



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4285 Name Harold Russell Corps Inf.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Harold Russell
2. What is your full Address? 2. St. John's Cove
3. Are you a British Subject? 3. Residence
4. What is your age? 4. 6 Years 10 Months
5. What is your Trade or Calling? 5. Self
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. No
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 John
Corps Inf.
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? II. Yes

I, Harold Russell 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.

Harold Russell SIGNATURE OF RECRUIT.

John Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harold Russell 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 31 day of Dec 1915

Signature of Attesting Officer [Signature]

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 31 1915

Place [Signature] } 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).....



FIRST NEWFOUNDLAND REGIMENT

4285

ATTESTATION OF

No. 4285 Name Harold Russell Corps Cof E

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Harold Russell
2. What is your full Address? 2. Little Cove
3. Are you a British Subject? 3. Barbuda Bm
4. What is your age? 4. 26 Years 10 Months
5. What is your Trade or Calling? 5. Fisherman
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

THE DURATION OF THE WAR

I, Harold Russell 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.

H. 31-12-17. Harold Russell SIGNATURE OF RECRUIT.
P. P. Bennett Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Harold Russell 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 Little Cove on this 31 day of Dec 1917.

Signature of Attesting Officer W. J. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the 1st Co.

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

Date Dec 31 1917.

Place St John's } 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 Harold Russell
 Apparent age 26 years 10 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Samuel Russell
Southern Bay | Relationship Sister

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	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>31-12-17</u>									
Joined at <u>St John's</u> on <u>December 31-1917</u>									
<u>Discharged April 9/1919.</u>									
<u>Embarked St John's St. Helier to Halifax N.S. 29 '18.</u>									
<u>Embarked for St. Helier 31. 5. 18. Admitted Hospital, St. Helier 17-9-18.</u>									
<u>Discharged 20. 2. 18. Admitted to Hospital, St. Helier 17-9-18.</u>									
<u>Admitted 31. 8. 18. Admitted to Hospital, St. Helier 17-9-18.</u>									
<u>Embarked for discharge 30-1-19. Arrived Newfoundland 7-2-19</u>									
<u>Demobilization St. John's 27-4-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 27-4-19 (date of discharge) 1 years 118 days
 " " Pensions " " " " " " " " " " " "

H. Russell.

4285

~~P. P. O.~~

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 F., 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 Newfoundland* } Former Trade }
or Occupation }
2. Regtl. No. *4285* 3. Rank *Pte* 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regtl. Nos.
4. Name *R. U. S. E. I.* }
(Surname) (Christian Names)
5. Age last birthday.....
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 ? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 b (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.

Pleurisy

Had Haemorrhage of lungs in Sept. with 1st Lt. sent to Gen Hospital evacuated to U.K. with Pleurisy 620cc fluid aspirated, rejoined Depot Nov 1918. Advises to await repatriation till Spring refused.

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | <i>Yes</i> | ..... |
| (ii.) Previous active service.. .. . | <i>No</i> | ..... |
| (iii.) Climate in pre-war service | <i>No</i> | ..... |
| (iv.) Ordinary military service before the war | <i>No</i> | ..... |
| (v.) Serious negligence or misconduct on the man's part. } | <i>No</i> | ..... |
- 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 amputation the exact position should be stated.

15. What is his present condition? *Breath sounds accentuated. Right apex expansion right lung fairly good slight amount of transient jaw ache.*
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the 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?

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.

Reputation
Hooley M.D.
NEWFOUNDLAND REG.

Station *Hazelby Down Camp*
Date *8 J. 1917*

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.

Russell, A

4285

Hay Dept.

Apr 11 27, 1919

#4295 Pte. Harold Russell,

Tickle Cove, B.B.

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 2093."

