



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

4244

No. 4244

Name Norris Sheslion Corps R/C

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Norris Sheslion</u> |
| 2. What is your full Address? | 2. <u>Cape St George</u> |
| 3. Are you a British Subject? | 3. <u>Yes.</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>2</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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>No</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes.</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes.</u> |

I, Norris Sheslion 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.

Norris Sheslion SIGNATURE OF RECRUIT.

H. 17-12-17. R. Bennett Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Norris Sheslion 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 17 day of Dec 1917
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.....191..... } Approving Officer.
Place..... }

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows.
vis:—(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 Johns Shesion
 Apparent age 21 years 2 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Jane Shesion
Cape & George | Relationship Mother
 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>14-12-17</u>									
Joined at <u>Johns</u> on <u>December 17-1917</u>									
Discharged <u>July 18/1919</u>									
<u>Embarked at Johns St. Helier to St. Helier Halifax N. 29 1/8</u>									
<u>Embarked for St. Helier 2-7-18</u>									
<u>Admitted to the 1st Coy. 25-8-18</u>									
<u>Went to Camp. 15-10-18</u>									
<u>Arrived Winchester 25-4-19</u>									
<u>Arrived Southampton 1-6-1919</u>									
<u>Committed to St. Helier 18-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 18-7-19 (date of discharge) 1 years 217 days
 " " Pensions " [" "] " " "

C.R. 4244

Extract from Daily Orders Part II Unit The Royal Wilt.
Regt. St. John's, July 15/19.

The discharge of the unaccounted on amputation has been
CONFIRMED by officer 1/c Norris from 18-7-19.

4244 Pte. Norris Shession.

C.R. 4244

Extract from Daily Orders Part II Unit The Royal Welch
Regt. St. John's, July 5th, 1919.

The discharge of the undernoted on demobilisation has been
APPROVED by G.O. Discharge Depot, with effect from 5-7-19.

4244 Pte. Shession Norris.

C.R. 4244

Extract from Daily Orders Part III Depot, Sp. Johns,

Date

June 18th 1919.

4244, Pte. N. Shession.

Reported at Headquarters 1/6/19.

ex "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4244

10
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.

#4244 Pte. N. Shession.

C.R. 4244.

Extract from Orders by Lt.Col. T.G. Mathias, D.S.O.

Commanding 1st Batta. R. MFLD. Regt. 31-8-19.

The u/m has been evacuated and is struck off the strength

4244 Pte. N. Shession.

C.R. 4244

Extract from Daily Orders Part II Unit The Royal Hfld.
Regt. St. John's, 10-11-18.

4244

~~4244~~ Pte. N. Shession.

Ad. to Hospital Venereal 25-8-18 Dis. 18-10-18.

C.R. 4244

Extract from Casualties ~~THE~~ List No. H.A. 30514.

4244 Pte. Shession, N.

Dis. to Camp Adjutant ex 1 Sty H. Rouen 18 Oct'18

2/Nfld. V.D.G. Mild.

MM.

C.R. 4244

Extract from Orders by Lt. Col. T.G. Mathias, D.S.O.
Commanding 1st Battn. Royal Wfld. Regt. 2698/18.

The u/m is admitted to hospital.

4244 Pte. N. Shession.

C.R. 4244

25.

SICK AND WOUNDED H.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

NEW FOUNDLAND EXPEDITIONARY FORCE

No. H. A. 28349

Adm. 1 S. African Gen. H. Abbeville 23 Aug '18

4244 Pte ~~Sherrin~~ N..... 2 Hfld. Regt..... V.D.G.

Sherrin

SOUTH AFRICAN RECORD OFFICE

No. H. A. 28349

Adm. 1 S. African Gen. H. Abbeville 23 Aug '18

15579 Pte Coombes W. T..... SAMC 1 SAGH..... Diarrhoea.

ARMY ORDNANCE CORPS

No. H. A. 28349

Adm. 1 S African Gen. H. Abbeville 23 Aug '18

028266 Pte Semmens J..... AOC 20 Coy..... P.U.O.



W

1721A

C.R. 4244

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

ROYAL ARMY MEDICAL CORPS.

