



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2175 Name John Rose Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|----------------------------------|
| 1. What is your name? | 1. <u>John Rose</u> |
| 2. What is your full Address? | 2. <u>Cape St. Francis</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Fireman</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 |
| 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> |

FOR THE DURATION OF THE WAR

I, John Rose 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.

John Rose SIGNATURE OF RECRUIT.
R. P. Hallaway Signature of Witness.

E Feb. 26

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Rose 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 on this 25th day of February 1916

R. P. Hallaway Signature of Attesting Officer

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the†

If enlisted by special authority, such will be attached to the original attestation.

Date.....191..... } Approving Officer.
 Place..... }

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
 ‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Rose

Apparent age 18 years months. Height 5 feet 6 1/2 inches

Chest Measurement { Girth when fully expanded 39 inches
 Range of expansion 5 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ambrose Rose
Cape St. Francis Parish Care | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(c) Present address.		(d) Initials of Officer verifying entry.	
(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

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



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2175 Name John Rose Corps

Questions to be put to the Recruit before Enlistment

- | | |
|--|--|
| 1. What is your name? | 1. <u>John Rose</u> |
| 2. What is your full Address? | 2. <u>St. Francis</u>
<u>Parish Ave</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>No</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>No</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>No</u> |

I, John Rose 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.

John Rose SIGNATURE OF RECRUIT.
R. P. Hallaway Signature of Witness.

E Feb. 26

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The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 25th day of February 1916

Signature of Attesting Officer R. P. Hallaway Lieut

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I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the †.....

If enlisted by special authority, such will be attached to the original attestation.

Date.....191..... } Approving Officer.
 Place..... }

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 ‡ 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 John Ross

Apparent age 18 years 0 months. Height 5 feet 6 1/2 inches

Chest Measurement { Girth when fully expanded 39 inches
Range of expansion 5 inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Ambrrose Ross
C/o St. Francis Parish Care | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow.		(b) Place and date of marriage.	
(a)	(b)	(c) 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 <u>26-2-16</u>									
Joined at <u>St Johns</u> on <u>February 26th 16</u>									
<u>Embarked St Johns St. Lucia 24th 16 for Lt. Embarked for B.C.A. 3rd 16</u>									
<u>Joined Battalion in the field 4-10-16 admitted to the Hosp. Queen Victoria 1-3-17</u>									
<u>Discharged to base 4-3-17 Rejoined unit 12-4-17</u>									
<u>Killed in Action 23-4-17</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 23-4-17 (date of discharge) 1 years 57 days

" " " Pension " [" "] " " " "

C.R. 2175

Extract from Nominal Roll of Rifle Regt. Embarked Southampton,
from 2nd Bn. Depot, to 1st Bn. B.E.F. (Draft No. 11)

3-10-16.

2175 Pte. J. Rose.

June 4, 1917.

Dear Madam,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day reports your husband, No. 2175, Private John Rose, who was previously reported missing April 23rd, is now reported as having been killed in action on that date.

Yours sympathetically,

Colonial Secretary.

Mrs. Evelyn Rose,
3 Murray St.

REPRINTED FROM THE LINES
MADE IN U.S.A.

MITICO REGENT FINEN
MADE IN U.S.A.

■

June 4, 1917.

Dear Sir,

I regret to inform you Record Office of the First Newfoundland Regiment, London, to-day reports your son, No. 2175, Private John Rose, who was previously reported missing April 23rd, has now reported as having been killed in action on that date.

Yours sympathetically,

Colonial Secretary.

Mr. Ambrose Rose,
~~Lighthouse Keeper,~~
Cape St. Francis.

H

May 21,

7.

191

Madam,

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. 2175, Private John Rose,

missing April 23rd.

has been posted as

Should any further information be received concerning him, such information will be at once communicated to you.

Yours faithfully,

Mrs. Evelyn Rose,
3 Murray St.

Colonial Secretary.

C.R. 2175-

Extract from Nominal roll Embarked at St. John's,
for Overseas per S.S. Sicilian, July 19, 1916.

2175 Pte. J. Rose.

C.R. 2175

John Rose was attested for General Service with
the NEWFOUNDLAND CONTINGENT on February 26th 1916
Regimental No. 2175 was allotted to Pte J. Rose

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

J Rose

2175

W
C
C

P. t. R. Q

E
C

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *2175*

Rank

Pte

Name

Rose J.

Died (a)

Intestate

at

France

on the

23rd April

191 *7*

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 <i>23. 4 17</i>	<i>4</i>	<i>17</i>	<i>6</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	<i>4</i>	<i>17</i>	<i>6</i>	Balance due to the Paymaster			
		£	<i>4</i>	<i>17</i>		£	<i>4</i>	<i>17</i>

CHECKED.
17. 7. 17
Ab

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 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.

