



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

*M. H.*

No *3683*

Name *Querton Snelgrove* Corps

### Questions to be put to the Recruit before Enlistment.

- |  |                             |
|--|-----------------------------|
| 1. What is your name? .....  | 1. <i>Querton Snelgrove</i> |
| 2. What is your full Address? .....  | 2. <i>St. Lewisport</i>     |
| 3. Are you a British Subject? .....  | 3. <i>Yes.</i>              |
| 4. What is your age? .....   | 4. <i>18</i> Years — Months |
| 5. What is your Trade or Calling? .....  | 5. <i>Boatman.</i>          |
| 6. Are you Married? .....  | 6. <i>No</i>                |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <i>No</i>                |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <i>Yes</i>               |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <i>Yes</i>               |
| 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. <i>Yes</i>              |

I, *Querton Snelgrove* 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.

*624-4-17*

*Querton Snelgrove* SIGNATURE OF RECRUIT.  
*A. Edwards* Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Querton Snelgrove* 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 *24* day of *April* 191*5*  
*A. Edwards* Signature of Attesting Officer

### †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*5*  
 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).....





3683

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3683

Name Overton Snedgrove Corps

*M. H.*

### Questions to be put to the Recruit before Enlistment.

- |  |                             |
|--|-----------------------------|
| 1. What is your name? .....  | 1. <u>Overton Snedgrove</u> |
| 2. What is your full Address? .....  | 2. <u>St. John's</u>        |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>               |
| 4. What is your age? .....   | 4. <u>18</u> Years — Months |
| 5. What is your Trade or Calling? .....  | 5. <u>Lumberman</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>              |

I, Overton Snedgrove 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.

Overton Snedgrove SIGNATURE OF RECRUIT.

E 24-4-17

A. Edward Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Overton Snedgrove 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 on this 24 day of April 1915

Signature of Attesting Officer A. Horner

### † 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, 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 Quenton Snelgrove  
 Apparent age 18 years          months. Height 5 feet 6 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
                                   Range of expansion 3 inches  
 Distinctive marks         

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Snelgrove  
Lewispont | 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	Years	Days	
Service towards limited engagement reckons from <u>24-4-17</u>					Law Capt.		18-10-18		18-10-18 5-1-19 17-1-19
Joined at <u>St. Marks</u> on <u>April 24<sup>th</sup> 17</u>					Capt.		5-1-19		
					Sergeant		17-1-19		
<u>Discharged July 19 1919</u>									
<u>Embarked St. Marks St. Nazaire to Halifax</u>							19-5-17		
<u>Embarked for St. 27 Co-18 St. Nazaire</u>							France 29-3-18		
<u>Joined 2nd Lt. 4-4-18 5th Btn. 8th Div. 5-4-19</u>							Went to duty 25-4-19		
<u>Rejoined unit Amiens 1-5-19</u>							17-1-19		
<u>Returned to Newfoundland 4-6-1919</u>									
<u>Demobilization St. Marks 19-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 19-7-19 (date of discharge) 2 years 87 days  
 " " Pensions " " " " " " " "



C.R. 3683

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.  
St. John's, July 25th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by Officer i/c Records from 19-7-19.

3683 Sgt. Overton Snelgrove.

C.R. 3683

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

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

3683 Sgt. O. Snelgrove.

C.R. 3683

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

Date June 18th 1919.

3683, Sgt. G. Snelgrove.

Reported at Headquarters 1/6/19.

EX "Corsican"

which sailed Liverpool May 22/1919.



C.R. 3683

Extract from War Office List N. H.A. 36060.

3683 Sgt. Snelgrove, P.

Admitted 6 General Hospital, Rouen 22nd April '19.

Soabies Mild.

C.R.

3683

Extract from War Office List No 1 H.A. 36111.

Dis. to Duty ex 6 Gen.H. 25th. April 1919.

#3683 Sergt, C, Snelgrove.

C.R. 3683

Extract from War Office List No. H.A. 35811.

*Rouen*  
ADMI TED 8 GENERAL HOSPITAL 5 APR. 1919.

3683 Sergt. O. Snelgrove.

SCABIES MILD.

C.R. 3683

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND REGIMENT  
IN FRANCE DATED 31/1/19.