LIST No.H.A.28063.



22628	Pte.Maden,E.	RAMC.32 San.Sec.	V.D.G. Mild.	Adm.1.Sty.H.Rouen 24th August '18.
27392	" Robinson,H.	RAMC.4. do.	do. "	Adm.1.Sty.H.Rouen 24th August '18.
388380	" Clennel,J.E.	RAMC.72- Gen.Hos.	do. "	Dis.ex.1.Sty.H.Rouen 24th Aug '18.
19217	" Banks,R.	RAMC.8 Amb.Train.	do. "	Dis.ex.1.Sty.H.Rouen 24th Aug '18.
386511	" Blackburn,H.	RAMC.1.NM.F.Am.	V.D.S. "	Dis.ex.1.Sty.H.Rouen 24th Aug '18.
383457	" Hinds,J.	92- Lab.Co.att	Diarrhoea Mild.	Adm.10 Sty.H.Clerques 23rd Aug '18.
		RAMC.No.10 Sty.	Hos.	

LABOUR CORPS - NOTTINGHAM.

LIST No.H.A.28063.

414039	Cpl.Ridgeway,F.E.	900 A.E.C.Late	V.D.S.Mild	Adm.1.Sty.H.Rouen 24th August '18
		1.Inf.Sec.3.Ech.		
37519	Cpl.Woolacott,J.	2.Emp.B.Depot late.	V.D.G. "	Adm.1.Sty.H.Rouen 24th August '18.
		1.Wilts.		
516114	Pte.Sheridan,F.	249 D.Emp.Co.	V.D.S. "	Dis.ex.1.Sty.H.Rouen 24th Aug '18.
583457	" Hinds,J.	92 Lab.Co.att RAMC.	Diarrhoea Mild.	Adm.10 Sty.H.Clerques 23rd Aug '18.
		No.10 Sty.Hos.		
1893	" Forgan,A.	911 Area Emp.Coy.	Burns Chest & Abdomen	Adm.10 Sty.H.Clerques 23rd August '18.
		att Area Commandant.	(Acc).Mild.	
		Boursin.		
421963	" Stead,T.	188 Labour Co.	Influenza	Dis.to Duty ex.10 Sty.H.Clerques 23rd Aug '18.
888984	" McEvoy,A.	926 A.E.(Garr Gd)	Anti-rabic Treatment.	Adm.Stn.H.Paris 23rd August '18.
		Coy.Lab. Corps.	Mild.	
867212	" Lang,J.G.	926 A.E.(Garr.Gd).	Anti-rabic Treatment.	Adm.Stn.H.Paris 23rd August '18.
		Coy. Lab.Corps.	Mild.	

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No.H.A.28063.

4244	Pte. Sherrin, N.	2- R.N.Foundlands.	V.A.G.Mild.	Adm.1.Sty.H.Rouen 24th August '18.
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Sherrin

C.R. 4244

Extra of SF Nominal Roll to B. E. F. embarked
Folkestone. 2-7-18

#4244 Pte. N. Shession.

C.R. 4244

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

4244 Pte. Shession N.

C.R.

4244

Extract from Daily Orders Part 11 Unit The Royal Nfld.

Regt, St. John's, Dec.15th, 1917.

4244 Pte. N. Shession.

Attested for General Service with the 1st Nfld. Regt. with
effect from Dec.15th, 1917..

Reg. No. 11244 Rank Pvt. Name W. Sheenan
 Attested 1812-17 Address Cape St George
 Allotment Co. Allotee Wm Julian Sheenan
 Date of Allotment Jan 1 Returned from Overseas _____
 Embarked for Overseas _____ Cause _____

H.S. 1812/17 - 27/12/17, Retd. 27/12/17
 Vac. 29. 12. 17, 1st. Dec. 2/1/18 2nd 12 1/8 3rd 18 1/8.

