged *32* conducted at *Marquette*
Date: *Dec* Recruiting Officer:

NO OF TEST FINDING

- 1 *No*
- 2 *No*
- 3 *No*
- 4 *No*
- 5 *No*
- 6 *No*
- 7 *Yes*
- 8 *Yes*
- 9 *Yes*
- 10 *No*
- 11 *No*
- 12 *No*

6 with

134 ⁴/₄
~~35~~ ~~38~~ 5'4 1/2"
 35- 38
 50- 51

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

165
1720
.....
Mar 2nd 1918

Received from the First Newfoundland Regiment
sum of Twenty eight 65
..... 70 Dollars.
.....
Amount of Pay Estate.

.....	Initials.....	<i>EW</i>
.....	Initials.....	<i>WLD</i>
.....	Initials.....	<i>WLD</i>

WLD
.....
Regtl. No. Rank

No. 2041 Rank Pte.

Name A. Roman

Elizabeth Redmond

229 Eighth Street.

Brooklyn.

N. York.

March 11th. 1918.

Mrs Elizabeth Redmond,
229 Eight Street,
Brooklyn, N.Y.

Dear Madam,-

I enclose herewith cheque for \$48.65,
being the balance of the estate of the late Pte.
T. Ronan, payable to you as Administratrix. I
also enclose Letters of Administration.

Yours faithfully,

Capt. & Paymaster &
Officer i/c Records.

Enclosures 2.

JH/.