---

APPOINTED A/Sgt.

#3683 Cpl. O. Snelgrove.

17/1/19.

C.R. 3683

Extract of DAILY ORDERS, PART 11, Royal Newfoundland Regiment,  
in France, Jan. 16th 1919.

#3683 L/Cpl. O. Snelgrove.

Promoted Corporal. 31/12/18

C.R. 3683

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT IN FRANCE DATED 20/11/18.

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Appointed L/Cpl.

#3683 Pte. O. Snelgrove.

18/10/18.

C.R. 3683

NEWFOUNDLAND CONTINGENT.

Extract of Nominal Roll of Draft No. 40; 80 Other Ranks from  
2nd. Bn., Royal Newfoundland Regiment, Winchester, to 1st. Bn.,  
Royal Newfoundland Regiment, B. E. F.

Embarked Southampton, 27/3/18.

3683 Pte. O. Snelgrove.

C.R. 3683

Extract from Nominal Roll, embarked St. John's for Overseas 19-8-17.

3688 PTW. O. SNELGROVE.



3683

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, April 24th, 1917.

3683 Pte. O. Snelgrove.

Attested this day, posted to P. Company and assigned  
number as shown.

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

# MEDICAL HISTORY

Surname Snelgrove OF Christian Name Overton

*Depot 3683*

Table I.—GENERAL TABLE.

Birthplace:—Parish Lewisporte County \_\_\_\_\_

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>24</u> day of <u>April</u> 1917		on _____ day of _____ 191	
	at <u>Headquarters</u>		at _____	
Declared Age	<u>18</u> years — _____ days		_____ years _____ days	
Trade or Occupation	<u>Lumberman</u>		_____	
Height	<u>5</u> feet <u>6 1/2</u> inches		_____ feet _____ inches	
Weight	<u>154</u> lbs.		_____ lbs.	
Chest Measure-ment	Grith when fully expanded ... <u>36</u> inches		_____ inches	
	Range of Expansion .. <u>3</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	_____
	L.E.—V=	<u>4/6</u>	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>W.E. Proctor</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St Johns</u>		at _____	
	on <u>24</u> day of <u>April</u> 1917		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>4/1st Regt</u>	<u>3683</u>	_____	_____
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)	_____		_____	
(Rank)	_____		_____	



Snelgrove, O

C.R. 3683

T. & R. O.



This Form is to be used in connection with Pamph. M. E. (1)  
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Overton Snelgrove  
aged 18 years conducted at Judgers  
Date: April 24 1917 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	ys
8	ys
9	no no.
10	~
11	~
12	~
13	~
14	~
15	~
16	~
17	~
18	~
19	6/6 Both
20	~
21	~
22	~
23	~
24	~
25	~
26	~
27	~
28	~
29	~
30	~
31	~
32	~
33	no
34	5' 6 1/2"
35	124 lbs
36	33-36
37	150 ft Day
38	Father Peter Lewis Post
39	no Parents

*[Large handwritten scribble, possibly initials or a signature]*

*[Handwritten signature]*  
Signature of Medical Examiner: J. W. Borden





No. 6824/1101

N.F.P. 176.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
1st Bata. Rifle Regt. Recd  
Manchester

May 9<sup>th</sup> 1919

1919.

3683 Sgt. Snelgrove O

With reference to the following telegram from the Minister of Militia / 19 (145):

"Pay to- 3683 O. Snelgrove  
£7-0-0

Cheque £7-0-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

J. G. Marsden  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

William Smith & Adjutant  
Officer Commdg.      Batt'n.

Received the sum of Seven

pounds (£7-0-0) in respect of telegraphic remittance from the Minister of Militia.

Owston Snelgrove

No. 3683 Rank Sgt

Witness: J. N. Dicks Sgt.



Inelgrove, O

3683

Ray sept

July 22, 1919

#3683 Sgt. Overton Snelgrove,  
Lewisporte.