Sessions, N.

4244.

P. F. P. O.

N^o 4543



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, N Shessons, Regl. No. 12444

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{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 January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3457	Mother	Jules (June) Shessons	Cape George	60
Total Allotment, \$				60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) [Signature]

Officer Commanding
Company

St. John's
Dec. 25 1917

lin
(S) N + Shessons
magt
V. E.
(Rank) Francis C. Turner
W. Turner

FORM K

No. 4543



4 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, M. Sherson, Regl. No. 4244
hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and sixty Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{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 January 1/18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
3457	Mother	Mrs. Sherson	Cape George	7	60
Total Allotment, \$				7	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
St. John's
Dec 28 1917

[Signature]
(S) M. Sherson
(Rank) Major
[Signature]
[Signature]

TO,- The Chief Paymaster,
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 1918.

Regtl. No.	Rank	Name	Amount	Signature
4944	Pte	Shesion, J.	£2 50	.

I have the honour to be, Sir,

~~Yours obedient servant.~~
Your obedient servant.

J. Shesion
2/5/18

29.6.18

Medical Report on an Invalid.

Station Stagby DownDate 30-4-19

- | | |
|---|---|
| <p>1. Unit <u>Royal Cornwall.</u></p> <p>2. Regimental No. <u>4244</u></p> <p>3. Rank <u>Pte</u></p> <p>4. Name <u>Jesson A.</u></p> <p>5. Age last birthday <u>22.</u></p> <p>6. Enlisted } on <u>28-9-18</u>
at <u>St John's</u></p> | <p>7. Former Trade } <u>Fisherman</u>
or Occupation }</p> <p>7A. If with previous service in Army, state—</p> <p>(a) Former Unit;</p> <p>(b) Regimental No.;</p> <p>(c) Date of Discharge;</p> <p>(d) Cause of Discharge.</p> |
|---|---|

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— *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.

At Employer's responsibility

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?

no

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

no

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

no

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?

no

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.

no

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

Repatriation
Wm. J. Jones

Major Jones

Officer in medical charge of case.

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

Station *Hazley 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.

No. 4244 Name *Phession H.* Sqn., Batty., or Company *Royal Newfoundland* Corps *Newfoundland* Date of enlistment *12-11-17* G.C. Badges *1* Service of Proficiency Pay *1*
 Date of last entry in Company Conduct Sheet *1* No. and date of last drink *1* Period not reckoning towards freedom from extra fine *1* Sheet No. *1* Signature O.C. Company, etc. *H. H. [Signature]* Character *Good*

Army Form B. 122.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or order dispensing with trial	By whom awarded	Remarks
<i>Rouen</i>	<i>29/3/19</i>	<i>R6</i>		<i>Def. of kit</i>	<i>C & Mr Watson</i>	<i>pay for same</i>	<i>1-4-19</i>	<i>Mr Bernard</i>	<i>was off</i>

Session, K

4244

Hay Sept.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4244 Rank Pvt Name Stemion James
 Intended place of residence Cape St. George

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

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 JUL 2 1919

[Signature]
 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 20-7-19

[Signature]
 Signature of soldier

[Signature]
 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 20-7-19

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service... 14-12-17 No. of days on Military
 Discharged from service... 4-7-19 Plus 14 days Service... 5820

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

Date JUL 4 1919

[Signature]
 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 July 18/1919

[Signature]
 Officer i/c Record
 The Royal Newfoundland Regiment

[Handwritten] 29/2079/3090

July, 19/1919

#4244 Pte. Morris Shession,

Cape St. George.

Dear Sir:-

Please find enclosed Discharge Certificate #3090.

Yours truly,

Captain & Paymaster.

