



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3248 Name Chas. A. Ross Corps CofE

### Questions to be put to the Recruit before Enlistment.

1. What is your name? ..... 1. Chas Augustus Ross
2. What is your full Address? ..... 2. Harvey St  
Harbour Grace
3. Are you a British Subject? ..... 3. yes
4. What is your age? ..... 4. 19 Years 6 Months
5. What is your Trade or Calling? ..... 5.  Clerk
6. Are you Married? ..... 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? ..... 7. no
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. yes
9. Are you willing to be enlisted for General Service? ..... 9. yes
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. yes

I, Chas. Augustus Ross 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.

Witness 15/5/16

Chas. Ross SIGNATURE OF RECRUIT.  
H. H. Fisher Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chas. Augustus Ross, 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 15 day of November 1916

Signature of Attesting Officer George J. Leahy

### †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.....1916 }  
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 Chas. G. Ross  
 Apparent age 19 years 6 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 { Range of expansion 5 1/2 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Thomas Ross  
Harvey St. St. Grace | Relationship parent

#### Particulars as to Marriage

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

(a)	(b)	(c)	(d)

#### Particulars as to Children

Christian Names	Date and Place of Birth

### STATEMENT OF THE SERVICES

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



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

*Coff*

No. 3248 Name Chas A Ross Corps

### Questions to be put to the Recruit before Enlistment.

- |  |   |
|--|---|
| 1. What is your name? .....  | 1. <u>Chas Augustus Ross</u>                |
| 2. What is your full Address? .....  | 2. <u>Harvey St</u><br><u>Harbour Grace</u> |
| 3. Are you a British Subject? .....  | 3. <u>yes</u>                               |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>6</u> Months          |
| 5. What is your Trade or Calling? .....  | 5. <u>Labr.</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, Chas Augustus Ross 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.

*to Mrs. W.B. 16*

Chas A Ross SIGNATURE OF RECRUIT.

H. H. Jones Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Chas Augustus Ross, 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 13 day of November 1915

Signature of Attesting Officer G. George Leach, Major

### †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 compiled with. I accordingly approve, and appoint him to the .....

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

Date ..... 1915 } 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).....







This Form is to be used in connection with Pamph. W. 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 *Chas. Ross*

aged *14 yrs. 6 months* conducted at *C. F. B.*

Date: *Nov. 15/16* Recruiting Officer:

NO OF TEST	FINDING
------------	---------

1	<i>no</i>
2	<i>no</i>
3	<i>no</i>
4	<i>no</i>
5	<i>no</i>
6	<i>no</i>
7	<i>no</i>
8	<i>yes</i>
9	<i>yes</i>
10	<i>no - ho</i>

11	<i>no</i>
12	<i>no</i>
13	<i>teeth &amp; attended to</i>
14	<i>no</i>
15	<i>no</i>
16	<i>no</i>
17	<i>no</i>
18	<i>no</i>
19	<i>6 teeth</i>
20	<i>no</i>
21	<i>no</i>
22	<i>no</i>
23	<i>no</i>
24	<i>no</i>
25	<i>no</i>
26	<i>no</i>
27	<i>no</i>
28	<i>no</i>
29	<i>no</i>
30	<i>no</i>
31	<i>no</i>
32	<i>no</i>
33	<i>no</i>

3248

34	<i>5 9</i>
35	<i>12 8 lbs.</i>
36	<i>31" - 36 1/2"</i>
37	<i>\$20 = per month</i>
38	<i>Parents: Susan Ross, Mrs. Joseph</i>
39	<i>none</i>

*5 9*  
*12 8 lbs.*  
*31" - 36 1/2"*  
*\$20 = per month*  
*Parents: Susan Ross, Mrs. Joseph*  
*none*

Signature of Medical Examiner:

*SW Bender*

C.R. 3248

Extract of Daily Orders Part II Royal Newfoundland  
Regiment Depot St. John's dated April 1st 1919.

-----

The Discharge of the undernoted on Demobilization has b  
been Confirmed by Officer i/c Records from unoted date.

#3248 CSM. Char. Ros<sup>S</sup>  
X

29/5/19.

C.R. 3248

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
DEPOT ST. JOHN'S DATED MARCH 18th/19.

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The Discharge of the undernoted on Demobilization has  
been APPROVED by O.C. Discharge Depot from noted date.

3248 CSM. Ross, Chas.

15/3/19.

DISCHARGE  
BOND

C.R. 3248

Extract from Medical Board held on TUESDAY AFTERNOON  
March 11th, <sup>19</sup> the following was the findings.

3248 GSM. C. ROSS.

RECOMMENDED DISCHARGE FROM THE ARMY.

C.R. 3248

Extract from Daily Orders Part II Unit the Royal Rifles.  
Regt. St. John's 11-3-19.

The information returned from Overseas and reported to  
Dept 7-2-19  
7-2-19  
Dept 7-2-19.

Reprinted on a/c of Demobilization.

3248 CSM. Chas. Ross.

C.R. 3248

Extract from telegram from Nyn. to Mil. dated Jan. 28th., 1919.