Yours truly,

Captain,
Paymaster & O. i/c Records

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4285 Rank PT4 Name Russell Harold
 Date of Enlistment 31.12.17 Address Ingle Cove District Bonaville
 Occupation Fisherman Classification for Discharge 6 Medical Category A III
 Recommendation S.M.B. Permanently unfit Disability Rating Nil
 Passed to Demobilization Officer with following documents:—

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

Date 10.11.19for H. M. H.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Harold ^H Russell
^{MUR}
 with W. J. Stacey

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~~..... Arthur HoustonDate 11-11-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R12848489* to his home at *Greenlee Iowa* and Release Certificate No. *2104* issued.

Date *11-4-19*

J.A. Snow
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 *27-4-19*

Date *11-4-19*

J. H. Mours
Depot Paymaster.

Discharge approved for *13-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	<i>Form B</i>
E 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 *11-4-19*

J.A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents,

Eligible for War Service Gratuity

Date *APR 13 1919*

R.H. Sait
O. C. Discharge Depot.

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

Date

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
Fishing

^{his}
Russell X Harold
mark signature of Man

Reg. No. 4285
W. H. Brown

J. P. Lawfield
Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **APR 8 1918** 191

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. *4285*

Name *Harold Russell*

Address *Highway 100*

Present Medical Category..... *E*

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

(b) Standing Medical Board.....

Members of Board {

..... *R.H. Lait Capt*

O.C. Discharge Depot.

..... *J.P. Brown*

Senior Medical Officer

..... *S.W. Burden*

M. O. Depot

TO, - The Chief Quartermaster,
Royal Newfoundland Regiment,
53 Victoria Street,
London, S.W.

Sir:-

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

Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
4283	PLI	Russell H	\$2.50	

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

H Russell
29th 1916

Date 29-6-16

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4285 Rank Pte Name Russell Harold
 Intended place of residence Tickle Cove

2. Occupation Fisherman
 Classification of soldier 2 Medical Category A III

3. The above named man is discharged in consequence of

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 APR 11 1919
 for H. M. ...
 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.

Place and date ST. JOHN'S
APR 11 1919
Harold Russell
 Signature of soldier
J. A. ...
 Signature of witness

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
11-4-19
Harold Russell
 Signature of soldier
W. C. ...
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3-12-17 No of days on Military
 Discharged from service 13-4-19 Plus 14 days Service 511

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S
APR 13 1919
R. H. ...
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place Admiral's Med.
April 27 1919
M. Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

1
31
48
31
37
118

24.10.2019/2093

C.R. 4285

Extract from Daily Orders part II, Depot St. John's.
dated April 30th. 1919.

The discharge of the undernoted on demobilisation
has been CONFIRMED by Officer i/c Records on 27-4-19.

#4285 Pte. Harold Russell.

C.R. 4285

Extract of Daily Orders Part II Royal Newfoundland Regiment.
Depot St. John's dated April 14th/19.

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

#4285, Pte. Harold Russell.

13/4/19.

C.R. 4285

Extract from Medical Board held on TUESDAY AFTERNOON APRIL 16th., 1919
the following were the findings.

#4285 Pte H. Russell.
RUSSELL

Recommended discharge from the Army.

C.R. 4285

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt. St. John's, 11-2-19.

The Undernoted Returned from Overseas and Reported to
Depot 7-2-19.

Repatriated on A.F.B179.

4285 Pte. Harald.Russell.

C.R. 4285

Extract from Nominal Roll of the Royal Nfld. Regt
Embarked S.S. CORSICAN, Jan. 30, 1919.

4285 Russell.

C.R. 4285

Extract from Casualties from Pay & Record Office, London,
dated 4th. Nov. 1918.

The undermentioned was discharged from the 3rd London General
Hospital on 18/11/18 and granted furlough to 22/11/18. ~~All are~~ marked
Fit for 1 Duty

4285 Pte. H. Russell.

Authority: A.No. W.3016 from 3rd L.G.H.

C.R. 42835

Extract from Daily Orders part II, by Lieut. Col. B.J. BARTON
D. S. O. Officer Commanding 2nd., Battalion dated 23-11-18.

4283 Pte. H. Russel..
5

The a/p having reported back from the 1st. Battalion is
taken on the strength and posted to "H" Co. as from 22-11-18.

