



Newfoundland Forestry Companies

ATTESTATION OF

No. 8341 Name Howard Shears Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Howard Shears</u> |
| 2. What is your full Address? | 2. <u>Jeffress Bay George</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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. What is your Religion? | 9. <u>C of E</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name
Corps |

I, Howard Shears 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.

Howard Shears SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Howard Shears 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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..... day of..... 191

Signature of Attesting Officer J. P. Goodyear capt

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date..... 191

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Howard Shears
 Apparent age 19 years 6 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded _____ inches weight 110 lbs
 Range of expansion _____ inches
 Distinctive marks Dark Hair Brown Eyes

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Geo N Shears
Jeff Edgemo Bay/H George | Relationship Father

Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Year	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Discharged August 7 1919									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ " " " " " " " " " " " "

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B. 121
39

Number of Sheets

first

Signature of O. C. Company

J. P. Gordon capt

Regiment of _____

Regimental No. and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<i>Howard, Heers</i>	Age on	19 years months	<i>Labourer</i>	
Joined	Date	Place and Date of Enlistment	<i>St. John's 7/9/19</i>	Religion	
Joined	Date	Period of	with Colours 333 years. with Reserve 361 years.	<i>C of S</i>	
Joined	Date			Place of Birth	

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
<i>Kenmore</i>	<i>21/5/18</i>	<i>Pfc</i>		<i>absent from noon carbation until 11 am 7/9/19.</i>		<i>3 days C.C.</i>	<i>7/9/18</i>	<i>H. S. Croome</i>	<i>Forfeits 3 days pay by R.W.</i>
				<i>Demobilized</i>	<i>St. John's</i>		<i>8/19</i>		

To be carried over

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 8341 Rank. Plt Name. Shears W
 Intended place of residence Jeffrey

2. Occupation Del. Oper. J. B.
 Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of

DEMOBILIZATION

Eligible for War Service Grat.

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 July 24th 1919

L.R. Cooper Capt
 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, ST. JOHN'S

Date

W. Shears
 Signature of soldier

W. Shears
 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, ST. JOHN'S

Date 24.7.19

Howard Shears
 Signature of soldier

W. Shears
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 7-9-17 No. of days on Military
 Discharged from service 26.7.19 Plus 14 days Service 702

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 24 1919

L.R. Cooper Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place, ST. JOHN'S

Date August 7/1919

W. Shears
 Officer in Charge
 The Royal Newfoundland Regiment

Case 2079/2764



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 **HOWARD SHEARS**

Regiment from which discharged *Royal Newfoundland*

Regimental number **8341**

Intended address **JEFFERIES BAY ST. GEORGE**

Height on discharge **5 Feet 5**

Color of hair on discharge **DARK**

Complexion **DARK**

Color of eyes **BROWN**

Descriptive Marks

Figure on discharge **MEDIUM**

Christian name of Father **GEORGE**

Christian name of Mother **Sarah**

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth **JEFFERIES 18/6/1897**

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) **(SGDO HOWARD SHEARS**

(Rank) **PTE**

Station **ST. JOHNIS**

Date **JULY 18th., 1919.**

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

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 8341 Rank Plt Name Shears A
 Date of Enlistment 7-9-17 Address Jefferys District St. George
 Occupation Labourer Classification for Discharge B Medical Category E1
 Recommendation S.M.B. severely ill/inf. Disability Rating 20%
 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	<u>File 1</u>	" 6
B 179c	B 120	M 93		

Date 24-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation.

Howard Shears

Particulars passed to Vocational Officer for information and action.

Date 24-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable £60.00

(b) Clothing Supplied

Date 24-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

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

Date 24-7-19

[Signature]
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 7.8.19

Date 24-7-19

[Signature]
Depot Paymaster.

Discharge approved for 26-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1		
B 178	W 3494	B 122	Board 1st	" 2	1	Form 13
B 178a	D 400A	B 1915	do 2nd	" 3	2	
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2	<u>306</u>	" 6		
B 179c	B 120	M 93				

Date 24-7-19

[Signature]
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 JUL 24 1919

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date Aug 15 1919

[Signature]