In answer your telegram January 27th., Corsican embarking Jan.  
30th. with the following Officers.

Warrant Officers.

3248 Ross.

C... 3248

Extract from Casualties received from Pay & Records Office,  
London, Dec. 28th, 1918.

The undermentioned was transferred from City of London  
Military Hospital to 3rd London General Hospital on <sup>30</sup>11-18.

3248 Pte. C.S.M. C. Ross.

C.R. 3248

Extract from Casualties received from the Pay and Record Office  
London, dated 11th., Dec. 1916.

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#3248 CSM. C. ROSS

Was discharged from 3rd., L.G.H. ON 10/12/18 and granted furlough to  
19/12/18. Fit for I Duty.

AUTHORITY A. F. W 3016 from 3rd., L.G.H.



C.R. 32 48

Nov. 25th 18.

Mr. Thos. Ross,  
Harvey St.,  
Hr. Grace.

Dear Sir:-

I beg to inform you that additional information has been received to-day by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that your son, No. 3248, C.Q.S.M. Charles A. Ross, is now progressing favourably.

Yours faithfully,

Lieut. Col.,  
Chief Staff Officer.

C.R. 3248

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 21/11/18.

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TO ENGLAND.

#3248 a/GSM. C. ROSE.

26/10/18.

Nov. 14th 18.

Mr. Thomas Ross,  
Harvey Street,  
Er. Grace.

Dear Sir:-

In answer to your enquiry, I beg to inform you that information has been received to-day from Pay & Record Office, London, to the effect that your son No. 3848, G.S.M. Charles Ross, is now convalescent.

Yours faithfully,

Lieut.  
Casualty Officer,  
For Minister of Militia.

C.R! 3248

Nov. 9th 18.

Mr. Thomas Ross,

Er. Grace.

Dear Sir:-

Your letter addressed to Mr. Bennett, Minister of Militia, has been passed to me; and I beg to say in reply that we have despatched a cable enquiry to the Record Office, London, in connection with your son, No. 5248, C.S.M Charles Ross, and upon receipt of reply, you will be communicated with.

Yours faithfully,



Lieut.

Casualty Officer.

for Minister of Militia.

C.R. 3248

Extract from Telegram to Synoptical, London, from  
Military St. John's, dated Nov. 8th. 1918.

Inform condition of:

3248 Ross.

C.R. 3248

Extract from War Office List No. C. 1737 dated 6/11/16.

WOUNDED 20/10/ 16.

#3248 A/GSM. C. Ross.

CR. 3248

Extract from War Office List No. H.A. 30760 dated 1 NOV. 1918.

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43248 C.S.M. OF A. ROSS.

G.S.W. LEG R. MILD.

BC.

C.R. 3248

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have no power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address \_\_\_\_\_ Dept of Militia.

Line Number	Recd	By	Sent	by	Check

Dated **Oct 29th, 1918**  
To **Thomas Ross, Harvey Street, Hr. Grace**

Regret to inform you that Record Office, London, officially reports **No. 2245, G.S.M. Charles A. Ross** at City of London Military Hospital suffering from **G.M.H. right thigh**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

**J.R. Bennett**

Minister of Militia.

**Chge Dept of Militia,**  
**FOR TYPEWRITER**



C.R. 3248

Extract from Nominal Roll of Sick and Wounded from the France  
Expeditionary Force admitted to City of London Military Hospital  
26/10/18

3248 CSM. Charles Ross.

G.S.W. R. THIGH.

C. O. M. 3248 Ross

3248  
" Oct. 18

Dear Mr. Bennett

I received your  
message informing us that  
Charles was wounded. We  
been very anxious to know  
if there is any way of finding  
out if he is improving or  
not. At the time we received  
your message we were  
thinking of writing you but  
refrained hoping word  
might reach us in this  
news from Jack that their  
cable was confused with  
that messages & not much  
use to inquire in that way.

As soon as we escape  
to now it should be alright  
as things are looking as if  
the war was over. Kindly  
let us know if you  
hear any news for the  
pobkga  
your sincerely  
Thomas Ross

C.R. 3248

v Extract from Daily Orders, UNIT, in the field, dated 21/7/18

#3248 C.Q. M. S. C. ROSS.

APPOINTED ACTING, C. S. M. 25/7/18

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C.R. 3248

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. France. dated 13-7-18.

3248, Sgt, (A) CQSM. C. Ross.

Confirmed to rank of C.Q.M.S. 25-4-18.

C.R. 3248

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. in the field, dated May 27, 1918.

#3248 Sergt. C. Ross.


Appointed Acting C.Q.M.S. April 25, 1918.

C.R. 3248

Extract of Daily Orders part 11, from Unit 1st Mfid.  
Regiment, 3rd Echelon, B.A.F., dated 26/1/18.

#3248 a/Sergt. C. ROSS, C.Co.,

Confirmed to Rank 18/7/17.



C.R. 3248

Extract of Daily Orders Part 11 by Major J.R.Meiklejohn, D.S.O.,  
commanding Newfoundland Regiment, 27/12/17.