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 } NEWFOUNDLAND REGIMENT. Squadron, Troop, Battery } C Company
 or } CORPS }

Regtl. No. 8175 Rank Private

Name ROSE, J.

Died { Date April 23rd., 1917.
 Place France.
 Cause of Death* Killed in Action.



Nature and Date of Report B 213, 23/5/17.

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 _____
 Date _____
 By whom reported _____

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

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.

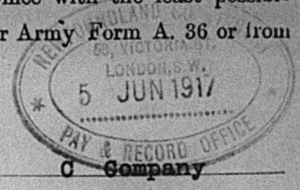
Signature of Officer in charge of Section Adjutant-General's Office at the Base

J. J. Hill
 Lieut. for Lt. Col.,
 Officer i/c Records Reg. Inf. Sect. 1,
 3rd. Echelon, G.H.Q., B.E.F.

Station and Date 30/5/17.

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 } NEWFOUNDLAND REGIMENT. Squadron, }
 or } Troop, Battery }
 CORPS } or Company }

Regtl. No 2175 Rank Private

Name ROSE, J.

Died { Date April 23rd., 1917.
 Place France.
 Cause of Death* Killed in Action.
 Nature and Date of Report B 213, 23/5/17.
 By whom made O.C., Unit.

DUPLICATE.

SENT TO
 O.C. H.Q. :
 ST. JOHNS, N.F.L.D.
 N.F.S. NO. 631170
 DATED 29 JUN 1917

* 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 _____
 Date _____
 By whom reported _____

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Signature of Officer in charge } [Signature] Lieut. for Lt. Col.,
 of Section Adjutant-General's } Officer i/c Records Reg. Inf. Sect. 1,
 Office at the Base } 3rd. Echelon, G.H.Q., B.E.F.

Station and Date 30/5/17.

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

MEDICAL HISTORY

OF

Surname Rose Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>25</u> day of <u>February</u> 191 <u>6</u> at <u>H. Johns, Hfld.</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>19</u> years _____ days		_____ years _____ days	
Trade or Occupation	_____		_____	
Height	<u>5</u> feet <u>6½</u> inches		_____ feet _____ inches	
Weight	<u>135</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>39</u> inches		_____ inches	
	Range of expansion... <u>5</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	
	Number	_____	_____	
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>49</u> L.E.—V= <u>49</u>		R.E.—V=_____ L.E.—V=_____	
	(a)	_____	(a) _____	
(a) Marks indicating congenital peculiarities or previous disease	_____		_____	
(b) Slight defects but not sufficient to Cause Rejection	_____		_____	
Approved by (Signature)	<u>L. Jones Barron</u>		_____	
(Rank)	<u>Capt</u> Medical Officer.		_____ Medical Officer.	
Enlisted	at <u>H. Johns</u> on <u>25</u> day of <u>July</u> 191 <u>6</u>		at _____ on _____ day of _____ 191 <u>1</u>	
	Corps.	Regtl. No.	Corps. _____ Regtl. No. _____	
Joined on Enlistment	<u>14thfld. Reg.</u> <u>2175</u>		_____	
Transferred to	_____		_____	
Became non-effective by	_____		_____	
(Signature)	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Rank)	_____		_____	

10

Rose, J

2175

Ray Sept

PAY LIST.

to

191

Voucher No.

NON EFFECTIVE ACCOUNT.

Regiment or corps

No. 3175

Rank

Pts.

Name

Rose, J.

Died^(a) Intestate at France

on the 23rd of April,

1917.

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 I.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month ... 23/4/17	4	17	6
	<i>Cash issues</i> (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				Amount of Savings Bank balance, including			
	Balance due by the Paymaster	4	17	6	Balance due to the Paymaster			
		£	4	17		£	4	17

This account is in accordance with information received at the Pay & Record Office to 27/7/17 and is therefore subject to amendment if, and as may be found necessary.

I certify that the above account is correct in every particular and that the debtor balance is correctly chargeable against the Public Account.

Dated at 27 JUL 1917
this day of

NEWFOUNDLAND CONTINGENT
PAYMASTER & OFFICER IN CHARGE RECORDS
1917

(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. 2080 or Army Form O. 1615.
(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 2175 Rank Pte. Name **Rose, J.**

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STATEMENT OF ACCOUNT.

