



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5713

Name Ethelred Samson Corps Coff

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---------------------------|
| 1. What is your name? | 1. <u>Ethelred Samson</u> |
| 2. What is your full Address? | 2. <u>Flat 104 B Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years |
| 5. What is your Trade or Calling? | 5. <u>Postman</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> |

Ethelred 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.

Ethelred Samson SIGNATURE OF RECRUIT.

J. Raymond Signature of Witness.

Ethelred 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 duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 17 day of May 1915.

Signature of Attesting Officer C. S. Atkins

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;

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

Date May 17 1915 } Approving Officer.

Place St. John's }

* 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

5113

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

Name Edvard Samson
 Apparent age 19 years _____ months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 4 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin James Samson
Flat 101 18 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 limited engagement reckons from <u>21-5-18</u>										
Joined at <u>St. John's</u> <u>May 1-1918</u>										
Discharged <u>July 3/19</u>										
Embarked <u>St. John's S.S. Columella to Halifax N.S. 22/18</u>										
Embarked <u>by B.C.T. 23.11.18</u>										
Spent leave <u>Home 28-11-18</u>										
Joined <u>Bath. 5/19</u> Transfer from <u>Rover 22/19</u> Arrived <u>London 23/19</u>										
to <u>hospital for demobilization 22-5-19</u>										
Arrived <u>to England 1-6-1919</u>										
Demobilization <u>St. John's 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. 5113

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

The discharge of the undersigned on demobilisation has been
CONFIRMED by Officer i/o Records with effect from 5-7-19.

5113 Ptel Ethelred Samson.

C.R. 5113

Extract from Daily Orders Part II Unit ³he Royal Nfld.
Regt. Depot, St. John's, June 9th, 1919

The discharge of the undernated on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 19-6-19.

5113 Pte. E. Samson.

C.R. 5713

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

Date June 7th, 1919.

5113 Pte. E. Samson

Reported at Headquarters 1-6-19.

on "Corsican"

which sailed Liverpool May 22/1919.

C.R. 5113

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 23/4/19.

#5113 Pte. E. Samson.

C.R. 5113

Extract from Nominal Roll of draft No. 86,
from the 6nd., Battalion of the Royal
Newfoundland Regiment to the 1st., Battalion
Royal Newfoundland Regiment. 23/11/18.

#5113 Pte. E. Samson.

C.R.

5113

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

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

#5113 Pte. Ethelred Samson.

C.R. 5113

Extract from Daily Orders part II, from Unit The Royal
H214. Regt. St. John's, dated May 18th, 1918.

#5113 Pte. E. Samson.

Attended for General Service with the Royal H214. Regt.
from 17.8.18

E. Samson

C.R.

5113

PRD

Medical Report on an Invalid.

Station Hazelton Down Camp
Date 30. 4. 19

1. Unit Royal Newfoundland. 7. Former Trade } Fisherman
or Occupation }
2. Regimental No. 5113. 7A. If with previous service in Army, state—
3. Rank Pte (a) Former Unit;
4. Name Sampson, C. (b) Regimental No.;
5. Age last birthday 20. (c) Date of Discharge;
6. Enlisted { on 17. 5. 18 (d) Cause of Discharge.
at St John

8. Disability in respect of which invaliding is Proposed.

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

nil

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
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. nil

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?

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

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

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

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

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?

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.

20. Do you recommend—

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

Repatriation

Major J. J. J.

Officer in medical charge of case.

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

Station *H. A. Camp*

Date *20 4 19*

Officer in charge of Hospital.

*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.



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ethelred Samson, Regl. No. 5113

hereby agree, until further notification by me, and in similar official form to make an Allotment of 4 Dollars and 45 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 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4643	w	<u>Mrs Rebecca Samson</u>	<u>Flat 10, 100 St. John's Rd. St. John's</u>	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.) [Signature]
 Officer Commanding
 Company

[Signature]
[Signature]
 191 8

(Sig.) Ethelred Samson
 (Rank) Rtc

No 6241



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Ethelred Samson, Regl. No. 5113

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 ^{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 1/1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
443 4643		Mr & Mrs Rebecca Samson	Flat 14, 4 Monmouth Sq	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.) [Signature]
 Officer Commanding
D Company
[Signature]
 1918

(Sig.) Ethelred Samson
 (Rank) Rice

No. 5113

Name

Samson, S.

Sgt., Batty.,
or Company

D.

Corps

Newfoundland

Date of
enlistment

17/5/18

G.C.
(Judge)Service of
PrisonersDate of last entry in
Company Conduct SheetNew and date
of last drinkPeriod not reckoning towards
freedom from extra fine

Sheet No.

