



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5397 Name Cliven Snow Corp Salvation Army

Questions to be put to the Recruit before Enlistment.

1. What is your name?	1. <u>Cliven Snow</u>
2. What is your full Address?	2. <u>Salt Pond, Avic, Dist.</u>
3. Are you a British Subject?	3. <u>Yes</u>
4. What is your age?	4. <u>19</u> Years <u>8</u> Months
5. What is your Trade or Calling?	5. <u>Fireman</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, Cliven Snow 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.

Cliven Snow SIGNATURE OF RECRUIT.

John Mark Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Cliven Snow do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been fully entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 14th day of May 1915.

Cliven Snow 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 rank of

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

Date.....1915

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5397

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

Name Elmer Snow

Apparent age 19 years 0 months. Height 5 feet 3 1/4 inches

Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 2 3 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Stephen Snow
Laet Pond, Inverness 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 length of engagement reckons from <u>24-5-18</u>									
Joined at <u>St John's</u> on <u>24-19-18</u>									
<u>Discharged August 8/1919</u>									
<u>100</u>									
<u>Embarked St John's S.S. Colombia to Halifax N.S. 22-7-18.</u>									
<u>Left for demobilization 24-6-19.</u>									
<u>Arrived Newfoundland 1-7-19</u>									
<u>Demobilization St John's 8-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 8-8-1919 [date of discharge] 1 years 77 days

" " Pensions " " " " " " " " " " " "

C.R. 5397

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 19th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from noted date 8-8-19.

5397, Pte. E. SNOW.

C.R. 5397

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, 18-7-19.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge depot with effect from 25-7-19.

5397 Pte. E. Snow.

C.R. 5397

Extract from Daily Orders Part II Unit The Royal Rifle Regt.
St. John's, July 23rd 1919.

5397 Pte. E. Snow.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 5397

Mr J R Bennet
St-Johns

Salt Pond
April 29 1919

My Dear Sir

I am writing you to see if you can help out a man that is very much in need, with the Patriotic Fund; This man I am writing for is Mr Stephen Snow of Salt-Pond He have his two feet off - his feet was taken off by a Doctor - his feet was frost-bitten; This man no dough have suffered a lot, when the man takes off his boots at night he cannot walk at all he have to crawl to bed. This man have only one son and he have been to war He is not back yet - he is in England; Dear Sir you no that this man have it very hard to support a Family
I no you will do your very best - will you please answer this

Yours Sincerely
L Bull Emson
Of the Salvation Army.

P.M. Any allotment current please?
#5397 Snow. R day (mother)
Allotment of 70s per Stephen Snow
paid to Mrs Stephen Snow
still current J.H.K.

C.R. 5397

April 17th 19

Ensign L. Cull
Salvation Army
Salt Pond

Dear Sir:-

I have to acknowledge receipt of your letter of April 8th relating the case of the father of No. 5397, Private E. Snow.

An allotment at the rate of 70¢ per day paid to Mrs. E. Snow, the mother of Private E. Snow, is still current. Separation Allowance, if allowed, would therefore be payable only to Mrs. Snow, and I am enclosing herewith Separation Allowance Claim Form, and Medical Certificate, which I should be glad if you hand to Mrs. Snow to complete and return them to this Office, and her case will then receive due consideration.

Yours faithfully,

Lieut. Col.

Chief Staff Officer.

C.R. 5397

April 17th 19

Ensign E. Cull
Salvation Army
Salt Pond

Dear Sir:-

I have received your letter of April 8th relating the case of the father of No. 5397, Private E. Snow, and am forwarding herewith a Separation Allowance Claim form which I should be glad if you will instruct Mr. Snow to fill out and return to this Office. I might say that an allotment is 70¢ per day paid to Mrs. Stephen Snow, the mother of Private E. Snow, is still current,

Yours faithfully,

Lieut. Col.,

Chief Staff Officer

C.R.

5397

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

The following men embarked for overseas on H.M.S.
"Columbell," July 22, 1918.

#5397 Pte. Elikan Snow.

C.R. 5397

Extract from Daily Orders part 11, from Unit The Royal Hfld.
Regt. St. John's, dated May 27th, 1918.

#5397 Pte. E. Snow.