C.R. 4285

Extract from Telegram received from Synoptical,
London, dated September 23rd, 1918

At Wandsworth

#4285 Pte. Russell

Pleural. *Effusion*

C. R. Editor No. 255

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 as above 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 full 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	Red	By	Sent	by	Check
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Dated

Sept 23rd, 1918

To

Samuel Russell, Southern Bay

Regret to inform you that Record Office, London, officially reports **No. 4285, Private Harold Russell at Wandsworth suffering from pleural effusion**

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.

FOR TYPEWRITER

C.R. 4285

Extract from Nominal Roll of Sick and Wounded admitted
3rd London General Hospital, on 20/9/18.

4285 Pte. H. Russell

R. Nfld. R.....R. Pleural Effusion.

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

C.R. 4285

NEWFOUNDLAND CONTINGENT
VICTORIA ST.
LOWDON & W.

MACHINE GUN CORPS & TANK CORPS.

LIST NO. H.A. 29412.

7105 L/C. Plummers A.	17/Bn.MGC.	Dermatitis.....	Dis.to Reinf.ex 5 Gen.Hos.Rouen 23 Sept.18.
147410 Pte. Robertson W.	20/Bn.MGC.	V.D.G.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
305531 Pnr. Paynes P.G.	Tank Cps.6 Bn.	V.D.G.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
143084 Pte. Brennan M.	MGC.4/Bn.	V.D.G.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
309004 Pte. Livingstone FW.	Tank Cps.16 Bn.	V.D.S.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
40312 Pte. Ritchie W.	Tank Cps.16 Bn.	V.D.S.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
14638 Pte. Davies J.	M.G.C. 37 Bn.	N.A.D.....	Dis.to Det.Boulogne ex 7 Gen.Hos. 24.9.18.
138654 Pte. Dolby W.	M.G.C. 37 Bn.	N.A.D.....	Dis.to Det.Boulogne ex 7 Gen.Hos. 24.9.18.

LABOUR CORPS - NOTTINGHAM.

LIST NO. H.A. 29412.

125561 Pte. Johnson J.	227/Div. Emp.Co.	V.D.G.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
83746 Pte. Porter S.H.	140/Lab.Corps.	V.D.G.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
277019 Pte. Burns J.	68/Lab.Coy.	V.D.G.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
474224 Pte. Mc.Cormack W.	146/Lab.Co. late 4/Worc.	V.D.G.Mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.

[Handwritten signature]

MILITARY FORCE - ALDERSHOT.

LIST NO. H.A. 29412.

8100 Cpl. Dodds. J.W.	MGP.Hq.57/Div.	Files.....	Dis.to Reinf.ex 5 Gen.H.Rouen 23 Sept.18.
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NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 29412.

4285 Pte. Russell H.	1/Newfoundland. B.Coy.	Pleurisy Mild.....	Adm.30 Gen.Hos.Calais 17 Sept. 18.
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SOUTH AFRICAN RECORD OFFICE.

LIST NO. H.A. 29412.

16169 Pte. McDonald H.	4/S.Afric.Inf.	V.D.S.mild.....	Adm.7 Gen.Hos.Wimereux 24 Sept. 18.
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ARMY GYMNASIUM - ALDERSHOT.

LIST NO. H.A. 29412.

Wkr. Horsington H.E.	QMAAC.Hostel 1. Havre.	Debility.....	Dis.from QMAAC Con.Dep.Etretat 24.9.18.
Wkr. Wardell D.	QMAAC. 7/Havre.	Strn.Thigh.L.....	Dis.from QMAAC Con,Dep.Etretat 24.9.18.

1824

C.R. 4285

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.
Commanding 1st Battalion Royal Newfoundland Regiment,
dated 5/9/19.

The following arrived today and is posted to the following
Company.

B. COMPANY.

4285, Pte. H. Russell.

C.R. 4285

Extract from casualties received from P.&R.O.London,
Mar.28, 1918.