Dear Sirs-

Please find enclosed Discharge Certificate #3274"

Yours truly

Captain & Paymaster.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3683 Rank Sgt Name Inelgrove O.  
 Intended place of residence Lewisville

2. Occupation Steward  
 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 3 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, ST. JOHN'S  
 Date JUL 3 - 1919  
 Signature of soldier  
 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 JUL 3 - 1919  
 Signature of soldier  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 25-4-17 No. of days on Military  
 Discharged from service 2-7-19 Plus 14 days Service 816

### 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 5 1919  
 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 19/1919  
 Officer i/c Records  
 The Royal Newfoundland Regiment

7  
31  
20  
19  
89

2079 / 3174

# 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

*2.7.19*

Regimental No. *3683*

Name

*Inelgrove Gervase*

Rank

*Sgt*

Address

*Lewisporte*

Present Medical Category

*A1*

Recommended for:—

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R. K. East*  
O.C. Discharge Depot.

*H. B. Brown*  
Senior Medical Officer

*G. E. Burden*  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMOLIBIZATION OF

Reg. No. 3683 Rank Sergeant Name Inelgrove, J.  
 Date of Enlistment 25-4-19 Address Dewispatte District J. Gata  
 Occupation Steward Classification for Discharge E Medical Category A1  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N.F. 136	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 2-7-19

P.O. C. Discharge Depot.

## PARTICULARS FOR DEMOLIBIZATION

### 1. Civil Re-Establishment.

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

*J. Inelgrove*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \_\_\_\_\_

(b) Clothing Supplied \_\_\_\_\_

Date 3-7-19

O i.c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R2231 to his home at Lewisport and Release Certificate No. 3165 issued.

Date

3-7-19

*J.A. Newleft*  
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 19-7-19

Date

3-7-19

*J.A. Newleft*  
Depot Paymaster.

Discharged approved for

6-7-19

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	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	<u>2</u> D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 83			

Date

3-7-19

*J.A. Newleft*  
O. C. Discharge Depot.

**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 5 1919

*R.H. Sait* MAJOR  
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.

*Overton Snelgrove*

Signature of Man.

Reg. No. 3683

*J. H. Newcomb*

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S

Date

JUL 3 - 1919

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## 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 *Overton Snelgrove*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3683*

Intended address *Lewisporte*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Peter.*

Christian name of Mother *Annie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Exploits, April 22<sup>nd</sup>, 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) *Snelgrove Overton*

*Supt.*  
(Rank)

Station *St Johns*

Date *1-7-19*

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



**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal New Zealanders* 7. Former Trade or Occupation } *Steward*
2. Regtl. No. *3683* 3. Rank. *Serjt.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Analgrove* *Overton*  
(Surname) (Christian Names)
5. Age last birthday. *19*
6. Posted for duty on *27.1.17* at *St. John's*  
in category (or grade).....
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ? (b) Date of Discharge ;  
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Where (d) Particulars of Pension or Gratuity (if any)  
(c) Opinion of Court

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 b (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
  - (ii.) Previous active service.. .. .
  - (iii.) Climate in pre-war service .. .. .
  - (iv.) Ordinary military service before the war .. .. .
  - (v.) Serious negligence or misconduct on the man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *na.*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

*He complains of no disability*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

*na.*

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*Repatriation*

Station *Weyley D Camp*

*W. E. Proctor, Capt R.A.M.C.*  
 Medical Officer in charge of case.

Date *19/5/19*

\* 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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. State whether the disabilities are:—

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

(a) Attributable to

(b) Aggravated by

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Give details :

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

.....	.....
-------	-------

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

- (b) In what other grade do the Board place him?  
 (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?  
 (b) Transport from railway station to his home?  
 (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hagley's Camp* .....

Date *18/5/19* .....

President or  
Chairman.

Members.

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

Station .....

Date .....

Officer in charge, Central Hospital.

Only applicable  
in cases of  
Patients in  
Hospitals.

OR  
 Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....

Date .....

O.C. Discharge Centre.

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.  
In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

## Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W, W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps..... *Royal Newfoundland*
2. Regtl. No. *3683* & Rank..... *Serjt*
4. Name *Anelgrove*, *Overton*  
(Surname) (Christian Names)
5. Age last birthday.... *19*....
6. Posted for duty on. *25/4/17*... at *St John's*  
in category (or grade)..... *C*
7. Former Trade } *Steward*  
or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regtl. Nos.
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity  
(if any)

**NOTE.**—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

**NOTE.**—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here.  
(Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*  
*nil*

14. State whether the disabilities are
- |  |                     |                   |
|--|---------------------|-------------------|
|  | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war .. .. .                |                     |                   |
| (ii.) Previous active service .. .. .                      |                     |                   |
| (iii.) Climate in pre-war service .. .. .                  | na                  |                   |
| (iv.) Ordinary military service before the war .. .. .     |                     |                   |
| (v.) Serious negligence or misconduct on the man's part. } |                     |                   |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } na.