Attested for General Service with the Royal Hfld. Regt.
from 24.5.18

FORM K

No 4756



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Eliakim Snow, Regl. No. 5397

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and Seventy 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 1-8-18-

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4381	Mother	<u>Mrs Stephen Snow</u>	<u>Salt Pond, Lunenburg</u>	<u>70</u>
Total Allotment, \$				<u>70</u>

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.) Eliakim Snow
 Officer Commanding
E Company
St John
June 13th 1918

(Sig.) Eliakim Snow
Mark Chearey
 (Rank) Private

No. 2424/371.

2067200

NEWFOUNDLAND
134608 87 N.F.P./79.

FROM: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2nd/Bn. Ryl Nfld Regt.

Winchester.

12th February 1919

February 14th 1919

5397. Pte Snow. E.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia. / / (15)

J. J. Barton

LIEUT. COLONEL.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5397. Snow.

£3.2.0.

Received the sum of *Three pounds*

Cheque £ 3.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

two Shillings in respect of

telegraphic remittance from the Minister of Militia.

A. A. Munnell

Chief Paymaster & O. i/c Records.

E. Snow

No. 5397 Rank Private

Witness *M. Rochette*

Snow, E

5397

Ray Sept.

August 8th 1919.

#5397, Pte. R. Snow,
Salt Pond, Twill.

Dear Sir:

Enclosed please find Discharge Certificate
3649.

Yours truly,

Capt. &
Officer i/c Records.

RS.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5397 Rank Pte Name Snow E.
 Intended place of residence Salt Pond
2. Occupation Disherman
 Classification of soldier 2 Medical Category AI
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 11 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 11 1919
 Signature of soldier E. Snow
 Signature of witness [Signature]

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 11 1919
 Signature of soldier E. Snow
 Signature of witness [Signature]

STATEMENT OF SERVICE

7. Enlisted for service... 24-5-18 No. of days on Military
 Discharged from service... JUL 25 1919 Plus 14 days Service... 442

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place, ST. JOHN'S
 Date JUL 25 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 August 8 1919
 Officer in Charge
 The Royal Newfoundland Regiment

207913649

8
20
31
8
27

The Royal Newfoundland Regiment

Class for Demobilization: *6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *10.7.19*

Regimental No. *5397*

Name *Snow Elikem*

Address *Salt Pond*

Present Medical Category *A1*

Recommended for:— { (a) Immediate discharge

{ (b) Standing Medical Board

Members of Board {

R. J. Salt Major
O.C. Discharge Depot.

J. Paterson
Senior Medical Officer

D. W. Borden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5397 Rank PL Name Snow E
 Date of Enlistment 24.5.18 Address St. John's District St. John's
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	/	N.F. Med	D.F. 1	/
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	/ D 400A	/ B 1915	/	do 2nd	" 3	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 10/19 _____
 O. C. Discharge Depot. _____

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

*E. Snow
 Capt. W. J. B.*

Particulars passed to Vocational Officer for information and action.

Date _____

a. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable. #6
- (b) Clothing Supplied

Date 11-7-19 _____
 O i/c. Re-clothing. _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *P2411* to his home at *Salt pond* and Release Certificate No. *3458* issued.

Date *11-7-19*

J.A. Snowcroft
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 *8/11/19*

Date *11-7-19*

W. H. ...
Depot Paymaster.

Discharge approved for *20-7-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
R 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 *11-7-19*

J.A. Snowcroft
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *JUL 25 1919*

L.R. Cooper Capt.
O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation,

Snow E

Signature of Man.

Reg. No. 3377

J. A. Snowcraft

Signature of the Vocational Officer or his Representative.

Place

U-john

Date

11-7-19

191

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

MEDICAL HISTORY

Surname Snow ~~Elisen~~ OF ~~Elisen~~ Christian Name Elisen.

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County Nfes.

	<u>SPECIAL RESERVE</u>		<u>REGULAR ARMY</u>	
	on _____ day of _____ 191 <u>8</u>	at _____	on _____ day of _____ 191	at _____
Examined	<u>24th</u>	<u>St. John's</u>		
Declared Age	<u>19</u> years			
Trade or Occupation	<u>Sherrman</u>			
Height	<u>5</u> feet <u>3¹/₄</u> inches			
Weight	<u>122</u> lbs.			
Chest Measurement	Girth when fully expanded	<u>35</u> inches		
	Range of Expansion	<u>3</u> inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	<u>—</u>	<u>—</u>		
When Vaccinated				
Vision	R.E.—V=	<u>6/12</u>	R.E.—V=	
	L.E.—V=	<u>4/12</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>Almond Parsons</u>			
(Rank)	<u>Major</u>			
Enlisted	at <u>St. John's</u>			
	on <u>24th</u> day of <u>May</u> 191 <u>8</u>			
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>Royal Nfes. Regiment.</u>	<u>5397</u>		
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

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* 7. Former Trade or Occupation } *Peabodyman*
2. Regtl. No. *5397* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Snow* *E* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday... *28*
6. Posted for duty on..... at.....
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 (d) Particulars of Pension or Gratuity
(b) Where (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? }

The Complaints of a disability

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.)

