



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5177 Name Edgar Samson Corps GR

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edgar Samson
2. What is your full Address? 2. 72 St. Johns Bay
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 24 Years 0 Months
5. What is your Trade or Calling? 5. Postman
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, Edgar Samson 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.

Edgar Samson SIGNATURE OF RECRUIT.
18.5.18 Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edgar Samson 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 fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John on this 18 day of May 1915

Signature of Attesting Officer Ch. Dick's Lieut.

†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 May 18 1915
 Place St. John } 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

5177

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

Name Sagan Dawson
 Apparent age 24 years 1 months. Height 5 feet 8 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 Dawson
Flat 22, 23, B. Bay | Relationship Father
 Particulars as to Marriage _____

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	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 lighter engagement reckons from <u>18-5-18</u>									
Joined <u>S. P. Co's</u> on <u>18-5-18</u>									
Discharged <u>July 3/19</u>									
<u>Embarked S. P. Co's S.S. Colombia to Halifax N.S. 27-7-18.</u>									
<u>Embarked for B.C. 23-11-18</u>									
<u>Re-embarked France 28-7-18</u>									
<u>Joined 130th 5-7-19</u>									
<u>Transferred from 130th 22-7-19. Arrived Vancouver 23-7-19</u>									
<u>So. Vancouver Island for demobilization 22-7-19. Arrived Vancouver 1-6-1919</u>									
<u>Demobilization 3-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>3-7-1919</u> (date of discharge)									
Pensions									

C.R. 5177

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED BY OFFICER i/c Records with effect from 3-7-19.

5177 Pte. Edgar Samson.

C.R. 5177

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 7th, 1919

5177 Pte. Edgar Samson

Reported at Headquarters 1-6-19.
which sailed Liverpool May 22/1919.

ex "Corsican"

Extract from Nominal Roll 1st. Battalion **C.R. 5177**
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion
left Rouen Camps 22/4/19, embarked at
Havre 22/4/19; disembarked at Southampton
23/4/19 and reached Hazeley Down Camp
23/4/19.

#5177 Pte. E. Samson.

Extract from Nominal Roll 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19

The undermentioned of the 1st. Battalion
left Rouen Camps 22/4/19, embarked at
Havre 22/4/19; disembarked at Southampton
23/4/19 and reached Hazeley Down Camp

C.R. 5177

Extract from Nominal Roll of draft No. 56, from the
2nd., Battalion of the Royal Newfoundland Regiment
to the 1st., Battalion F. E. F., Embarked Southampton
23/11/18.

#5177 Pte E. Samson.

C.R. 5177

Extract from Daily Orders part 11, from Unit The Royal
n
Regt. St. John's, dated July 25, 1918.

The following man embarked for overseas on H.M.S.
"Columbella" July 22, 1918.

#5177 Pte. Edgar Samson

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 20, 1918.

#5177 Pte. Edgar Samson.

Attested for General Service with the Royal Hfld. Regt.
from 18.5.18

E. Samson

5177
C.R. ~~5174~~

85
S. H. O.
L

Medical Report on an Invalid.

Station Hazelby DownDate 30-4-19

1. Unit Royal Newfoundland Former Trade or Occupation } Fischerman
2. Regimental No. 5177
3. Rank Pte
4. Name Samson E.
5. Age last birthday 25
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right. \begin{array}{l} 18-5-18 \\ \\ \end{array}$
St John's
- 7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.

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

nilStatement of Case.

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

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

13. What is his present condition?

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

He complains of no disability

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

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

u

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

u

If so—(a) When?

(b) Where?

(c) Opinion?

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

u

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

u

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

u

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

u

20. Do you recommend—

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

Repatriation
none

Chapman JMD

Officer in medical charge of case.

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

Station *Stazuly Division*

Officer in charge of Hospital.

Date *30-4-19*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edgar Samson, Regl. No. 5177

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

Allotment begins July 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4238	Father	James Samson	Flat 8, Land Meadow B.B.	60
			Total Allotment, \$	60

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.)