*no complaints of no Disability*

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
*(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)*

16. Was an operation performed? If so, when and what was its nature? na
17. If not, was an operation advised and declined? na
18. \*In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable? na
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions? na

*Repatriation*

20. Do you recommend—  
 (a) Discharge as permanently unfit?  
 (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

*W. E. Prosser Capt R.A.M.C.*  
 Medical Officer in charge of case.

Station *S. D. Camp*  
 Date *18/5/19*

\* 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

**OPINION OF THE MEDICAL BOARD.**

**NOTES.**—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered.
  - (b) The present condition thereof.

22. State whether the disabilities are:—

(a) Attributable to

(b) Aggravated by

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

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

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

Opinion of Military Member in case of disagreement.

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Loazley D. Camp* ..... } President or  
 Date *18/5/19* ..... } Chairman.  
 ..... } Members.

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

Station ..... } Only applicable  
 Date ..... } in cases of  
 Officer in charge, Central Hospital. } Patients in  
 Hospitals.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.



143  
July 24, 1919

#3683 Sgt. Overton Snelgrove,  
Lewisporte.

Dear sir: -

Referring to your application I enclose cheque for Seventy dollars (\$70 00), being amount of first payment due you on account of war service gratuity.

Yours truly,

Captain & Paymaster.



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.

*no*

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

*July 16/19*

*no*

(b) Reason for discharge  
*Remobilization*

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*

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: *O. Snelgrove*

Place of Residence: *Leamington*

Declared before me at: *St Johns*

This *3* day of *June* 19*15*...

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits. *John M. Carthy*

POST DISCHARGE PAY.

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





2718

Lewisport.  
Sept. 17. 1864

Lieut. Col. Rendell.

Dear Sir, -

Sometime ago Mrs Peter Inelgrove made application for the separation allowance allotted to those whose only support had enlisted.

She has heard nothing of the matter, and she called to see me yesterday to know if I would write you concerning the same, and to ascertain if she is entitled to any amount from this source.

I think Mrs Inelgrove will need any allowance that may be her privilege to receive, as her husband Peter Inelgrove



FOR LIBERTY

2.

is at present in the Lunatic  
Asylum at St Johns, and  
her only son 3683 Pte Overton  
Enlproc I presume somewhere  
in France.

Kindly inform.

Yours very truly,

(Rev.) W. Edgar Pierce

---

FIRST FOUNDLAND REGIMENT.

MOTHER

Separation Allowance Branch.

THIS DECLARATORY DECLARATION is to be filled in correctly in very detail and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to :-

THE PAYMASTER,

Separation Allowance Branch, 200th St. John's, Hill.

Name in full of Soldier Oreston Snelgrove Pte Rank T/ld Reg't or Unit Regiment Reg't. No. 3683

Age of Soldier 19 Married or Single Single

Name in full of Mother Annie Snelgrove Age 40 Occupation Housewife Permanent Address Lewickporte

Give name of your husband Peter Snelgrove Age 57 Occupation Fisherman here Employed.

If your husband is not supporting you state the reason. has been sick most of the winter

If your husband is chronic invalid and totally incapacitated state nature of invalidity. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.) barren invalid

If you are a widow state date and place of death of your husband. all at home for some time ago

Have you married again since death of above mentioned husband? per day June 1918

Names of your other children	Address in Full	Age	Occupation	Married or Single.
<u>Elsie</u>	} <u>Lewickporte</u>	<u>16</u>	<u>same</u>	<u>all</u>
<u>Pearl</u>		<u>14</u>	<u>at home</u>	
<u>Oris</u>		<u>10</u>	<u>" "</u>	<u>Single</u>
<u>Flora</u>		<u>8</u>	<u>" "</u>	
<u>Edna</u>		<u>4</u>	<u>" "</u>	