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	Balance Dr. last month				Balance Cr. last month23/4/17.....	4	17	6
	<i>Cash issues</i> (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				Amount of Savings Bank balance, including			
	Balance due by the Paymaster	4	17	6	Balance due to the Paymaster			
		£ 4	17	6		£ 4	17	6

This account is in accordance with information received at the Pay & Record Office to 27/7/17 and is therefore subject to amendment if, and as may be found necessary.

I herewith certify the above account is correct in every particular and that the ~~debtor balance~~ **NEWFOUNDLAND CONTINGENT** is correctly chargeable against the Public.

Dated at 27 JUL 1917
 this day of
 RECEIVED OFFICE

A. K. Munnell Maj.
 PAYMASTER & OFFICER IN CHARGE RECORDS
 Paymas. et.

(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.

CHECKED
 177.7
 HC

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 } **NEWFOUNDLAND REGIMENT.** Squadron, }
 or } Troop, Battery }
 CORPS } or Company } **C Company**

Regtl. No. **2175** Rank **Private**

Name **ROSE, J.**

Died { Date **April 23rd., 1917.**
 Place **France.**
 Cause of Death* **Killed in Action.**



Nature and Date of Report **B 213, 23/4/17.**

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 _____
 Date _____
 By whom reported _____

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

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

Bohlin
Lieut. for Lt. Col.,
Officer i/c Records Reg. Inf. Sect. 1,
3rd. Echelon, G.H.Q., B.E.F.

Station and Date **30/5/17.**

Casualty Form—Active Service.

Regiment or Corps NewfoundlandRegimental No. 2175 Rank Pte Name Hall JohnEnlisted (a) Feb 26/16 Terms of Service (a) Duration War Service reckons from (a) _____Date of promotion } _____ Date of appointment } _____ Numerical position on } _____
to present rank } to lance rank } roll of N.C.Os. }

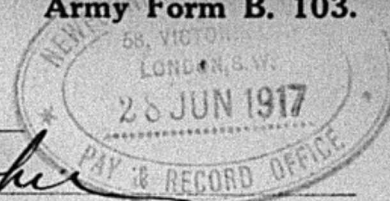
Extended _____ Re-engaged _____ Qualification (b) _____

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				
		Ranbha Southampton		3.10.16	
		Disenbha Rouen		4.10.16	
		joined Battalion		14.10.16	
	14 C.R.S.	Adm Orchitis 26.10.16	transf to duty.	30.10.16	E.D. 5999
		With Battalion		23.1.17	
	34 C.C.S.	Adm Epididymitis	France	26.2.17	E.D. 746
	10 P.H.	Varicocele Les	Rouen	1.3.17	H.A. 7265
	29 P.S.D.	joined Base Depot	do	4.3.17	Non roll
	P.C. Unit	" Battalion	France	13.4.17	B 213
28.4.17	do	Missing	do	23.4.17	do
25.4.17	do	Killed in Action	do	23.4.17	B 213
23.5.17	do				
			Sgt S. Toohill		L for
			of No 1 regular Infantry Section		

(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.



Certified true copy

No. 2008.

3



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, John Rose, Regl. No. 2175
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
60 Dollars and 00 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 May 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2007	Father	Ambrose Rose	Cape St. Francis	60
<p><i>Replaced by no 2657</i></p>				
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.) R. P. Holloway
 Lieutenant
 Officer Commanding
 H. Company
St. John's.
April 19th 1916

(Sig.) John Rose
 Private
 (Rank) Private



3.

31ST NEWFOUNDLAND REGIMENT ALLOTMENTS

I, John Rose, Regl. No. 2175
hereby agree, until further notification by me, and in similar official form to make an Allotment of
60 Dollars and 60 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 May 1st.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>2007</u>	<u>Father</u>	<u>Ambrose Rose</u>	<u>Cape St. Francis</u>	<u>60</u>
Cancelled <u>Chas. H. Cope Capt.</u> <u>July 14th 1916</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.) R. P. Hollaway
for Lieut.
Officer Commanding
H. Company
M. Johns.
April 19th 1916

(Sig.) John Rose
(Rank) Private

2079
2175

April 15, 1920

Mrs. Evelyn Rose,
Baul no, C.B.

Dear Madam:-

You have no doubt failed to notice the publication which was made somewhat over a year ago, to the effect that the government has authorized payment of Separation Allowance to wives and other dependents of soldiers for the whole period of the war.

There is on this account a certain amount lying to your credit at this Department, which you have not so far claimed. I shall be pleased to pay you any amount on production of your Marriage Certificate.

Yours truly

Major

Paymaster.

Est. 2175 J. Rose.
per Mrs. Evelyn Woodfine.