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 ?

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

W. Proemier *Capt. R. Ellic*
 Medical Officer in charge of case.

Station *Hazley Bourne*
 Date *7.12.19*

* 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



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 *Snow, Elikin*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5397*

Intended address *Salt Pond R.D. By*

Height on discharge *5* Feet *4*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Stephen*

Christian name of Mother *Rose*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Salt Pond 17-12-1899*

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) *Elikin X Snow* *Ho*
(Rank)

Station **ST. JOHN'S.** Date *7 21 9*

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 _____

August 18, 1919

Mr. E. Snow,
Salt Pond, N. D. B.

Dear Sir:-

Referring to your application I enclose cheque for
seventy dollars (\$70.00), being amount of first payment due
you on account of War Service Gratuity.

Yours truly

Captain & Paymaster.

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... *Charles* 2. Surname... *Snow*
3. Rank... *Pte* 4. Regtl. No... *4397*
5. Address in full to which future payments of gratuity are to be forwarded... *Salt Pond Nfld.*
6. Date of enlistment in the Regiment... *June 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge... *No*
8. Relationship of such dependents... */*
9. Address in full of such dependents... */*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? */*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *thirteen months*
..... 13.

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.

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

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.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(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 July 21/19 (b) Reason for discharge Demob

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. England

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: *Clark & Snow* ^{his} *(Witness) J.D.*
 Place of Residence: *Salt Pond, N.W.B.*
 Declared before me at: *St Johns*
 This *11* day of *July* 19*.1.9...*

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

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

Signature of Applicant:

Place of Residence:

Declared before me at:

This day of 19.....

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

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

Signature of Applicant:

Place of Residence:

Declared before me at:

This day of 19.....

SEPARATION ALLOWANCE.

Claimant. *Snow, Rosina (mother)*
On account of *Elackham Snow* No. *5397* Rank. *Pte*

Decision. *Refused.*
Husband not totally incapacitated

Richard S. Kendall Lieut. Col.
M. Bowley, Major

Date. *March 1, 1920*

Instructions.....
.....
.....

Allotment of *70⁴* per *day* payable to *Mrs Stephen Snow*
his *mother* from *1/7/18* to *still current*
Discontinued on account of

L. P. G.

4756



NEWFOUNDLAND POSTAL TELEGRAPHS

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 50 Sent by _____ Rec'd by _____ Check ✓ 9 No. coll

Place from Louis port

To A M Maddick

for payment

POSTAL TELEGRAPH
MAY 15 1906

Impossible for me to get certificate
filled in by Doctor none nearer
than Jwillingsale or Robwood
or Stafford of St Johns amputated
my two feet about twenty
five years ago and can fill
in certificate. Mr Bradley
can fill in that part
relating to incapacity please
advise

Stephen Snow

May 5. 19

Mrs. Rosina Snow,
Salt Pond, via Lewisporte.

Dear Madam:

I have at hand your ^{form} statement of claim for Separation Allowance, which I am returning to you with the request, that you sign your name in the place allotted, and also that you have this form signed by a Magistrate or Justice of the Peace in the space provided, and that you have the Medical Certificate completed by the nearest Doctor to your home.

I may state that until these things have been done, your claim for Separation Allowance cannot be considered, therefore it is to your advantage to have these things attended to at your earliest convenience and return.

Yours truly,

Lieut
For Paymaster.

May 16, 1919

Mrs. Rosina Snow,
Salt Pond, via Lewisporte.

Dear Madam:

With reference to your telegram of May 15th. Please have the form forwarded you signed yourself, and also signed by a Magistrate or Justice of the Peace and returned to this Department

I notice that you are unable to get the Medical Certificate filled by a Doctor, therefore the matter will be taken up with the Board, and you will be notified in due time.

Yours truly,

Lieut.
For 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.

Eliakim Brown
#5897

2. Name and age of said soldier's father

Stephen Brown
45 yrs.

3. Is said father a chronic invalid and totally incapacitated.

Both feet gone, only above ankle, and all of the other except a little bit of heel, he gets around on the two stumps, with improvised boots.