State amount earned by (a) yourself *None*  
(b) your husband. *\$15.00 Since 1st Dec 1917 to date*

11. State amount and source of any other income. *\$18.00 per month Overton allotment*
12. State value of real property belonging to you and your husband. *Homestead value \$400.*
13. State value of personal property belonging to you and your husband. *None*
14. If husband is dead state value of real and personal property left by him. \_\_\_\_\_
15. Actual amount contributed by soldier during the year prior to enlistment. *Three hundred Dollars*
16. Was this amount contributed weekly or monthly. *Monthly*
17. Did this amount include payment of son's Board etc. *yes*
18. State your son's trade or occupation prior to enlistment *Labourer*
19. State amount of his wages per week. *was generally paid monthly*
20. State name and address of his last employer. *High Escape*
21. State amount of Monthly support from son since enlistment. *\$18.00 per month*
22. State amount of allotment received by you from son monthly. *\$18.00*
23. State from what date did you receive allotment? *July 8th 1917*
24. Actual amount contributed by other children. *None* Weekly \_\_\_\_\_ Monthly \_\_\_\_\_
25. Are any of these children in the employ of you or husband? *do a little housework*
26. If not receiving support from other children state cause. Explain fully. *same other too young*
27. With whom are you residing at present. *in our own home*
28. Have you made a previous claim for Separation allowance? If not, why? Give particulars. *No previous claim made*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? None

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. No

32. In what capacity and in what place?

33. Is he in receipt of a salary as much while serving in the Lt. Nfld. Regt. If so, how much? No

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of applicant..... Annie Spelgrove

Place of Residence..... Sewickville Notre Dame Bay

Declared and subscribed before me at..... Sewickville

this..... 5<sup>th</sup>..... day of..... April..... 1915

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary..... Alfred G. Young  
Public or Justice of the Peace..... Justice Peace

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman..... William J. Wilson

Signature of Member of Patriotic Fund Committee..... Sarah Jane Doane

Approved 1/11/18  
W. J. Wilson  
[Signature]



## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

.....July, 30th., 1918.....

Uriah Freake, Esq.,  
Lewisporte.

Dear Sir:-

In the application for Separation Allowance completed on behalf of Mrs. Annie Snelgrove it is stated, that her husband is a casual invalid.

I am enclosing a Form of Medical Certificate which I will thank you to have completed on account of the father, and return to me at your earliest convenience and oblige.

Yours faithfully,

*J. M. Howley*

Capt. & Paymaster.

*The Father Peter Snelgrove was taken into St John on 15th inst. by Capt Crow and Examined by Dr Dost and sent to Asylum. Please act quickly*

**MEDICAL CERTIFICATE.**

For Information of the Separation Allowance Department.

1. Name and Regimental number of soldier in respect of whom Separation Allowance is claimed.
2. Name and age of said soldier.
3. Is said a chronic invalid and totally incapacitated.
4. Of what nature is disability?
5. From what date has this total incapacity been existent?
6. How long is total incapacity likely to continue and what will be the effect on earning power?
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date?
8. Are you the regular attending Physician?
9. Relationship to soldier of Applicant.

taken into on 15th inst - Loif and you may investigate for too bad that the woman should be kept as long without her separation allowance are, so many others to my certainty they would much less in need, but have been getting 15 for a long time, please act promptly

I certify that the above statements are correct.

.....Place

.....Date

.....Physician.

To be sent to  
 Yours Truly  
 W. S. Treace  
 For Mrs. P. Sulgrom  
 Lehighport, Pa.  
 Aug 27/15

4000 E 7000 NO  
 United States

301

Lewesport April 22/1918

Dear Sir

Enclosed please find all papers duly signed  
and will thank you to do what you can as  
soon or as quickly as possible as this woman  
is in need

Yours Truly

Wiah Zineaco



DEPARTMENT OF MILITIA

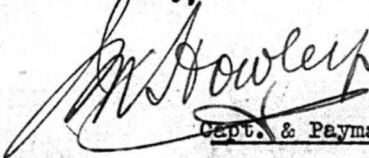
ST. JOHN'S April, 1st, 1918.  
NEWFOUNDLAND

Uriah Freake, Esq.,  
Lewisporte.