3248 Corpl.(A/Sergt.) C.Ross, C Co.,  
to be confirmed in rank.

C.R. 3248

Extract from Nominal Roll Draft No. 32, 111 Other Ranks from 2/1st  
Newfoundland Regt., Ayr, to 1/1st Mfld. Regt., B.S.F. Embarked  
Southampton 6/11/18

3248 A/Sergt. Ross, C.A.

MP



C.R. 3248

Major J.R.Meiklejohn, D.S.O.  
Extract of "aily Orders Part 1Y" by ~~Major J.R.Meiklejohn, D.S.O.~~  
~~Commanding~~, commanding Nfld.Regiment.

3248 Corpl.(A.Sergt.)C.Ross, C.Coy

to be Sergt. to date from 18/7/17.

C.R.3248

Extract from Nominal Roll Draft embarked St. John's per  
S.S. "GRANDIANT" 31/1/17 sailed Halifax 16/4/17.

3248 Pte. ~~E~~ Ross.

C.R. 3248

Extract from Daily orders Part 11 Unit the Royal Nfld.  
Regt., St. John's, Nov.16/16.

3248 Pte. Chas. Ross.

Attested and attached to the Strength from. 15-11-16.

Dec. 31st 1918

Dear Mrs. Ross:-

I beg to inform you that we have received a message from our Pay and Record Office, London, to the effect that your son #2248 C.S.M. G. Ross was discharged from the 3rd General Hospital on the 3/12/18 and was granted furlough to 19/12/18, and is now passed as fit for duty. After his furlough is finished he will proceed to the 2nd Battalion, Royal Newfoundland Regiment, Hasleley Down Camp, Winchester.

Any communications that you want to send to him will reach him at the following address:-

#2248 C.S.M. G. Ross,  
2nd Battalion,  
Royal Newfoundland Regiment,  
Hasleley Down Camp,  
Hants, England.

Wishing you and your family Seasons Greetings, and  
Mrs. Theo. Ross, Harvey St., a Happy New Year.  
Mr. Cross.

Yours faithfully,

  
CASUALTY OFFICER.

Lieut.

Dec. 31st 1918

Dear Mrs. Ross:-

I beg to inform you that we have received a message from our Pay and Record Office, London, to the effect that your son #2248 C.S.M. G. Ross was discharged from the 5th General Hospital on the 3/12/18 and was granted furlough to 19/12/18, and is now passed as fit for duty. After his furlough is finished he will proceed to the 2nd Battalion, Royal Newfoundland Regiment, Haslely Down Camp, Winchester.

Any communications that you want to send to him will reach him at the following address:-

#2248 C.S.M. G. Ross,  
2nd Battalion,  
Royal Newfoundland Regiment,  
Haslely Down Camp,  
Hants, England.

Wishing you and your family Seasons Greetings, and  
Mrs. Theo. Ross, Harvey St., a Happy New Year.  
Mr. Grace.

Yours faithfully,

  
CASUALTY OFFICER.

Lieut.

Ross, Charles.

3245

Gay sept.

April 2nd, 1919

#3248 C.S.M. Charles Mass,  
C/o Thomas Ross,  
Harbor Grace.

Dear Sir:-

Referring to your application I enclose cheque  
for Seventy dollars (\$70.00), being amount of first payment  
due you on account of the "War Service Gratuity."

Yours truly,

Captain,  
Paymaster & C.i/c Records

Graduation date sent to  
Mr. Grace, March 28/19

12247

✓



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 *Charles H.* 2. Surname *Ross*

3. Rank *Company Ser<sup>t</sup> Major* 4. Regt. No. *3248*

5. Address in full to which future payments of gratuity are to ~~be~~ forwarded *Cp. Thomas Ross Merchant*

*Harbour Grace*

6. Date of enlistment in the Regiment *November 15<sup>th</sup> 1916*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

*No separation allowance. 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 Mfld. 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 Mfld, or Overseas. *Left Mfld Feb 1<sup>st</sup> 1917 (Went draft)*

*for Eng. land. Left England for France Nov. 5<sup>th</sup> 1917*

*wounded Oct 21<sup>st</sup> 1918 returned to England*

*Left England for Newfoundland Jan 30 1919*

*(Corsecan)*

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.....

*No*

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

*No*

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.....

*No*

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.? *Yes*. If not give:- (a) Date of discharge..... (b) Reason for discharge.....

*Not applicable*

*Not applicable*

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.....

*Served in France & Belgium from Nov 17<sup>th</sup> 1917 to Oct 28<sup>th</sup> 1918. Left theatre of war on account of wound received in Belgium*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (b), are you in receipt of full pay and allowances from that Committee.....

*No applicable*

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:

*Charles A. Ross*  
*Harbour Grace*

Place of Residence:

Declared before me at: *St John's*

This *fourteenth* day of *March* 1919.

Signature of Barrister of the  
Supreme Court, Stipendiary Magistrate,  
Notary Public, Justice of the Peace,  
or Commissioner of affidavits.