Signature O.C.
Company, etc.

17/5/18

17/5/18

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
Ronan	29/3/19	PC		Def. of Kef	CRMS, Watson	pay for same	1-7-19	Major Bernard	W.M.H.

Army Form B. 122.

(P.T.O.)

Sawson, C

5113

Ray. Dept.

The Royal Nfld. Regiment

DEMOBILIZATION

No. ~~503~~ Rank *Plt*

Name *Samson E*

Warned for demobilization on

JUN 5 1919

Trans *Leu*

ACCOUNT NO. 4982

DATE

AMOUNT

BY

CHECK NO.

The Department of Militia

\$7.⁰⁰

The sum of *Seven* Dollars is due

Mr. _____ For _____

Reg No. *5113* Rank *Pte* Name *E. Samson*

From *Alex Bay* To *Flat Island*

attached account for \$7.⁰⁰/₁₀₀

J. A. [Signature]

Captain

Demobilization Officer



8-19

No. 558

TRAVELLING WARRANT

7. dollars

Date 5-6-19

The Royal Newfoundland Regiment

General. Currier

Please issue 1st Class Passage and Meals for

No. 5113 Rank Plt Name Pearson E

From ST. JOHN'S To St. John's Island

Alexander Boyd

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Snow Capt.
SIGNATURE OF ISSUING OFFICER.

Discharge Depot-Newfoundland

TRAVELLING WARRANT
No. 07
Mr. Frank Opanel.

~~Send this~~
to 6113 E. Sanson

July 3, 1919

#5113 Pto. Ethelred Benson,
Flat Island, B.B.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 2272."

Yours truly

Captain,
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1113 Rank Pvt Name Sammes E
 Intended place of residence St. John's B.B.

2. Occupation Fisherman
 Classification of soldier E Medical Category AL

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 JUN 5 1919 *for* H. News
 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
E. Sammes
 Signature of soldier
White
 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
5-6-19
E. Sammes
 Signature of soldier
James Cheeman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-5-18 No of days on Military
 Discharged from service 19-6-19 for 148 days Service 413

APPROVAL OF DISCHARGE

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

Place ST. JOHN'S
 Date JUN 19 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 John's Head
 Date July 3/1919
M. Bowley Capt
 Office in Charge of Records
 The Royal Newfoundland Regiment

A.P. B2079/2272

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. 5113.....

Name S. Amson & (Mother).....

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.

Plateron
Senior Medical Officer

S. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5113 Rank Plt Name Samson E. J. J.
 Date of Enlistment 1.7.5.18 Address St. John's District St. John's
 Occupation Postman Classification for Discharge 17 Medical Category #1
 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 Apr 5 1919 O. C. Discharge Depot St. John's

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 _____

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1416.9.538* to his home at *Flat Island P.B.* and Release Certificate No. *2288* 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 *3-7-19*

Date *5-6-19* *J. H. News Ltd*
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	1
F 173	W 3494	B 122	Board 1st	" 2	1
F 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
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 in Charge Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratitude

Date *JUN 19 1919* *R.H. Salt 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.

J. H. Snow Capt.
Signature of the Vocational Officer or His Representative.

E. Simpson

Place

ST. JOHN'S

Date

5-6

1919

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

MEDICAL HISTORY

OF

Surname

Sanson

Christian Name

Robert

Table I.—GENERAL TABLE.

Birthplace:—Parish

Flatfield Pt.

County

Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	day of	191
Examined	on <i>17</i> day of <i>May</i> 191 <i>8</i>	at <i>S. John's</i>	day of	191
Declared Age	years	days	years	days
Trade or Occupation				
Height	feet	inches	feet	inches
Weight		lbs.		lbs.
Chest Measurement	Girth when fully expanded	inches	inches	inches
	Range of Expansion	inches	inches	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
Number				
When Vaccinated				
Vision	R.E.—V= <i>66</i>		R.E.—V=	
	L.E.—V= <i>66</i>		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)	<i>L. J. ...</i>			
(Rank)	<i>Major</i>			
	Medical Officer.			Medical Officer.
Enlisted	at <i>S. John's</i>	at		
	on <i>17</i> day of <i>May</i> 191 <i>8</i>	on	day of	191
	Corps.	Corps.	Regtl. No.	Regtl. No.
Joined on Enlistment	<i>The Royal 5/13</i>			
	<i>Flatfield</i>			
Transferred to				
Became non-effective by	on	day of	191	on
(Signature)		day of	191	
(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 O. & 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 *Ethelred Samson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5113*

Intended address *41st Solds B.M.*

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 *James*

Christian name of Mother *Rebecca*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *41st Solds Oct 4th 1899*

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) *Ethelred Samson* *Plt*
(Rank)

Station **ST. JOHN'S,** 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 Report on an Invalid.Station Magdeley Down Camp
Date 30. 4. 19

1. Unit Royal Newfed
2. Regimental No. 5177
3. Rank Pte
4. Name Samson, E.
5. Age last birthday 25
6. Enlisted on 18. 5. 18
 at St John
7. Former Trade or Occupation } Fisherman
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

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

13. What is his present condition?

to complaints of no disability

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?

na

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?