4. Of what nature is disability?

Answer same as No 3.

5. From what date has this total incapacity been existant?

March 1894 as near as he can remember. He stopped performed operations at League.

6. How long is total incapacity likely to continue and what will be the effect on earning power?

Incapacity will continue until death, earning power has decreased 75%.

7. If not totally incapacitated, by what per cent in your ~~own~~ opinion is capacity for work reduced, and from what date?

75%, from date of accident which was result of frost-burn.

8. Are you the regular attending Physician?

✓

9. Relationship to soldier of applicant.

Wife x

I certify that the above statements are correct.

Lewisford. Place

May 20th 1919 Date

W. W. Bradley, M.D.
Physician

*have your name signed
have signed by me or let
my doctor complete*

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

THIS STATUTORY DECLARATION is to be filled in correctly in every 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,
St. John's, Nfld.

1. Name in full of soldier. Rank. Reg't, or Unit. Regt. No.

Clacham Snow Pte Royal Nfld 5897

2. Age of soldier. Married or Single.

20 Single

3. Name in full of mother. Age. Occupation. Permanent Address.

Mrs Rosena Snow 66 house wife St Pauls

4. Give name of your husband. Age. Occupation Where Employed.

Stephen Snow 45 fishermen nil

5. If your husband is not supporting you state the reason.

no help But- the help of my son Pte Snow

6. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (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.)

own foot gone, had to get
both feet gone owing to
burn, am now
getting around on
my own contrivance.
bit of heel, practically
about- 30 year invalid

7. If you are a widow, state date and place of death of your husband.

nil

8. Have you married again since death of above mentioned husband?

nil

9. Names of your other children. Address in full. Age. Occupation Married or Single.

William married, cant support me

10. State amount earned by (a) Yourself *In Boat*
(b) Your husband.

My husband cant earn any thing, only just what he gets out-

11. State amount and source of any other income. *Nothing*

12. State value of real property belonging to you and your husband. *one hundred \$*

13. State value of personal property belonging to you and your husband. *one hundred \$*

14. If husband is dead state value of real and personal property left by him. *nil*

15. Actual amount contributed by soldier during the year prior to enlistment. *\$ 21 70 cent month.*

16. Was this amount contributed weekly or monthly. *Monthly*

17. Did this amount include payment of son's board, etc. *yes when he was home*

18. State your son's trade or occupation prior to enlistment. *fishermen*

19. State amount of his wages per week. *Wicket's money in 20 00 ds about 100⁰⁰*
Last summer he was home he made 200⁰⁰ at fishing

20. State name and address of his last employer. *Mr Walter Stekland*

21. State amount of monthly support from son since enlistment. *21⁰⁰ or 20⁵⁰*

22. State amount of allotment received by you from son since enlistment. *21⁰⁰ or 20⁵⁰*

23. State from what date did you receive allotment? *received last in April*

24. Actual amount contributed by other children. *Weekly Monthly.*

nil

25. Are any of these children in the employ of you or your husband? *nil*

19.

19.

19.

26. If not receiving support from other children, state cause. Explain Fully. *nil*

27. With whom are you residing at present? *Husband*

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *not until now*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *not No.*

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *no until now*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *not No.*

32. In what capacity and in what place? *nil*

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No.*
~~he would have made five hundred dollars.~~

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.....

Place of Residence... *Salt Pond, Nfld. St. John's*

Declared and subscribed before me at... *Reverie Point*

this, *15th* day of *May* 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *[Signature]*

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 soldier first above mentioned is the sole support of the applicant,

Signature of Clergyman... *to resign. L. L. ull. Salvation Army*

Signature of member of the Patriotic Fund Committee.

Mrs. G. Brett.

p.s. cannot fill out Medical Certificate form no MB Doctor at this place and cannot get one.

Jan.20/ '20

Dr. Stafford,
City

Dear Sir:-

We have a claim for Deparition allowance from the wife of one Stephen Snow of Salt Pond, Lewisporte, who claims that you amputated his two feet about twenty five (25) years ago; and can give us Certificate regarding his Disability.

If you have any record or recollection of the case, will you be good enough to let me have a statement, showing:

- (1) By how much per-cent do you consider him to have been incapacitated during the last five (5) years?
- (2) From what date his incapacity can be considered to have commenced?

a reply at your earliest convenience, will greatly oblige,

Yours very truly,

Major

Paymaster.

Dr. F. Stafford & Son

WHOLESALE AND RETAIL CHEMISTS AND DRUGGISTS.