*J. W. W. P. Kelly*  
*Barrister & C. of P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	<i>5 mos.</i>	<i>350.00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

Pryster.

March 29, 1919

#3248 CSM. Charles A. Ross,

Harbor Grace.

Dear Sir:

Please find enclosed "Discharge Certificate  
No. 1527."

Yours truly,

Wm. Storer & O. J. C. <sup>Captain,</sup> Records

Ed. Grace  
-  
May 17/21

Dear Alf,  
Have you mind making  
an enquiry regarding my discharge  
badge. If you remember some time  
ago I was speaking to you about it  
while in the Militia Dept.

Then they were going to send it  
along but that is now about three  
years ago. This badge is not  
worth much, but other chaps?  
Have them.

Thanking you in anticipation

I remain

Yours truly,

Ed. Grace.

3248

W. Grace  
July 17/19

5793

Dear Sir,

Allow me to remind you  
that my fourth installment of the War  
Service Gratuity is about due.  
There has been some trouble  
and delay with former Cheques  
Please send this one along and  
save me the inconvenience of  
going to St Johns. and Office  
Louis J. Kelly  
# 3248 C.S.M. Ross Co.

Wm. Grace

JGR

No. 3152



## 1st. NEWFOUNDLAND REGIMENT

### ALLOTMENTS

I, John Ross, Regl. No. 3248  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Sixty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz :

Allotment begins July 1<sup>st</sup> / 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3337	Mother	<u>Mr John Ross</u>	<u>H. Grace.</u>	60
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.) Charles Ayles

Officer Commanding  
5. Company

John  
 January 29<sup>th</sup> 1917

(Sig.) John Ross

(Rank) Pvt.

5029

The Grace  
May 14 19

Dear Sir,

This is the second time  
that I bring before your notice  
the fact that I have received  
no second Payment of Your  
Service Gratuity which was  
due May 2<sup>nd</sup>. An immediate  
reply would save a lot of  
trouble. Hoping this will  
not inconvenience you.

to me.

I remain

Sincerely,  
Louis Druley

#3248 CSMBoss CA

Mar 29.

Address

% Dhad Roro  
The Grace



May 17, 1919

No. 2348, C.S.M. C.A. Ross,  
C/o Thos. Ross,  
HR. GRACE, C.E.

Dear Sir:

I enclose cheque for \$70.00  
amount due you as second payment on account of  
War Service Gratuity.

Yours truly,

Capt.  
Paymaster.

LM-

Enc. 1/

Dr. Quincy  
Feb. 15/21

Dear Sir,

According to discharge certificate # 1527 I am entitled to a discharge. As a Sgt. will you look into this and let me know why I have not as yet received same.

Yours truly,  
Charles Ross

(5248 - 1000)

Sgt. Maddick

ST. JOHN'S, MAR 14 1919

# Royal Newfoundland Regiment.

Billeting Account,

To C. A. M. C. Ross

Billeting Soldiers as undermentioned

from Feb 8<sup>th</sup> /19 to Mar 14<sup>th</sup> /19

A. C. R.

3248 C. A. M. C. Ross 36.00

ACCOUNT	
GN. NO. <u>12739</u>	INITIALS <u>ACR</u>
IND. LEDGER	IND. ALL.
DAY LEDGER	INITIALS
GEN. LEDGER	IND. LB.

Certified correct for \$ 36.00

Joseph A. [Signature]  
Billeting Officer.  
[Signature]

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

June 26 19 17

Received from the First Newfoundland Regiment  
the sum of Seventy Dollars.  
on account of Pay. W. S. J.  
balance

Ch. No. 24953	Initials. C.S.
Pay Ledger. 173	Initials. W.S.J.
Gen. Ledger.....	Initials.....

Regtl. No. 248. Rank C.M.

Russell.

No. 3248

Rank

1st Lt

Name

S. A. Ross

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70<sup>00</sup>

May 17 1919

Received from the First Newfoundland Regiment  
the sum of Seventy 70 Dollars.  
on account of Pay. W.S.G.  
Balance

Ch. No. 20434	Initials C.W.
Pay Ledger 193	Initials C.W.
Gen. Ledger	Initials

Regtl. No.

Rank

No. 2248.

Rank C.S.M.

Name Ross C.A.



RECEIVED BY THE  
DEPARTMENT OF WAR

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

# Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

- 1. Unit and Corps. *Royal Newfound* 7. Former Trade or Occupation }
- 2. Regtl. No. *3248* 3. Rank. *C Sm* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Ross* *C* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday. *30*
- 6. Posted for duty on..... at..... in category (or grade).....
- 8. If the disability is an injury was it caused
  - (a) in action (b) on field service
  - (c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
  - (a) When (d) Particulars of Pension or Gratuity (if any)
  - (b) Where
  - (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

*Joint Injury*

- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *wounded in knee 21 Oct 18*  
*left right- thigh wound*  
*now healed. No disability*



OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a 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.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases 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.