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

Repatriation
more

20. Do you recommend—

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

Major
Leahy

Officer in medical charge of case.

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

Station *H A Camp*

Date *30 4 19*

Officer in charge of Hospital.

*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.

Regiment or Corps.....
 Rank Pte Surname Samson Christian Name Ethelred
 Religion C of E Age on Enlistment 19 years _____ months
 Enlisted (a) 7/5/18 Terms of Service (a) DURATION Service reckons from (a) 7/5/18
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and Rate 1
 Occupation Fisherman W. Long Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, 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.213, Army Form A.34, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked..	28 NOV 1918		
		<u>James Bell</u>	<u>5.1.19</u>		
		<u>Arrived in UK</u>	<u>7/24/19</u>		

(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) Signify, Shipping-Smith, &c. (17561.) W1 W 1887-P 1124. 1,000,000. 6/18. D & S. Form B.103. (E. 1905.)

Next of Kin: Father: James Samson. Plat Sell: B. Bas: N. S. L. D.

July 3, 1919

#5113 Pte. Ethelred Samson.

Flat 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 & O.i c Records.

585

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/O

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name *Ethelred* *Sawson*

Rank *O/C* Reg't. No. *5113*

Address in full to which future payments of gratuity are to be forwarded.....
Flat 6, B. B.

Date of enlistment in the Regiment..... *May 17/18*

Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....
Not applicable

Relationship of such dependents..... *no*

Address in full of such dependents..... *no*

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

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

Give total length of time which you served on active service, whether in Hfld. or Overseas..... *Thirteen months*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Not applicable.

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.

86 Clothing, boots & shoes

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 18/19

no

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 1918 and Germany 1918-1919

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.

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: *E. Samson.*

Place of Residence: *St. John Island, B. I.*

Declared before me at: *St. John Nfld*

This *5th* day of *Jan* 19*19*....

Signature of Barrister of the
Supreme Court, Stipendiary Legis-
tate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.
John W. Carthy

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

C.R. 5113

Receipt for Army Book 64

No. 5113 Name E. Samson

To Certify that I have received the AB 64 of the above
named Soldier.

5113
Name E. Thelred Samson

Date Apr. 9th
Place Flat Island B.B.

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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39Number of Sheet 121

Regiment of

Royal Newfoundland

Signature of O. C. Company

C. P. Hicks Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	19 years / months	Fisherman	
5113	Sanson, E. Helms	Place and Date of Enlistment	St. John's	Religion	
Joined	Date	Period of } with Reserve } with Reserve } with Reserve }	14.5.18	C. P. E.	
Joined	Date			Place of Birth	
Joined	Date			Flat Island B. B.	

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
				Demobilized	John's	3 ⁷ / ₁₉			

To be carried over

Army Form B. 121.

45113

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5113 Rank Pte Name Samson E. E. E.
 Date of Enlistment 17-5-18 Address Flat 145 District St. John's
 Occupation Labourer Classification for Discharge 7 Medical Category H1
 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 4-5-19 for Trust 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 _____

a. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$ 60.00
 (b) Clothing Supplied _____

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

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R14169-338* to his home at *Flat Island P.B.* and Release Certificate No. *2282* issued.

Date *5-6-19*
J.A. Brown
 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 *3-7-19*.....

Date *5-1-19*
H. M. Smith
 Depot Paymaster.

Discharge approved for *19-6-19*.....

Forwarded with following documents to O.C Discharge Depot.

N.F. P38	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		

2 Form B

Date *5-6-19*
J.A. Brown
 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
P.H. [Signature]
 O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
 Date *June 10/19*
[Signature]
 O.C. Records

Reg. No. *1113* Rank *PL* Name *Samson E.*
Attested Address *Flat Island.*
Allotment Allottee
Date of Allotment Returned from Overseas *1.6.19.*
Returned on S.S. *Corsican* Cause *Discharge*

4.1.19.
19.6.19.

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILIZATION