



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1912 Name Ernest Albert Snow Corps _____

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Ernest Albert Snow
2. What is your full Address? 2. Guilford N.S.
3. Are you a British Subject? 3. Yes
4. What is your Age? 4. 19 Years Months.
5. What is your Trade or Calling? 5. Indemnity
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's }
Forces, naval or military, if so, which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
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. Yes

I, Ernest Albert 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.

SIGNATURE OF RECRUIT.

Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Ernest Albert 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 duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at _____
on this 13th day of October 1915
Signature of the 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 _____
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, the 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) _____



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF



No. 1912 Name Ernest Albert Snow Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Ernest Albert Snow
2. What is your full Address? } 2. 13, Victoria St. W. A.
3. Are you a British Subject? 3. No
4. What is your Age? 4. 32 Years Months.
5. What is your Trade or Calling? 5. No
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's } 7. No
Forces, naval or military, if so,* which? }
8. Are you willing to be vaccinated or re-vaccinated? 8. No
9. Are you willing to be enlisted for General Service? 9. No
10. Did you receive a Notice, and do you understand its } 10. _____ { Name _____
meaning, and who gave it to you? } { Corps No
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. _____
to be signed by you if you are accepted? }

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Place _____ } Approving Officer.

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(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.

1917

Name Ernest Albert Snow

Apparent age 18 years 7 months. Height 5 feet 6 inches.

Chest measurement { Girth when fully expanded 37 inches.
 Range of expansion _____ inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Stephen Snow, Quebec N.B.

| 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.

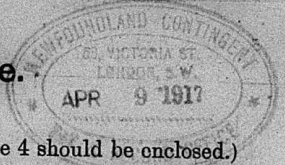
Corps in which served	Rgt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>13-10-15</u>									
Joined at <u>St John's</u> on <u>October 13/15</u>									
<u>Embarked St John's train to St John N.B. 18/15. L. Newfoundland</u>									
<u>for stowage on Barr. outfit. 5/17. Arrived Newfoundland and</u>									
<u>attached to strength 25 4-1917</u>									
<u>Discharged medically unfit. 9-5-1917</u>									
<u>St John's</u>									
Total Service forfeited as above									

Total Service towards Engagement to 9-5-17 (date of discharge) 1 years 209 days

" " " Pension " " " " " " " " " " " "

This space to be left blank for the Chelsea Number.

Proceedings on Discharge.



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 1912 Army Rank Private
 Name Snow, Ernest Albert
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
 Corps 2nd Newfoundland Regiment
 Battalion, Battery, Company, Depot, &c.
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)
 Date of discharge May 9th 1917
 Place of discharge St. John's, Nfld.

1. Description at the time of discharge.

Age <u>20</u> years <u>2</u> months	Descriptive marks.
Height <u>5</u> feet <u>7</u> inches	
Chest measure- { girth when fully expanded _____ ins.	
{ range of expansion _____ ins.	
Complexion <u>fair</u>	
Eyes <u>blue</u>	
Hair <u>light brown</u>	
Trade <u>Fisherman</u>	
Intended place of residence { <u>Grignat</u>	
(To be given as fully as practicable)	

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of D.A.A.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—
 4. Character awarded in accordance with King's Regulations :—

To be filled in on the soldier quitting the Colours.

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

29-4-17

Initials of Commanding Officer.

Army Form B. 2088 has been issued to*

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay Class _____

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____

(Date) _____ Commanding _____ Battn. _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St Johns - _____ E. Snow. (Signature of Soldier.)

(Date) May 9/17 _____ H. Le Messure (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____

Signature _____

(Date) _____

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No Reservations

E. Snow.

Witness 78 Lt. Messurel

Medical Report on an Invalid.

Station Ayr
 Date April 5th 1917

- 1. Unit 2/1st Newfoundland Regt.
- 2. Regimental No. 1912
- 3. Rank Private
- 4. Name SNOW, R. E.
- 5. Age last birthday 19
- 6. Enlisted { on Oct. 10th 1915
 at St. John's N. F. L. D.
- 7. Former Trade { Schoolboy
 or Occupation {

8. Disability.

D. A. H.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

COPY SENT TO
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 N.F.P. 33. No. 310820
 DATED APR 9 1917

9. Date of origin of disability. Jan 1916

10. Place of origin of disability. Paisley

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Patient states that when stationed at Paisley in Jan. 1916 he suffered from pleurisy & was treated in hospital; while there he caught measles & was removed to the Paisley Fever Hospital. At the fever convalescent hospital at Larask he developed diphtheria & was removed to Larask Fever Hospital where he caught scarlet fever. He finally returned to duty in May. has had weak knees & fainting attacks ever since. has only been fit for light duty. Previous to his illness he had been perfectly healthy.



12. (a) Give your opinion as to the causation of the disability.

unknown

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

active service
exposure on ordinary military service

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

The heart is normal in size & there are no murmurs to be heard in any of the areas. The pulse is 100 per minute & is easily raised to 130 per minute on slight exertion. The patient is easily fatigued and is not fit for military service on this account. The other organs are quite healthy.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

not applicable

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

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

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

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

not applicable

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

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

Discharge as permanently unfit

W. M. ...
Chapman

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except not applicable, patient not in hospital. (M)

Station _____

Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

+ Delete this word if no exceptions are to be made.