- 14. State whether the disabilities are (a) attributable to (b) aggravated by (i) Service during the present war Yes (ii) Previous active service No (iii) Climate in pre-war service No (iv) Ordinary military service before the war No (v) Serious negligence or misconduct on the man's part N.A. (a) If not due to any of these causes, to what specific condition do you attribute it? N.A.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible, and in cases of amputation, the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Scar about 2 in long on anterior surface Right thigh Not Painful in Pressure wound healed completely of no disability

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Complains before joined the Army Suffering from Ovarian Pain Left Leg was appaled in the trenches. Since going on active service has had a recurrence of same Repetition

20. Do you recommend—

- (a) Discharge as permanently unfit? (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

NEWFOUNDLAND REG. Product's name

Medical Officer in charge of case.

Station Hopton Down Camp

Date 17.11.1918

\*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

21. Give diagnosis and particulars of—

- (a) Any disability claimed or discovered. (b) The present condition thereof.

G.S.W. Right thigh. Scar healed causes no disability

22. State whether the disabilities are:—

- (i) Service during the present war Yes (ii) Previous active service No (iii) Climate in pre-war service No (iv) Ordinary military service before the war No (v) Serious negligence or misconduct on the part of the soldier No Give details:

(a) Attributable to (b) Aggravated by

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? S.S.W.

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

- 24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

ul

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

- 26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalidated at a foreign station)?

Yes

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

No

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signature

*[Handwritten Signature]*

President or Chairman.

Station *[Handwritten Signature]*

Date *Mar 11 1919*

*[Handwritten Signature]*  
*[Handwritten Signature]*

Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *[Handwritten Signature]*

Date *MAR 11 1919*

*[Handwritten Signature]*  
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospital.

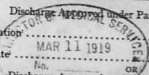
Discharge Approved under Para. 392 ( ) King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W, or W.(T), P. or P.(T)).

Station .....

Date .....

O.C. Discharge Centre.





Army Form B. 102

277

Regimental Number **C.R. 5248**

**Casualty Form—Active Service.**

Regiment or Corps *1st New Zealand*  
 Rank *Sgt* Surname *Ross* Christian Name *Charles*  
 Religion *Cof. C.* Age on Enlistment *19* years *6* months.  
 Enlisted (a) *W. Johns* Terms of Service (a) *duration* Service reckons from (a) *15-11-16*  
 Date of promotion to present rank *18-7-17* Date of appointment to lance rank *16-2-17*  
 Extended { } Re-engaged { } Qualification (b) \_\_\_\_\_  
 or Corps Trade and Rating \_\_\_\_\_

Occupation *Clark* Signature of Officer. *David Knight*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 102, Army Form A. 34, 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. 113, Army Form A. 26, or other official documents
Date	From whom received				
			Embarked <i>Switzington 6/1/17</i>		
			Disembarked <i>Rouen 7/1/17</i>		
			Joined Battalion	<i>14-11-17</i>	
<i>29/1/17</i>	<i>Pellet</i>	<i>Confirmed to rank of</i>		<i>16-7-17</i>	<i>B.213</i>
		<i>WITH .En. 30-12-17.</i>			
<i>10/5/18</i>	<i>---</i>	<i>app. a/c on 1</i>		<i>25/4/18</i>	<i>B.213</i>
<i>8-6-18</i>	<i>---</i>	<i>Confirmed to rank of</i>	<i>Fair</i>	<i>25-4-18</i>	<i>B.213</i>
<i>22-7-18</i>	<i>---</i>	<i>Appointed at 1/5th</i>		<i>24-9-15</i>	<i>do</i>
				<i>20-10-18</i>	
	<i>10-7-18</i>	<i>No further trans</i>	<i>11 B.C.S.</i>	<i>20/1/18</i>	<i>C.A. 4597</i>
	<i>Jan Breunel</i>	<i>Transferred to England</i>	<i>Bulagne</i>	<i>16/1/18</i>	<i>103083</i>
		<i>x 2 av. gondos.</i>			

(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, Shooting-Smith, &c.

*Handwritten mark*

*Handwritten mark*

D3248

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3248 Rank Co S M Name Ray Charles A  
 Date of Enlistment 15-11-16 Address H. St. John's District St. John's  
 Occupation Chick Classification for Discharge B Medical Category F  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-3-19 H.M. 11  
 O.C. Discharge Depot

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Charles A. Ray

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Joseph S. Snowling

Date 14-3-19 O/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 11-25 to his home at H. G. G. G. and Release Certificate No. 11-25 issued.

Date 11-3-19 C. M. G. G. G. 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 11-3-19

Date 11-3-19 H. M. G. G. G. H.  
Depot Paymaster.

Discharge approved for 15-3-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P]26	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 178a	D 400A	B 1915	do 2nd	" 3
H 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 14. 3. 19 C. M. G. G. G. Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 15 1919

Date 15-3-19 R. H. G. G. G. Capt.  
O. C. Discharge Depot.

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

Date 15-3-19 R. H. G. G. G. Capt.

EXTRACT FROM STATEMENT OF A/C TO 31-1-19  
FROM PAY & RECORD OFFICE WENDE -

3248 A/CSM. Ross, C. A.

Dr. Bal. 25-5-2

This is transferred to Pay Office from 262319

Reg. No. *3248* Rank *C. S. M.* Name *Ray. Ghas*

Attested ..... Address *H. Ghas*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *YH* *1919*

Embarked for Overseas ..... Cause *Discharge*

*11. 3. 19. Rec. Dis. from the Army.*

*11. 3. 19*

PROCESSED TO DEMOBILIZATION

*11. 3. 19*

DISCHARGE APPROVED BY DEMOBILIZATION

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3248 Rank P.S.M. Name Lawrence A. ...  
 Intended place of residence St. John's  
 2. Occupation Clerk  
 Classification of soldier 10 Medical Category F

3. The above named man is discharged in consequence of **DEMOBILIZATION.**  
**Eligible for War Service Gratuity.**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place St. John's  
 Date MAR 14 1919  
 for H. Mansfield  
 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. IN SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.  
 Place and date ST. JOHN'S  
14-3-19  
 Signature of soldier Joseph A. Mansfield  
 Signature of witness Chas. Ross

## 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 ST. JOHN'S  
14-3-19  
 Signature of soldier Chas. Ross  
 Signature of witness H. Mansfield

## STATEMENT OF SERVICE

7. Enlisted for service 15-11-16 No of days on Military  
 Discharged from service 15-3-19. Plus weekdays Service 865 days

## APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date MAR 15 1919  
R. H. Sait Capt  
 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  
 Date March 29th 1919  
M. Bowley Capt  
 Officer in Charge  
 The Royal Newfoundland Regiment.

ad B 207 91/157

16  
31  
37  
28  
29  
125



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

# MEDICAL HISTORY

Surname

Ross

OR

Christian Name

Clerk



Table 1.—GENERAL TABLE.

Birthplace:—Parish

County



		SPECIAL RESERVE.			
Examined	.....	on	15 <sup>th</sup> day of November 1916	on	..... day of 191
	.....	at	St John's N.F.	at	.....
Declared Age	.....		19 years 6 months	years	days
Trade or Occupation	.....		Clerk.		
Height	.....		5 feet 9.	feet	inches
Weight	.....		128	lbs.	lbs.
Chest Measurement	Girth when fully expanded		36 1/2	inches	inches
	Range of expansion		5 1/2	inches	inches
Physical Development	.....				
Vaccination Marks	Arm	Right		Left	
	Number				
When Vaccinated	.....				
Vision		R. E.—V=	4/666	R. E.—V=	
		L. E.—V=		L. E.—V=	
(a)	.....	(a)		(a)	
(b)	.....	(b)		(b)	
(a) Marks indicating congenital peculiarities or previous disease	.....				
(b) Slight defects but not sufficient to Cause Rejection	.....				
Approved by (Signature)			L. Smith Paterson		
(Rank)			Major		
			Medical Officer.		Medical Officer.
Enlisted	.....	at	St John's	at	
	.....	on	15 day of November 1916	on	day of 191
Joined on Enlistment		Corps.		Regtl. No.	
			1st W.A.C. Regt.	3248	
Transferred to	.....		ROYAL NEWFOUNDLAND REGIMENT		
Became non-effective by	.....	on	day of 191	on	day of 191
(Signature)	.....				
(Rank)	.....				

Table II.—Only for admission to hospital or to the sick list in case of Warrant officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and readmissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 <sup>RD</sup> LONDON GENERAL HOSPITAL WANDSWORTH.	26	10	18				B.S.W. Skull. B. Thigh. Flesh Swell.		a small deep irregular abscess not 2" long at middle of anterior surface. 29/11/18. Almost healed	H. Wood on 2 Capt R. M. C. H. B. C. Can. Gen. C. S. D.
	30	11	18	10	12	18	Gyath. R. leg.	10	Healed. Discharged to duty.	

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

Date	Brief Details, and Signature
9-1-17.	Vaccination 20
17-1-17	T.R.B. 20
24-1-17	T.R.B. 20
5-7-17	3. 20
14/1/19	Recommended Reformation <i>Produce Cert.                  Revis</i>
	<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>F</u></p>
	<p>11.3.19                  Date of S.M.B.</p>
	<p><i>[Signature]</i>                  Adjutant Adjutant                  Discharge Department</p>

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
Ad. Foreign Windsor	31-1-17	3-2-17			
	3-2-17				

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps.....
2. Regtl. No. 3248 3. Rank. L.S.M.
4. Name Ross G  
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....  
in category (or grade).....
7. Former Trade }  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
- (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—  
(a) When  
(b) Where  
(c) Opinion of Court  
(d) Particulars of Pension or Gratuity  
(if any)

Note.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

21<sup>st</sup> Oct/18. G. S.W. Right thigh  
wound now healed. No disability

14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | Yes                 |                   |
| (ii.) Previous active service .. .. .                      | No                  |                   |
| (iii.) Climate in pre-war service .. .. .                  | No                  |                   |
| (iv.) Ordinary military service before the war .. .. .     | No                  |                   |
| (v.) Serious negligence or misconduct on the man's part. } | NA                  |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } N.A.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputations the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

Scars about 2" long.  
 Scar on anterior surface  
 right thigh - Not painful when  
 pressure. Wound healed. Complaints  
 of no disability.