IN HAZELEY DOWN HOSPITAL.

4285. Pte. Russell, H.

Dermatitis, Ad. 29-3-18.

C.R. 4285

Extract from Nominal Roll Draft #51, to B.E.F. Embarked Folke-
stone, 31, 8-18.

4285 Pte. Russell H.

C.R. 4285

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

4285 Pte. Russell H.

C.R. 4285

Extract of Daily Orders part 11, from Unit Royal
4/1st Newfoundland Regiment. dated January 2, 1918.

4285 Pte. H. Russell.

tested for General Service with the 1st Newfound-
-land Regiment posted to H. Coy and given numbers
as shown, with effect from December 31, 1917.

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4285 Rank Plt Name Russell Harold
 Date of Enlistment 31. 12. 17 Address Ingle Cove District Bonaville
 Occupation Fisherman Classification for Discharge 6 Medical Category A III
 Recommendation S.M.B. Permanently unfit Disability Rating Nil

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 10.4.19

H. M. ...
for O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

i. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Harold X Russell
with a Salary

Particulars passed to Vocational Officer for information and action.

Date

a. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

A. M. ...

Date 11-4-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R12849489 to his home at Trablee, Goa and Release Certificate No. 2104 issued.

Date 11-4-19

J.A. Brownfield
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 27-4-19

Date 11-4-19

J.W. Mousst
Depot Paymaster.

Discharge approved for 13-4-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1	
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 11-4-19

J.A. Brownfield
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratiuity

APR 13 1919

Date

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

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

Date 17/4/19

A. The Grand Em
for Officer i/c Records

Reg. No. 4285 Rank Pte. Name Russell Harold
Attested Address Southern Bay B.B.
Allotment Allottee
Date of Allotment Returned from Overseas 7-2-19
Returned from Embarked for Overseas Loisian Cause Discharge

8.4.19. Rel. Dis. from the army.

APR 10 1919 PASSED TO DEMOBILIZATION OFFICER

13.4.19. DISCHARGE APPROVED ON DEMOBILISATION.

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

MEDICAL HISTORY

Surname Russell OF Christian Name Harold

Table I.—GENERAL TABLE.

Birthplace:—Parish Lick Lake County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	31 st	Dec 1917	11	191
Declared Age	26 years	10 mos	years	days
Trade or Occupation	Fisherman			
Height	5 feet	5 inches	feet	inches
Weight	139 lbs.			lbs.
Chest Measurement	Girth when fully expanded.... 37 inches			inches
	Range of Expansion... 4 inches			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	B. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/20	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lammie Peterson</u>			
(Rank)	Major			
Enlisted	at	<u>St. John's</u>	at	
	on	31 st day of Dec 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	<u>Royal Nfld. 4385</u> <u>Royal Newfoundland</u>			
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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
Hazeley Down	20	3	18	12	4	18	Scars on face Dermatitis 962	23	Usual treat. Normal C.
Hazeley Down		MAY	1918	3	6	18	Mumps.	26	Usual treat Serap for Spectrum M. Cate negative.
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	20	9	18	13	11	18	Pleumatic Effusion	54	

tal or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

Usual treatment. Developed acute Bronchitis
Normal Convalescence Disch'd to Duty

B. H. Morse
Capt. R. A. M. C. (S.R.)

Usual treatment. Developed evening rises of
temp for last 14 days & cough. ? TB lung.
Sputum: No TB but Streptococci Pneumococci
& M. Catarrhalis present. Physical signs
negative. Much improved Disch'd to Duty

B. H. Morse
CAPT., R. A. M. C. (S.R.)

Aspirated 62 cc's removed
no TB found

Satumba Capt. Romo

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 Newfoundland* }
 7. Former Trade or Occupation }
 2. Regtl. No. *4255* 3. Rank... *Pte.* }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
 4. Name *R. USS ELL* }
 (Surnames) (Christian Names)
 5. Age last birthday.....
 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 (b) Date of Discharge;
 (b) Where (c) Cause of Discharge.
 (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 b (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.

Had Haemorrhage of lungs in September 1914. 1st Bn. sent to Hospital evacuated by V.R. with Pleurisy. 62 ozs fluid aspirated, rejoined Sept 10th 1914. Advised to await repatriation till Spring refused.

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. } | No | |
- 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, &c., 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? *Breath sounds accentuated*
Expansion right lung fairly good.
Slight amount transient
Jaw vice.
- (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the 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?

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.

Repatriation

J. B. O'Brien M.D.

ROYAL NEWFOUNDLAND REG.

Station HAZELEY DOWN CAMP.

Date 8 JAN 1919

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.

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.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

(b) The present condition thereof.

*no accompanys in chest
kaber 76 General Health food does not
complain of anything*

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

- | | | |
|---|-------|-------|
| (i) Service during the present war .. .. . | ..... | ..... |
| (ii) Previous active service.. .. . | ..... | ..... |
| (iii) Climate in pre-war service .. .. . | ..... | ..... |
| (iv) Ordinary military service before the war .. .. . | ..... | ..... |
| (v) Serious negligence or misconduct on the part of the soldier .. .. . | ..... | ..... |

Give details:

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

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, less than 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?

nil

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 invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

A

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?

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?

Signatures

[Signature]

President or Chairman.

Station *St. Albans*

Date *April 5th 1919*

[Signature]
[Signature]

Members.

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

Station *St. Albans*
Date *APR 8 1919*

[Signature]
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

OR
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

O.C. Discharge Centre.

Date



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 *Harold Russell*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4285*

Intended address *Lickle Cove P.B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *Samuel*

Christian name of Mother *—*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Lickle Cove. Feb 12th. 1891*

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) *Harold Russell*

Pte

Station

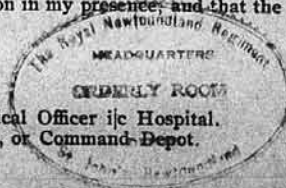
S. J. Jones

Witness *W. J. Underbury Chl* (Rank)

Date *7-4-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital,
Unit, or Command-Depot.



Station

Date

Outfit Number..... 48

Result of the examination of the specimen of..... *Spulium* taken from

Reg. No. 4285 Rank..... *Plt* Name..... *Russell*

Corps..... *2/ Ar Newfoundland*

Result..... *Tubercle bacilli not found.*

Streptococci, Pneumococci & M. catarrhalis
present

May 29th 191*8*



R. A. Hyatt

Specialist Sanitary Officer.

TO BE LEFT BLANK.

April 29, 1919

#4285 Pto. Harold Russell,

Tickle Cove, E.B.

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 & U. i/c Records

2150 WICKS CAVELLY
FWDDEOLD BOND

17452

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 questions 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 *Harold* 2. Surname *Russell*

3. Rank *Plt* 4. Regtl. No. *4285-*

5. Address in full to which future payments of gratuity are to be forwarded. *Tickle Cove, B.B.*

6. Date of enlistment in the Regiment. *December 1917*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *No*

8. Relationship of such dependents. *—*

9. Address in full of such dependents. *—*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Hfld. If so, give dates and particulars of such service. *Overseas.*

12. Give total length of time which you served on active service whether in Hfld. or Overseas. *From Dec. 1917 to Dec. 11/19 date of temporary discharge*

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.

Clothing allowance & back pay 104.70
Board allowance 67

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?

19. Are you now serving in the Res? *No* If not give? - (a) date of discharge *Apr 11/19* (b) Reason for discharge

Temporary *Reassignment*

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

France Belgium - from Aug 1918 to Sept 1918

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee? *No*

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant:

his
Harold X Russell

Place of Residence:

Nickle Cove P.B.

Declared before me at:

St. John's, Nfld.

This

11th

day of

April

19*19*

John M. Carthy

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

POST DISCHARGE PAY.

Date paid Paid
Soldier. Dependent.

War Service
Gratuity.