Dear Sir,-

Referring to your letter of March, 20th., I enclose Form of Statutory Declaration to be completed by Mrs. Peter Snelgrove and signed by her in the presence of a Magistrate or Justice of the Peace. She will also if possible, have the enclosed Medical Certificate completed by a Doctor and returned to me, and as soon as this comes to hand the matter of granting Separation Allowance to her will be considered.

Yours faithfully,

  
Capt. & Paymaster.

MEDICAL CERTIFICATE.

For information of the Separation  
Allowance Department.

- 
1. Name and regimental number of soldier in respect of whom Separation Allowance is claimed. } *Overton Snelgrove*  
*No 3683*
- 
2. Name and age of said soldier. } *Overton Snelgrove*  
*19 yrs*
- 
3. Is said a chronic invalid and totally incapacitated. } *no*
- 
4. Of what nature is disability? } *none*
- 
5. From what date has this total incapacity been exsistent? } *—*
- 
6. How long is total incapacity likley to continue and what will be the effect on earning power? } *—*
- 
7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and ffom what date? } *—*
- 
8. Are you the regular attending Physician? } *yes*
- 
9. Relationship to Soldier of Applicant. } *The Applicant is mother*  
*of Soldier*
- 

I certify that the above statements are correct.

*Bishops Falls* .....Place  
*April 22/18* .....Date

*James J. Smith* .....  
Physician.

Lewisport March 20/1918

Mrs John Browning  
St John's.

Dear Madam

There is a Woman here by the name of Mrs Peter Snelgrove.

The woman had one only son. he enlisted on 22nd April last and is now in Scotland or probably at the front. The woman's husband is sick and have being sick for several years. Sometimes getting a little better. and able to earn a little. but since his son went away. he have given out completely. His mind seem to be affected and he does strange things. The woman has a family of 5. Girls most of them small.

The woman gets \$18<sup>00</sup> and some months \$18<sup>60</sup> per month. The family cannot possibly exist on this amount. and they have no other means but the \$18<sup>00</sup> per month that she receives as her sons wages. The father is sick in house all winter. The son of Mrs Snelgrove was the families only means of support. The name is Creston Snelgrove No 3683. The woman came to me and asked me to write to someone for her. I think this a



most deserving case. and will thank you if  
you can do anything for her. please do so if  
possible.

I understand that the Honesters gets an Extra \$20.00  
allowance. it would be only fair for the woman  
to get it. as her only son was her only means  
of support for the whole family. please write her  
or myself. and at your earliest convenience

Yours Very Truly

Uriah Freese

7712

Lewisport.  
Dec 1<sup>st</sup> / 9

Hon. A. E. Hickman  
St Johns

3683

Dear Sir

Will you kindly forward me my Statutory Money for last month, up to the present I havnt received it. will you kindly look into this for me & forward same  
Oblige

Yours Truly

Ex Sgt. A. Snelgrove

Number please

3683

January 5th 1920.

Mr. O. Snelgrove,  
Lewisporte.

Dear Sir:

With reference to your letter (7712)  
kindly quote regimental number.

Yours truly,

Lieut.  
For Paymaster

RS/.

ST. JOHN'S, JUL 3-1919

# Royal Newfoundland Regiment.

Billeting Account,

To Seyt O Snelgrove

Billeting Soldiers as undermentioned

from June 1/19 to June 30/19

3683 Seyt O Snelgrove 31. 00

ACCOUNT	<u>BY M. E. [Signature]</u>
CH NO	<u>2145</u>
IND LEDGER	
PAY LEDGER	
GEN LEDGER	

Certified correct for \$ 31.00

[Signature]

Billeting Officer.

[Signature]

[Handwritten mark]

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 23 1921.

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

Overton Snelgrove

in respect of his service as No. 3683 Rank Pte.

Name G. Snelgrove Royal Nfld. Regt.  
Nfld. Infantry Corps.

Receipt of the same should be acknowledged hereon.

Received Sept 28 - 21

Signature G. Snelgrove

Date Oct 6 - 21

Address Lewisporte

[P.T.O.]

3683

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.

NO. 3683 NAME Querton Inelgroo

DATE 29/3/1920  
PLACE Lewisporte

Receipt for Army Book 64

No. 3683 Name O. S. Inelgrove

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

Name O. Inelgrove

Date 2/5/1920

Place Lewisporte, N.B.