16. Was an operation performed? If so, when and what was its nature?

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

18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Complaints for long  
 Army suffered from  
 vertigo. Nausea  
 left leg. Was operated  
 on, for same. Since going on  
 Repatriation. Active service. Has had  
 a recurrence of same.

20. Do you recommend—

- (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

ROYAL NEWFOUNDLAND REG  
 J. J. [Signature] Capt  
 [Signature] [Rank]

Station Hagerney Barr Camp

Date 10/1/15

Medical Officer in charge of case.

\* 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

FORM K

No. 3152



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Ross, Regl. No. 3245

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
 Dollars and Eighty Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
 of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
 concerned, viz.:

Allotment begins July 1<sup>st</sup> / 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3337	Mother	Mr Charles Ross.	At Grace.	60
Total Allotment, \$				

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.) <u>Charles Ross</u> Officer Commanding <u>to</u> Company <u>St John's</u> <u>July 29 / 1917</u>	(Sig.) <u>Charles Ross</u> (Rank) <u>Pvt.</u>
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FORM K

N<sup>o</sup> 3152



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Charles Ross, Regl. No. 3-248

hereby agree, until further notification by me, and in similar official form to make an Allotment of          Dollars and *Pixty* Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup>/<sub>or</sub> Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup>/<sub>or</sub> Persons concerned, viz :

Allotment begins *July 1<sup>st</sup> /17*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3337</u>	<u>mother</u>	<u>Mr Charles Ross</u>	<u><i>At Grace</i></u>	<u>60</u>
Total Allotment, \$				

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.) *Charles Ross*  
 Officer Commanding  
*B* Company  
*St John's*  
*Jan'y 29<sup>th</sup> 1917*

(Sig.) *Charles Ross*  
 (Rank) *Pvt.*

O.K. of 5-0-0 M.R. 23/1/18

Receipt No. 9949

New Zealand and Contingent  
Pay Records Office

58 Victoria St.

London, Eng.

Office for Pay Records.

Pay No. 3248. Com. Lt. Col. C. New Zealand  
Regt. the sum of Five Pounds (£5.0.0.)  
on account of Army Balance. See on.

M. Wood

Sign. 3248. Com. Lt. Col.  
C. New Zealand Regt

Clapton.

23-11-18

Rec No. 9949

~~RE~~

CITY OF LONDON  
MILITARY HOSPITAL  
42, CLIFDEN ROAD,  
CLAPTON, N.E.

H. H. H. H. H.

P. P. P.



NEWFOUNDLAND CONTINGENT

N.F.P./45.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street, London, S.W. 1.

Please remit to 3248 C. S.M. Ross C.

1st Batt. Royal Newfoundland Regt  
the sum of £5 pounds — shillings (25 o. 5)

on account of ~~the~~ <sup>the</sup> balance that ~~was~~ <sup>is</sup> due to me.

Regtl No. 3248 Rank Captain

Name Charles Ross

Approved Edward M.D. Capt. Ross C.  
Officer i/c.,

*J.C.*

Dated at Clapton

Hospital.

1-11 1918

CITY OF LONDON  
MILITARY HOSPITAL  
42, GLIERSY ROAD, E.C. 1  
CLAPTON, N.E.

*Henry Ross*  
ppd

*C.R. £50-0*  
*M.R. 1/1/18*  
*Receipt M. 9460*

12925/400

1541

9th August 8

3248, R/GSM C.A. Ross

✓ 7158

Pay to 3248 Ross £5:0:0

Royal Wfld. Regt.

B. E. F.

September 6th 8

This Soldier wishes £3.  
to be remitted to him and the balance  
£2.2.0 retained to credit of his  
account.

(to) (Sd) Lt. Col.  
Comdg. 1st. Bn. R. Newfoundland Regt.

107

114

14581

Officer Commanding,  
1st. Bn. R. Newfoundland Regt.

B. E. F.

Reference reverse: Postal Draft  
for £5. 18. enclosed for payment to  
this Soldier. Balance of £2.0 has  
been placed to the credit of his  
account. Kindly obtain his receipt  
hereon.

Chief Paymaster & C.O. Records

London, S. W. 1,  
31/9/18.

O.K. of 4-0-0 N.R. 13/11/18  
Receipt No. 9425.

NEWFOUNDLAND CONTINGENT

N.F.D./45.

To: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street, London, S.W. 1.

Please remit to 3248. Csm. Ross. C.

1st Royal Newfoundland Regt.

the sum of four pounds: — shillings (£4.0.0)  
on account of any balance that may be due to me.

*A.W.M.*

Regtl No. 3248 Rank C.S.M.

Name Chas Ross

Approved [Signature]  
Officer i/c.,

CITY OF LONDON  
MILITARY HOSPITAL  
4, BELLFRENCHURCH,  
LONDON, E.C. 4

Dated at Stapton  
12 - 11 1918

[Signature] Hospital.