Manufacturers of STAFFORD'S LINIMENT, PRESCRIPTION "A", PHORATONE, &c. &c.

ST. JOHN'S N.F. *Jan. 23?* 1920

Major H. Howley
Department of Militia

Dear Sir

Re your communication of 20th dealing with the matter of one Stephen Howley. He is perfectly correct in his statement. I performed amputation of both feet some twenty-five years ago for I was in resulting from frozen limbs. I was not aware that he ^{was} ever married. He ought to be about forty years or over. I cannot say I estimate his incapacity for the last five years. as I have not seen him I should say for fifteen years or so. He was a fairly strong man when I knew him, and should imagine that with hands and arms intact as well as (I presume artificial feet) that he could (provided his heart was good) perform at least from twenty-five to fifty per cent, in other words about "50% incapacity" If health good, and age about 40, his incapacity ought to be about the same as 50%.

Yours very truly
F. Stafford



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

Jan. 20/20

Dr. Stafford,
City

Dear Sir:-

We have a claim for Deparition Allowance from the wife of one Stephen Snow of Salt Pond, Lewisporte, who claims that you amputated his two feet about twenty five (25) years ago; and can give us Certificate regarding his Disability.

If you have any record or recollection of the case, will you be good enough to let me have a statement, showing:

- (1) By how much per-cent do you consider him to have been incapacitated during the last five (5) years?
- (2) From what date his incapacity can be considered to have commenced?

A reply at your earliest convenience, will greatly oblige,

Yours very truly,

 Major

Paymaster.

Mar. 4, 1920

Mrs. Rosina Snow,
Salt Pond,
Via Lewisporte.

Dear Madam:-

Referring to your application for Separation Allowance, I have been directed to inform you that same cannot be granted, because your husband is not totally incapacitated.

The Regulations provide that if a mother whose husband is living ~~and~~ claims Separation Allowance, it will only be granted to her if, the said husband is totally incapacitated, and this condition does not exist in your husband's case.

Yours truly,

Major

Paymaster.



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

Signature

Date

Address

OCT 20 1921



The accompanying ~~Victory Medal and/or~~ British War Medal

is/are forwarded herewith to

Eliken Snow

in respect of his service as No. 5397 Rank Pte.

Name E. Snow ~~of the~~ Royal Nfld. Regt.
Nfld. Constabulary Corps.

Receipt of the same should be acknowledged hereon.

Received oct no 10 th

Signature Eliken Snow

Date _____

Address Sea Road via Lunenburg

[P.T.O.]

The Royal Newfoundland Regiment

5397

DEMOBILIZATION OF

Reg. No. 5397 Rank Plt Name Snow E
 Date of Enlistment 21.5.18 Address Salt Pond District Lalage
 Occupation Fisherman Classification for Discharge 6 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1. D 400A	1. B 1915	1	do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1. D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 10-7-19

O. C. Discharge Depot

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. 76.00

(b) Clothing Supplied

Date 11-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R2411 to his home at Salt pond and Release Certificate No. 3458 issued.

Date 11-7-19

J.A. Snow
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 5-8-19

Date 11-7-19

J.M. H.
Depot Paymaster.

Discharge approved for.....

25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136.	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.	<i>L. Farnham</i>
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 11-7-19

J.A. Snow
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 25 1919

H.R. Cooper
O. C. Discharge Depot.

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

Date Aug 21 19

H. H.

Reg. No. *5397* Rank *1st* Name *Snow A.*

Attested Address *Self Yand*

Allotment Allottee

Date of Allotment Returned from Overseas *JUL 1 1919*

Returned on S.S. *Cassandra* Cause *Discharge*

117 19
257 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILIZATION

CR 5387 Army Form B. 179a

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (vi.), King's Regulations, and in cases of discharge under para. 392 (vii.), 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 Artillery* } Former Trade or Occupation } *Sergeant*
- 2. Regtl. No. *5397* 3. Rank. *Sgt* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Snow* } (Surname) } *Edison* } (Christian Names) } (a) Former Regts. or Corps; with Regtl. Nos.
- 5. Age last birthday. *20*
- 6. Posted for duty on..... at..... 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 (d) Particulars of Pension or Gratuity (if any)
 - (b) Where
 - (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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? } | ✓ | |

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.)

No complaint 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?

Repatrolled

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. Procuier. Capt. Rame

Station *Hazlebury Down*

Medical Officer in charge of case.

Date *7/4/19*

* 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