Handwritten initials

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



**Casualty Form—Active Service.**

Regiment or Corps... *Royal Newfoundland*  
 Rank... *Pte* Surname... *Snelgrove* Christian Name... *C.*  
 Religion... *Meth.* Age on Enlistment... *18* years... *9* months  
 Enlisted (a)... *24-4-17* Terms of Service (a)... *duration* Service reckons from (a)... *24-4-17*  
 Date of promotion to present rank... Date of appointment to lance rank...  
 Extended { } Re-engaged { } Qualification (b)...  
 or Corps Trade and rate...  
 Occupation... *Lumberman* *C. F. Garland 2nd Lieut.* Signature of Officer.

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				
			Embarked ...	27 MAR 1918	
			Disembarked	28 MAR 1918	
			Joined Battalion	4. 4. 18	
27/11/18	OTC	App'd Lpc	Field	18/10/18	B213
7.1.19.	- d.	Promoted Corporal.	- d.	31.12.18	B213. Par 2. 2/5
		Appointed Asst		7.1.19	B213. 2/1/19
		Hopital		5/4/19	B213
		<del>Leave to UK</del>			
	8 Gen H.	Adm: Scabies med.		5/4/19	26a B58 11.

*mt*

(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, Shoeing-Smith, &c. W. 5527—M2093 1000m 7/17 (25696) C. P. & S., Ltd. Forms B./103 E/1555.



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
R 121  
39.

Regiment of 1<sup>st</sup> Newfoundland

Number of Sheet 1<sup>st</sup>  
Signature of O. C. Company Presk. Lloyd Capt.

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>3683</u>	Age on <u>18</u> years - months	<u>Lumberman</u>	
Joined _____ Date _____		Place and Date of Enlistment } <u>St. John's</u>	Religion	
Joined _____ Date _____			<u>24.4.17</u>	
Joined _____ Date _____		Period of { with Colours <u>2</u> years. with Reserve <u>3</u> years.	Place of Birth	
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>Whitburn School</u>	<u>20/10/17</u>	<u>Pte</u>		<u>Went from tattoo 20/10/17 to 10:40 pm (same duty)</u>	<u>toppl Lawrence</u>	<u>4 days C.B.</u>		<u>2<sup>nd</sup> W. Newman</u>	<u>W.A.</u>
<u>Hayley Down Camp</u>	<u>4. 1. 18</u>	<u>Pte</u>		<u>Inattention in Parade</u>	<u>Cpl Watts</u>	<u>2 days C.B.</u>		<u>Yant Burge</u>	<u>[Signature]</u>
	<u>29/1/18</u>			<u>Inattention on Parade</u>	<u>Cpl. Watts</u>	<u>3 days C.B.</u>	<u>20-19</u>	<u>Lieut. G. Emerson</u>	

Demobilization St. John's 19-7-19

To be carried over

43683

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3683 Rank Serjt. Name Inelgrove, C  
 Date of Enlistment 25-4-19 Address Lewisporte District St. John's  
 Occupation Steward Classification for Discharge Ex Medical Category A.I.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 1/36	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 400H	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 2-7-19 No. C. Discharge Depot 11504

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

*C. Inelgrove*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \_\_\_\_\_

(b) Clothing Supplied \_\_\_\_\_

*11504*  
*C. Inelgrove*

Date 3-7-19

O i/c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2231 to his home at Lawson and Release Certificate No. 3105 issued.

Date

3-7-19

J.A. Snowbapt  
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 11-1-19

Date

3-7-19

J.A. Snowbapt  
Depot Paymaster.

Discharge approved for

5-7-19

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

Date

3-7-19

J.A. Snowbapt  
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

Date

JUL 5 1919

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

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

Date

July 21 1919

[Signature]

Reg. No. 3683 Rank Sgt. Name Snelgrove, O.  
Attested ..... Address Lewesport.  
Allotment ..... Allottee .....  
Date of Allotment ..... Returned from Overseas 29-5-19  
Returned on S.S. Corsican Cause Discharge

3-7-19  
5-9-19

**PASSED TO DEMOBILIZATION OFFICER**  
**DISCHARGE APPROVED ON DEMOBILIZATION**