ACCOUNT	1077	2175	INITIALS	<i>[Signature]</i>
CHK. NO.			INITIALS	<i>[Signature]</i>
IND. LEDGER	214		INITIALS	<i>[Signature]</i>
PAY LEDGER			INITIALS	<i>[Signature]</i>
GEN. LEDGER			INITIALS	<i>[Signature]</i>

DEPARTMENT
OF
MILITIA

REGIMENTAL PAY BRANCH

PAY VOUCHER

\$ $22 \frac{75}{100}$

[Signature]

Aug. 19/1922

RECEIVED from the Royal Newfoundland Regiment the sum of
Twenty two $\frac{75}{100}$

on account of

Evelyn Woodfine

In replying the date of this
letter should be quoted



B.

August 19, 1922.

Sir:

As the estate of John A. Rose, #2175,
consists only of the amount due from the
Pay & Record Office, viz: ~~\$25.81~~, I have
the honour to authorize you to pay that
amount to Mrs. Evelyn Woodfine, of Torbay,
Widow of said deceased. Kindly give her
a cheque for the amount.

\$22.75

I have the honour to be,
Sir,
Your obedient servant,

Deputy Minister of Justice.

Major J. M. Howley, M.B.E.,
Pay & Record Office.



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

In the spaces below should be entered the findings in the routine of examination set forth in the appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of *John Rose*
aged *19 yrs.* conducted at *C. L. B.*
Date: *Feb. 25 1916* Recruiting officer:

NO. OF TEST FINDING

1 no
2 no
3 no
4 no
5 no
6 no
7 yes
8 yes
9 no no-
10 n
11 n
12 n
13 n
14 n
15 n
16 n
17 n
18 n
19 both
20 n
21 n
22 n
23 n
24 n
25 n
26 n
27 n
28 n
29 n
30 n
31 n
32 n

2175

* 33 *5-6 1/2*
34 *135 lbs.*
* 35 *yes no mark. 2 yrs ago.*
36 *34-39*
37 *300 year*
38 *Father Ambrose Rose Cape St. Francis*
39 *nobody.*

J. J. Signature of Medical Examiner: *J. J. Burden*

ON **ST. JOHN'S Nfld.**
FEB 2
11 AM
HER MAJESTY'S SERVICE
7922

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. 2175 Rank PL
Name John Rose
Royal Newfoundland Regt.

Ambrose Rose (Sgd.)

Father of Late 217 Relationship.

Address Biscaya Cove Cape St Francis

MEMORIAL
27
FF

RECEIVED
JAN 25 1921

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

SEP 23 1921.

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

Mr. Ambrose Rose (Father)

in respect of his service as No. **2175** Rank **Pte.**

Name **John Rose** **Royal Nfld. Regt.**
Nfld. Infantry Corps

Receipt of the same should be acknowledged hereon.

Received *two medals Oct 5 1921*

Signature *W. Ambrose Rose*

Date *Oct 12 1921*

Address *Biscayville Cape St. Francis*

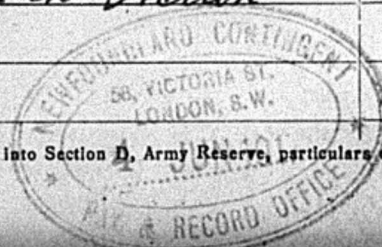
[P.T.O.]

Casualty Form—Active Service.

Regiment or Corps 1st Nfld
 Rank Pte Surname Rose Christian Name John **1737**
 Religion C of E Age on Enlistment 18 years — months.
 Enlisted (a) Feb 26/16 Terms of Service (a) Duration of war Service reckons from (a) _____
 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.

Report		Record of promotions, reductions, transfers, casualties, &c, during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents
COPY SENT TO	From whom received				
O.C. H.Q. Date ST. JOHNS, N.F.L.D. 279 EP 38. NO. 6311/70 DATED 29 JUN 1917			Embarked Southampton	3 OCT 1916	
			Disembarked ROUEN	4 OCT 1916	
		Joined Battalion	14 OCT 1916		
	14 Cpl.	Admitted Orchitis 26/10/16	transf. Outp	30/10/16	B.D. 5999
			With BATT. 28. I. 17		
	34 Cpl.	Adm. Epididymitis	France.	26/2/17	B.D. 746
	10 S. Hosp.	Ad. Varicocele sev.	Rouen	1.3.17	H.P. 7265
	29 I. B. S.	joined Base Depot	Rouen	4.3.17	Non Roll.
28.4.17	O.C. Unit	Joined Battalion	France	13.4.17	B 213
25.4.17	do	Missing	do	23 APR 1917	B 213
23.5.17	do	Killed in Action	do	23.4.17	B 213



(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