Officer Commanding
Company

St John

June 12 1918

(Sig.) Edgar Samson

(Rank) Private

No. 5177 Rank Private Name E. Anderson

Pay	F.A.	Wkg	Tc
1.00	10		7.18
Less Allotment			60
Net Rate			50

DEBITS	Date	£	s	d	Period		Days	Rate	£	s	d
					From	To					
Balance					Balance						6 14 8
Acquittance Rolls					Pay @ Net Rate	28 4/19	13 5/19	24	20	10 50	2 5 2
Hospital Advances											
A.B. <i>Deposit</i>		6	10	0							
P.&.R.O. Payments					2 7 9						
<i>1108 Cash</i>		2	10	0							
											8 17 7

r-y-i

NO. OF SHEETS
NO. OF REELS
NO. OF COPIES

STEVEN, SIFF MC

MEMPHIS, TENN.

No. 8508/998

C. Coy

599376

N.S.F. 79.

From: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.I/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

~~Top Officer Commanding,
2nd Batt. Nfld. Regiment
Winchester~~

30th April 1919

~~J. May 20th 1919~~

5177 Pte E. Samson

~~receipt hereunder.~~

With reference to the following telegram from the Minister of Militia / / (158)

~~*F. W. ...*
Officer Commdg. 10th Batt'n.~~

"Pay to- 5177 Pte E. Samson
£10-0-0

Received the sum of £10

Cheque £ 10-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

pounds (£10-0-0) in respect of telegraphic remittance from the Minister of Militia.

[Signature]
Chief Paymaster & O. i/c Records.

E. Samson
No. 5177 Rank Pte

Witness J. N. Dicks Sgt

No. 5177

Name

Samson, G.

Sqn., Batty.,
or Company

D.

Corp.

R. Newfoundland

Date of
enlistment

18/5/18

G.C.
(initials)Service or
Proficiency PayDate of last entry in
Company Conduct Sheet

Sheet

No. and date
of last draftPeriod not reckoning towards
freedom from extra duty

Sheet No.

Signature O.C.
Company, etc.

small O

Signature O.C.
Company, etc.

Character

Good

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
Rovers	29/3/19	PT		Def. of kit.	C. & M. S. Watson	pay for same	1-4-19	Major Bernard	is met

P.T.O.

Sawson, C

517

Hay Sept.

July 3, 1919

#5177 Pte. Edgar Samson,
Fla. Island. B.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 & Officer i/c Records.

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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. 1918.

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..... *Edgar Samson*.....

3. Rank..... *Pte.*..... 4. Regtl. No. *5177*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *Flat 2, B. B.*.....

6. Date of enlistment in the Regiment..... *18th May 1918*.....

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?.....

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *From May 18/18 to June 5/19*.....

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 \$8.96

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?.....

.....
No

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge

.....
June 5/19 (b) Reason for discharge.....
Temporary Demobilization

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 & Germany - from Nov. 1918 to May 1919.

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: *Edgar Samson*
 Place of Residence: *Flat 6. B.B.*
 Declared before me at: *St. John, Nfld*
 This *6th* day of *June* 19*19*

Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, Notary Public, Justice of the
 Peace, or Commissioner of Affidavits.
John McCarthy
J.P.

POST DISCHARGE PAY.				
Date paid	Paid	Paid	War Service Gratuity.	Net amount due
	Soldier.	Dependent.		
.....
.....
.....
	Certified correct.			Paymaster

July 3, 1919

#5177 Pte. Edgar Samson,

Flat Island, B.B.