*P.S.D.*

O.K. f 1-0-0 W.R. 5/12/18

Receipt No 10156

3rd London Gen. Hospital.  
Barnscoate.

Chief Pharmacist.  
of the records.

W.R. Contingent.



Sir, please remit to me the sum  
of One pound (£1.0.0) and charge same  
to my account.

*W.R. Contingent*  
*W.R. Contingent*  
*W.R. Contingent*  
W.R. Contingent.  
W.R. Contingent.  
W.R. Contingent.

P.S.D.

No. 127  
XX

# ANGLO-AMERICAN WESTERN UNION DIRECT UNITED STATES CABLEGRAM



Prefix		Code		At		SENT		FOR STAMPS	
WORDS		CHARGE		To		By			
13									
<b>VIA ANGLO.</b>								THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	

22/11/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY,

To MRS THOMAS ROSS  
HARBORGRACE (Newfoundland)

WOUND EXCELLENT CABLE TEN POUNDS THROUGH MINISTER  
MILITIA

*Change safe* → 3248 ROSS

13/

CHECKED.  
25/11/18

CHARGED  
PAY BOOK  
Date 25/11/18 by [Signature]

Authorised.

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 St. S.W. 1.

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

The Royal Wld. Regiment

DEMOBILIZATION

No. 3248 Rank C.S.M.

Name Ross C

Warned for demobilization on

11  
MAR 18 1919

# The Royal Newfoundland Regiment

Class for Demobilization—

B

Report of Demobilization  
Travelling Board, held on soldier for  
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 11.3.19 .....

Regimental No. 3248

Name ROSS ..... Charles A. ..... C. S. M. .....

Address .....

Present Medical Category..... E .....

Recommended for:— { (a) ~~Immediate discharge~~ .....

(b) Standing Medical Board.....

Members of Board {

R. H. Lait Capt.  
.....  
O.C. Discharge Depot.

Paterson  
.....  
Senior Medical Officer

.....  
M. O. Depot



Mr. Graves  
May 11 <sup>1919</sup>

4979

Dear Sir

Referring to your  
Service Gratuity, please  
let me know why second  
payment which was due  
2nd May has not arrived.  
By doing so you will oblige.  
# 3248 C.S.M. Ross

Address

% Thacker  
Mr. Graves

July 1919



## 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 resume former occupation  
Plumber

Chas. A. Stone

Signature of Man.

W. Dicks

Reg. No. 3248

Signature of the Vocational Officer or his Representative.

Place

St. Louis

Date

12-3-19

191



## 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 *Charles Ross*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3248*

Intended address *H. Grace*

Height on discharge *5 Feet 10*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father *Thomas*

Christian name of Mother *Sussana*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *H. Grace 1898 May 28*

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)

Station

*S. John's*

Date

*11.3.19*

(Rank)

*C. S. M.*

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.

Station

Date



# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 3248 Name Lt. J. M. Ross, Charles A.  
 Date of Enlistment 5-11-16 Address St. John's District St. John's  
 Occupation Plat. Clerk Classification for Discharge B Medical Category F7  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	Board Ist.	" 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 14-3-19

*H. Min. H.*  
 O. C. Discharge Depot.

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

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

*Charles A. Ross*

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable #60.00

(b) Clothing Supplied *Joseph A. Snowfield*

Date 14-3-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. K956 to his home  
 at R. Chan and Release Certificate No. 1125 issued.

Date 14-3-19

C. 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 29-3-19

Date 14-3-19

H. M. H.  
 Depot Paymaster.

IN RESPECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.

Discharge approved for 15.3.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.
F 178	W 3494	B 122	Board 1st	" 2.
F 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 14.3.19

C. Dicks Capt.  
 Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

MAR 15 1919

R. H. Sait Capt.

Date .....

O. C. Discharge Depot.

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

Date .....

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form  
B 121  
29.

Number of Sheets *First*  
Signature of O. C. Company *Chas. C. Coy. Capt.*

Regiment of *1st Newfoundland*

Signature of O. C. Company

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay			
No.	<i>Ross 16.</i>	Age on	<i>19</i> years <i>6</i> months	<i>Clerk</i>	<i>Promoted Acting Sergeant</i>			
Joined	Date	Place and Date of Enlistment	<i>St. John's, N.F.</i>	Religion				<i>C. of G.</i>
Joined	Date		<i>15. 11. 16</i>	Place of Birth				
Joined	Date	Period of	with Colours, <i>18 1/2</i> years. with Reserve <i>2 3/4</i> years.					



Place	Date of Offence	Rank	Case of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Arg.</i>	<i>8.5.17</i>	<i>Pvt</i>		<i>Being in charge of an ambulance.</i>	<i>Cpl. Daley</i>	<i>2 days C.S.</i>	<i>8.5.17</i>	<i>Capt J. G. P. Cox</i>	<i>C.S.</i>
				<i>Demobilized St. John's 29 3/19</i>					

To be carried over