COPY

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30-6-19

Regimental No 4244

Name Shession, Norsis

Rank _____

Address _____

Present Medical Category A1

Recommended for:— { (a) Immediate discharge _____
(b) Standard Medical Board _____

Members of Board {

R. H. [Signature]
O.C. Discharge Depot.

(sgnd) L. Paterson

Senior Medical Officer

" F. W. Burden

M. O. Depot

Military Service: 582 days

COPY

The Royal Newfoundland Regiment

Class for Demobilization:—
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30-6-19

Regimental No 4244

Name Shession, Norsis

Rank _____

Address _____

Present Medical Category A1

Recommended for:— (a) Immediate discharge _____
(b) ~~Standard Medical Board~~ _____

Members of Board

R. H. [Signature]
O.C. Discharge Depot.

(sgnd) L. Paterson
Senior Medical Officer

" F. W. Burden
M. O. Depot

Military Service: 582 days

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

C. Session's Board

Please receive documents as indicated below

No. RANK AND NAME

12116 Session, N.

N.F.P. 388	Non-effective account.	Medical history sheet.	Mtd. medical history sheet	Medical report on an invalid.	Proceedings on discharge.	Civil life qualification.	Descriptive return.	Active service casualty form.	Regimental conduct sheet	Company conduct sheet	Field conduct sheet	Report of Newfoundland Medical Boards					Attestation paper	Identity certificat	Allotment papers	Headquarters Travelling Board	Proceedings on discharge			
B. 178	B. 178a	B. 179	B. 208	W. 3494	D. 400A	B. 103	B. 120	B. 121	B. 122	1st. Board	2nd Board	3rd Board	4th Board	Board	B. 1915	Form L	Form K	A. P. W. 3463	D. P. 2	D. P. 1				

Received above noted documents,
Dated _____ 19 _____

Signature of Officer forwarding documents: _____

Date 7.7 1919



The Royal Newfoundland Regiment

Class for Demobilization: —
86

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 30.6.19

Regimental No 4244

Name Senior Harris Rank _____

Address _____

Present Medical Category A-1

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

Members of Board {
R. H. East Major
 O.C. Discharge Depot.
H. Peterson
 Senior Medical Officer
D. W. Burdett
~~M. O. Depot~~

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4244 Rank Plt Name Shannon, Thomas
 Date of Enlistment 14-12-17 Address Cape George District H. George
 Occupation Fisherman Classification for Discharge F Medical Category H.C.
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1736	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 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 30-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation as Fisherman
mark

* Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$100-00
- (b) ~~Clothing Supplied~~ _____ [Signature]

Date 2-7-19 O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R2107* to his home at *base, St George* and Release Certificate No. *3090* issued.

Date *2-7-19*

J.A. Snowball
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 *18-7-19*

Date *2-7-19*

J. H. Newsitt
Depot Paymaster.

Discharged approved for *4-7-19*

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
B 178a	D 400A	B 1915	do 2nd	" 3
B 178b	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date *2-7-19*

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

R.H. Jait MAJOR

Date *JUL 4 1919*

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.

Chession N.

Signature of Man.

J. H. Snowliff

Signature of the Vocational Officer or his Representative.

Reg. No. 4244

Place **ST. JOHN'S.**

Date **JUL -2 1919** 191

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

MEDICAL HISTORY

OF

Surname Sheslow Christian Name Thomas

Table I.—GENERAL TABLE.

Birthplace:—Parish St. George County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	14	Nov 1917		191
	at	St. John's	at	
Declared Age	21	years 2	years	days
Trade or Occupation	Teacher			
Height	5	feet 8	feet	inches
Weight	135	lbs.	lbs.	
Chest Measurement	Girth when fully expanded	35	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=	6/20	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 Paterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. George	at	
	on	14 day of Nov 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	1st Bn. 4th			
	H 244			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Medical Report on an Invalid.

Station Hazeley Down Camp

Date 30. 4. 19

- 1. Unit Royal Newfld
- 2. Regimental No. 4244
- 3. Rank Pvt.
- 4. Name Jessie Chesnut
- 5. Age last birthday 22
- 6. Enlisted { on 28. 9. 18
at St John

- 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

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?

No. complains 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?

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

20. Do you recommend—

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

Repatriation

Major [Signature]

Officer in medical charge of case

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

Station *H. O. Camp*

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.