Net amount
due

4mes - 780 00

Certified correct.

Registrar

ST. JOHN'S, APR 11 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt. H. Russell

Billeting Soldiers as undermentioned

from Feb 8th /19 to Apr 13th /19

A.C.S.
4285 - Plt. H. Russell 67 00

B & M Co
15574 - CW

Certified correct for \$ 67.00

A.J.
R. M. Clouston
Billeting Officer.
H. Russell
mark with CW.

ATCOU

2 Trans
19227 *EW*

May 1st. 1919

The Department of Militia,

The sum of Four Dollars \$ 4.00 is due *4285*, Pte.

Mr Russell for transportation from Princeton, to Tickle-Cove B.B.

Voucher Attached.

Certified correct for
SA

Demobilisation Officer
Discharge Depot-*Newfoundland*



paid. four Dollars out of
my own money please refund
same to my address yours very
Sincerely P-H Russell
Yours
Bonavista Bay

No.

G. 489

TRAVELLING WARRANT

Date

11.4.19 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No.

4286

Rank

plc

Name

Russell H

From

~~ST. JOHN'S~~

To

Lake Cove

The Royal Newfoundland Regiment

DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Lawford
SIGNATURE OF ISSUING OFFICER.

Depot St. John's
in Charge Depot-Newfoundland

May 10, 1919

Pte. H. Russell,
Tickle Cove, B.B.

I enclose cheque for \$4.00
amount of refund due you on account of conveyance to your
home, paid by you.

Capt.
Paymaster.



DEPARTMENT OF VETERANS AFFAIRS

OTTAWA, January 29, 1951.

TO War Veterans' Allowance District Authority,
P.O. Box H-242, St. John's, Newfoundland.


For attention of Veterans' Welfare Services Branch

SUBJECT 4285 Pte. RUSSELL, Harold

File No. DVA.95-9-2-R(R3(a))

Form W.V.A. 18 Rev. has been completed from records with respect to the service of the above-named in the Royal Newfoundland Regiment during World War I and is forwarded to you herewith.

It is requested, please, that in future cases such as this you forward the Forms in duplicate completed only with regimental particulars.


H. M. Jackson,
Director,
War Service Records.

Enc.
NL

DEPARTMENT OF VETERANS AFFAIRS
WAR VETERANS' ALLOWANCE DISTRICT AUTHORITY



Address P.O. BOX H-242
ST. JOHN'S, NFLD.

MARK YOUR REPLY:

For attention of: **VETERANS' WELFARE SERVICES**
BRANCH.

Director,
War Service Records,
Department of Veterans Affairs,
Ottawa, Ontario.

Re: RUSSELL, Harold ✓ (Surname) Regt. No. 4285 ✓ (Christian Names)

Veteran is stated to have served in the following units in:

W.W. I ROYAL NEWFOUNDLAND REGIMENT

W.W. II

S.A. WAR

Dear Sir:

To enable this War Veterans' Allowance District Authority to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service.

1. Theatre of Service in W.W. I ~~FRANCE AND BELGIUM~~ *nfld, UK & France.*
W.W. II *Disemb France, 31 Aug 1918*
S.A. WAR
2. If service in S.A. WAR: (a) Port of disembarkation *n/a.*
(b) Date of disembarkation _____
Day Month Year
3. Date and place of all enlistments: *31st* DECEMBER 1917 ST. JOHN'S, NFLD. ✓
4. Date of all discharges and reason: *27 apr. 1919* ~~APRIL 6 1918~~ *demob.* ST. JOHN'S, NFLD.
5. Rank on discharge. PRIVATE ✓
6. Date and place of birth as per FEB. 12 *1891* ~~1905~~ TICKLE COVE B. B. *nfld.*
attestation paper.
7. Marital status: If married, ~~MARY ANN RUSSELL~~ *single*
name in full of wife.
8. Any prior military service. *WIL no.*
9. Decorations, if any. *nil* ~~NONE AS PER APPLICATION.~~

for W.A.

Director of War Service Records.