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2327

Yours truly

Captain
Quaymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5-177 Rank Plt Name Samson Edgar
 Intended place of residence Flat Island Bonaville

2. Occupation Fitterman
 Classification of soldier E Medical Category A'

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 for H. M. W. St.
 Date JUN 5 1919 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
JUN 5 1919
Edgar Samson
 Signature of soldier
W. H. Clouston
 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 5-6-19
ST. JOHN'S
J. E. Samson
 Signature of soldier
Jane Sawyer
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1.8-3-18 No of days on Military
 Discharged from service 1.9-6-19 14 days Service 412

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 R. H. Last Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment
 Date JUN 10 1919

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place St. John's, Nfld M. Howley Capt
 Date July 3/1919 Officer in Charge
 The Royal Newfoundland Regiment

A. B. 2019/2327

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. ⁵¹⁷⁷ ~~4723~~

 Name *S. Amerson* *S. A. W.*

Address

 Present Medical Category *A. 1.*

 Recommended for:— { (a) Immediate discharge
 (b) ~~Standing~~ Medical Board

Members of Board {

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

W. Peterson
 Senior Medical Officer

G. W. Burden
 Mr. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5177 Rank Pte Name Samson Chas. A.
 Date of Enlistment 18-5-18 Address Flat Island District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category A I
 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 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 4-6-19

H. M. W. St.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

E. Samson

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

A. M. Clouston

Date 5-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.1431 G.564* to his home at *Flat 2 Bland. B.B* and Release Certificate No. *2298* issued.

Date *5-6-19* *J.A. Snow 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 *3* *J.A. Snow Capt*

Date *5-6-14* *J.A. Snow Capt*
Depot Paymaster.

Discharge approved for *19-6-19*
Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1.	
B 178	W 3494	B 122	Board 1st.	" 2.	<i>2 Form B.</i>
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 *5-6-19* *J.A. Snow 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

Date *JUN 19 1919*

R.H. Sait Capt.
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

Signature of Man.

Reg. No.

Edgar Sumson

Signature of the Vocational Officer or his Representative.

Place

St Johns

Date

5-6-19

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

MEDICAL HISTORY

Surname

Sawson

OF

Christian Name

Edgar

Table I.—GENERAL TABLE.

Birthplace:—Parish

Flat Island, Nfld.

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	18 th day of May 1918	St Johns		
Declared Age	24 years	days	years	days
Trade or Occupation	Fisherman			
Height	5 feet 8 inches		feet	inches
Weight	160 lbs.			lbs.
Chest Measurement	Girth when fully expanded	37 inches		inches
	Range of Expansion	4 inches		inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b) Slight defects but not sufficient to cause rejection		(b)	
Approved by (Signature)	Lamm Patterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns	at	
	on	18 day of May 1918	on	day of 191
	Corps.		Corps	Regtl. No.
Joined on Enlistment	The Home Depot Nfld			
	1917			
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 Office 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 *Edgar Samson*
Regiment from which discharged **Royal Newfoundland**
Regimental number *5177*
Intended address *Flat Island, B.B.*
Height on discharge *5* Feet *10*
Color of hair on discharge *Light Brown*
Complexion *Fair*
Color of eyes *Blue*
Descriptive Marks _____
Figure on discharge *medium*
Christian name of Father *James*
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 *Flat Isld. April 3rd, 1894*

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) *Edgar Samson*

Pte
(Rank)

Station *St Johns* Date *4-6-19*

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

Medical Report on an Invalid.

Station Hazley Down.Date 30-4-18.

1. Unit Royal Newfoundland
2. Regimental No. 5123
3. Rank Pte
4. Name Samson. E.
5. Age last birthday 20
6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 17/5/18
St. Johns
7. Former Trade } Fisherman.
or Occupation }
- 7A. If with previous service in Army, state—
- (a) Former Unit ;
- (b) Regimental No. ;
- (c) Date of Discharge ;
- (d) Cause of Discharge.

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

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
nil

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

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

No complaints of no disability

13. What is his present condition?

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

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

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

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

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

na

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

na

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

na

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

na

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

na

Repatrication

mmk

Major

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Officer in medical charge of case.

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

Station *Agely Down*

Officer in charge of Hospital.

Date *30-4-19.*

*Loss of teeth on or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

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

Casualty Form—Active Service.

ROYAL NEWFOUNDLAND REG.