From : Ophthalmic Surgeon, Central Military Hospital

To : Medical Officer in Charge 2nd Bat Royal Wflds Regt

Kargeloy Down

May 23 1918.

" REPORT OF VISION "

No. 4244 The Garrison

R.V. $\frac{6}{6}$
V.A.

With correct-
ing lenses.

R.E. $\frac{6}{6}$

Has ... R.E. $\frac{6}{36}$

R.E. $\frac{6}{18}$

Rt. Emmetropia - Lt. R. Echula of Cornea ^{Confused}
Opacities, cannot report - I.H. ^{2nd}
flaming, redness or edema

[Signature]

Capt. R.A.M.C.
Ophthalmic Surgeon.

Note ... This Report should be attached to this Man's Medi-
cal History Sheet for future reference please.

July 24, 1919

#4244 Pte. Morris Sheession,
Cape St. George's.

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.

m. & l.

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 *Shesson* 2. Surname *Nurse*

3. Rank *Private* 4. Regtl. No. *4244*

5. Address in full to which future payments of gratuity are to be forwarded. *Jane Shesson*
Cape St. George

6. Date of enlistment in the Regiment. *Sept 20th 1914*

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

8. Relationship of such dependents. *Mother*

9. Address in full of such dependents. *Jane Shesson*
Cape St. George

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 Nfld. If so, give dates and particulars of such service.
in France
from July 1917 to April 30th 1919

12. Give total length of time which you served on active service, whether in Nfld. or Overseas.
nine months

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

..... *no only*

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *no*

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

..... *yes*

16. Have you, during the present war, served in the Imperial Forces....

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

..... *July 2nd*

..... *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....

..... *Expres in Oct. 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:

Shessim x Nassis

Place of Residence:

*1601 St George street
St. Joseph*

Declared before me at:

This *2nd*

day of

July

19*19*.....

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

Wm James H

POST DISCHARGE PAY.

Date paid *Paid* *Paid*
Soldier. Dependent.

War Service
Credit.

Net amount
due

.....

.....

.....

Certified correct.

Paymaster

ST. JOHN'S, JUL 2-1919

Royal Newfoundland Regiment.

Billeting Account,

To Mr. H. H. Hession

Billeting Soldiers as undermentioned

from June 1st 19 to June 28th 19
H. Hession's
per C-B Hefferton

42/4 - Mr. H. H. Hession 28 80

ACCOUNT	<u>B. H. H.</u>
CH. NO.	<u>2057</u> INITIALS <u>EW</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 28.80

R. J.

[Signature]
Billeting Officer.

Cape St George
Sept 11/9.

Marbley ashin Officer
St Johns
Dear Sir,

Just a word
to tell you that it
cost me seven 7 dollars
from Stephenville crossing
here so please send
it to me. by return
mail

Yours greatly
Obliged

Pte. Narcisse Ghaisson
Cape St George

ACCOUNT	<i>J. Frank</i>	
CHK NO	<i>14754</i>	INITIALS <i>Lee</i>
ISS LEDGER	_____	INITIALS _____
PAY LEDGER	_____	INITIALS _____
EXP LEDGER	_____	INITIALS _____

The Department of Militia

The sum of *Seven Dollars* $\$7.00$ Dollars is due

Mr. for *expenses*

Reg No. Rank *x Pte* Name *Christon N. Capt St-George*

From *St-Henrielle Crossing* To *Camp St-George*

Account for $\$7.00$

Captain

J. Frank
26-9-19
C.C.B.
for C.S.O.

Demobilization Officer.

October 31, 1919

Ex Pte. Narcisse Chiasson,
Cape St. George.

Dear Sir:

With reference to letter of
Sept. 11th. I enclose cheque for \$7.00, refund
due you on account of transportation to your
home, which was paid by you.

Yours truly,

Major
Paymaster.

LM-
Enc.

4244

C.R. #4244

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.

Name *Pte. Narcis Shesow.*

Date *Dec 26th /19*
Place *Cape St. George.*
H. F. L. O.