Rank Pte Regiment or Corps C of E Surname Samson Christian Name Edgar
 Religion C of E Age on Enlistment 24 years 7 months
 Enlisted (a) 15/5/18 Terms of Service (a) DURATION Service reckons from (a) 18/5/18
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended () Re-engaged () Qualification (b) _____
 Occupation Fisherman or Corps Trade and Rate _____ Signature of Officer M. L. Coy

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
		Joined Batt.			
		App'd Coy Cook		27.3.19	B243
		Arrived in UK		23/4/19	

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoosmith, &c

(17591) - Wt. W 1947 - P 1124, 1,000,000, 8/18, D & S, Form B:103, (E, 1252)

IP.T.O.

Next of kin: Father: James Samson: Flat Island: B. Bal: Y. L. D.

The Department of Militia

\$ 5.⁰⁰ →

The sum of *Five* Dollars is due

MR FOR

Reg No. *5177* Rank *Pte* Name *Samson B*

From *Alexander Bay* To *Flat Island*

Account for \$ 5.⁰⁰/₁₀₀

J. A. Snow

Captain

Demobilization Officer



11-8-19

No. ~~564~~ 564 TRAVELLING WARRANT

\$5.00

Date 5-6-19 The Royal Newfoundland Regiment

Amount
correct
& Samson

General.

Please issue 1st Class Passage and Meals for

No. 577 Rank *St* Name *Samson E*

From ~~ST. JOHN'S~~ To *Star Isld.*

Alexander Bay.

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. J. Snow Capt.

SIGNATURE OF ISSUING OFFICER.

P.S. I paid the man
that brought us home
please forward money to
me
J. E. Samson
Flat Island
Bonavuto Bay

Receipt for Army Book 64

No. 5177 Name E. Samson

To Certify that I have received the AB 64 of the above
named soldier:

Name E. Samson

Date Dec 22nd 1920

Place Flat Island Bonavista Bay

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

27th

WJ

C.R. 5177

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal-1914-1919.

Date

th
Nov. 19/19

Place

Flat 2, 1st A...

Name

Edgar Samson

BB

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.Number of Sheet one

Regiment of

Royal Newfoundland

Signature of O. C. Company

Asst. Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Samson, Edgar</u>	Age on	<u>24</u> years <u>0</u> months	<u>Fisherman</u>	
5177		Place and Date of Enlistment	<u>St. John's 18.8.14</u>	Religion	
Joined	Date	Period of } with Colours ^{1st} years. with Reserve _{3rd} years.	<u>C.P.C.</u>	Place of Birth	<u>Flat Island N.B.</u>
Joined	Date				
Joined	Date				

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
				<u>Demobilized 3/79</u>					

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

25177

DEMOBILIZATION OF

Reg. No. 5177 Rank P-4 Name Samson Edgar
 Date of Enlistment 18-5-18 Address Flat Island District Bonaville
 Occupation Fisherman Classification for Discharge E Medical Category AI
 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 4-6-19 O. C. Discharge Depot. *[Signature]*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

E. Samson

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable. \$65.00
 (b) ~~Clothing~~ Supplied _____ *[Signature]*

Date 5-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *A.1431 G.564* to his home at *Flat Island B.B.* and Release Certificate No. *2298* issued.

Date *5-6-19* *J.A. Snow 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 *H. H. H. H. H.*

Date *5-6-14* *H. H. H. H. H.*
Depot Paymaster.

Discharge approved for *19-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1	<i>3-Form B.</i>
F 178	W 301	B 122	Board 1st	" 2	
R 178a	19A	B 101	do 2nd	" 3	
B 179	106B		3rd	" 4	
B 179a	106		4th	" 5	
B 179b	107	12		" 6	
B 179c	B 120	M 93			

Date *5-6-19* *J.A. Snow Capt*
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

[Signature] Officer in Charge
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUN: 19. 1919* *[Signature]*
O. C. Discharge Depot.

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

Date *June 12 1919* *[Signature]*

Reg. No. 5177 Rank Pfc Name *Sanson E*

Attested Address *Flat 202*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corsica* Cause *Discharge*

4-6-19

APPROVED TO DEMOBILIZATION

19-6-19

DISCHARGE APPROVED ON DEMO BILIZATION