C.R. 4244?

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

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

DATE.

Feb. 6. 1920.

PLACE.

Cape W. George.

NO. 4244.

NAME

Ex. Pt. N. Shession

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 22 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Norsis Shession

in respect of his service as No. **4244** Rank **Pte.**

Name **N. Shession** **Royal Nfld. Regt.**
~~Nfld. Force~~

Receipt of the same should be acknowledged hereon.

Received Victory Medal & British War Medal

Signature N. Shession

Date 8 October

Address Cape St George

[P.T.O.]

Receipt for Army Book 64

No. 4244 Name A. Shessian

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

Name Davis Shessian

Date Aug. 12th 1920

Place Cape St. George

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

WJ

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland 14-10-1895

Rank Private Surname Slesion Christian Name Norris

Religion R.C. Age on Enlistment 21 years 2 months

Enlisted (a) 14-12-17 Terms of Service (a) Duration Service reckons from (a) 14-12-17

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....

Occupation fisherman Signature of Officer [Signature]

Report		Record of promotions, reductions, transfers, casualties, &c., 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				
		A I Embarked ...	2 JUL 1918		
		28-6-18 Disembarked	5 JUL 1918		
		Joined Battalion	Field	9.7.18	B used 13/7/18
30 th	O.C.	To troop.	~	26.8.18	B. 213
5 th	I.S.O.	Adm ~ V.A. G. mtd	Rover	24.8.18	HA-28063
	S.I.P.D.	Arrived	"	18/10/18	Recd
		Returned mtd	28/10/18		
		Arrived mtd		93/4/19	

Am!

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shosong-Smith, &c. W. 5527—M2093 1000m 7/17 (2568) C. P. & S., Ltd. Forms 3/103 E/1555.

NEXT OF KIN: Jane Slesion, wife of [Name]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheet 100
Signature of O. C. Company W. H. [Signature]

Regiment of 1st Newfoundland Regt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Shessieu N.</u>	Age on	<u>21</u> years <u>2</u> months	<u>Wickerman</u>	
<u>4744</u>		Place and Date of Enlistment	<u>St John's</u> <u>14-12-17</u>	Religion <u>R/C.</u>	
Joined	Date	Period of	with Colours <u>217</u> years.	Place of Birth	
Joined	Date		with Reserve <u>365</u> years.	<u>St George</u>	
Joined	Date				

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
				<u>Demobilized St John's, 18⁷/₁₉</u>					

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1244 Rank Pvt. Name Thessian Harris
 Date of Enlistment 11-12-17 Address Cape St. George District A. St. George's
 Occupation Fireman Classification for Discharge F Medical Category H
 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 <u>3</u>
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 30-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation Fireman

[Signature]
APPROVED

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 [Signature]

Date 2-7-19 O i.c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2107 to his home at 1st Street, York and Release Certificate No. 3090 issued.

Date 2-7-19

J.A. Snowball
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 15-7-19

Date 2-7-19

J.A. Snowball
Depot Paymaster.

Discharge approved for 4-7-19
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
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
B179c	B 120	M 93		

Date 2-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 4 1919

Date

R.H. Jait MAJOR
O. C. Discharge Depot.

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

Date July 11/1919

J.A. Snowball
for [unclear]

Reg. No. *4344* Rank *Pvt.* Name *Shessier, H.*
Attested Address *Cape St. George*
Allotment Allottee
Date of Allotment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

30. 6. 19 PASSED TO DEMOBILIZATION OFFICER

4. 7. 19 DISCHARGE APPROVED ON DEMOBILIZATION



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 *Norris Shession*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4244*

Intended address *Cape St George*

Height on discharge *5* Feet *8*

Color of hair on discharge *Black*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Tall*

Christian name of Father *—*

Christian name of Mother *Jane*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Cape St George 4 Oct, 1886*

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) *Norris Shession* *Lt*
(Rank)

Station *St John's E. J. Keale* Date *30 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