Medical Report on an Invalid.Station AyrDate April 5th 1914

1. Unit 2/1 Newfoundland Regt.
 2. Regimental No. 1912
 3. Rank Private
 4. Name Snow, E

5. Age last birthday 19
 6. Enlisted { on Oct. 10th 1915
 at St. John's, Nfld.
 7. Former Trade { Schoolboy
 or Occupation

8. Disability.

D.A.H.Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. Jan 191610. Place of origin of disability. Paroley

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Patient states that when stationed at Paisley in Jan 1916 he suffered from pleurisy & was treated in hospital: while there he caught measles & was removed to Paisley Fever Hospital. At the Fever Convalescent hospital at Lornark he developed diphtheria & was removed to Lornark Fever Hospital where he caught scarlet fever. He finally returned to duty in May. He has weak turns & fainting attacks ever since & has only been fit for light duty. Previous to his illness he had been perfectly healthy.

12. (a) Give your opinion as to the causation of the disability.

unknown

- (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

exposure on ordinary military service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

The heart is normal in size & there are no murmurs to be heard in any of the areas. The pulse is 100 per minute & is easily raised to 120 per minute on slight exertion. The patient is easily fatigued and is not fit for military service on this account. The other organs are quite healthy.

14. If the disability is an injury, was it caused

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

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

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

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

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

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Do you recommend

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

Not applicable

Not applicable

Discharge as permanently unfit.

W. W. Hamilton
Capt R.A.M.S.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except *Not applicable, patient not in hospital.*

Station _____

Officer in charge of Hospital.

Date _____

* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

+ Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165. Pay Warrant, 1913).
- (iv) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
 (b) If due to one of these causes, to what specific conditions do the Board attribute it?

(iii) Ordinary military service
 Exposure

21. Has the disability been aggravated by
 (a) Intemperance?
 (b) Misconduct?
 (c) Any of the conditions mentioned in Question 20, and if so which?

no
 no

22. Is the disability permanent?
 23. If not permanent, what is its probable minimum duration?
 To be stated in months

may improve

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
 In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, or total incapacity.

40%

24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?

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

26. Do the Board recommend
 (a) Discharge as permanently unfit, or
 (b) Change to England?

Discharge

Signatures :—

Station Sophus
 Date Apr. 25/17

R.S. Fran President.
J.W. Borden W. P. Mason Palson Members.
J. H. Rickard H. S. Salt

Approved.
 Station _____
 Date _____

Cluny Macpherson
 Administrative Medical Officer. Major



SECOND BOARD

Form Z179 N.M.D.

Report of Medical Board.

Station **St. John's, Nfld.** Date **April 20th., 1918**
 No. and Rank **1912 - Private** Age **21** Height **5'7"**
 Name **Snow, Ernest** Complexion **Fair**
 Unit **Royal Nfld.** Eyes **Blue** Hair **Light Brown**
 Address **Bishop Field College**
 Former Trade **Schoolboy**
 Enlisted at **St. John's** On **10/10/15** (The Board will please note how the soldier's appearance corresponds with above description.)
 Disease or Disability Original **DISORDERED ACTION HEART**

Subsequent

Present Condition (Compare with previous Board)

*Hope improved - now 96.
Early tired - no discharge*

Has he been employed, and by whom?

NO, tried fishing but could not do so

Average Weekly Earnings

To what extent is his capacity for earning a full livelihood at his employment, or in the general labour market, lessened at present?

40% Six months

Recommendation of Medical Board

Members of Board

[Signature]
.....
[Signature]
.....
[Signature]

Approving Medical Officer

[Signature]
.....
[Signature]

D. M. S. NEWFOUNDLAND.



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
 (533) W18871/604 400m 3/15s-1 83 58

Forms
 H. 121.
 22.

Regiment of *2nd New Brunswick*

Number of Sheet 1

Signature of O. C. Company *James Martin*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>E. Snow</i>	Age on	<i>18</i> years <i>7</i> months	<i>Fisherman</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's, Oct 13, 1915</i>	Religion	
Joined	Date	Period of (with Colours)	<i>200 years.</i>	Place of Birth	
Joined	Date		(with Reserve) <i>36 years.</i>	<i>Briget</i>	

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Capt</i>	<i>25.2.17</i>	<i>Pte.</i>		<i>About from Ch. Parade</i>	<i>Sgt Eddy C.P. No. Eaton</i>	<i>3 days CB.</i>	<i>26.2.17</i>	<i>2 Lt. Dicks</i>	<i>17</i>
<i>Capt</i>	<i>10.3.17</i>	<i>"</i>		<i>About from Tattoo site Re. 14/1</i>	<i>Cap. Tilly</i>	<i>2 days CB.</i>	<i>12.3.17</i>	<i>2 Lt. Dicks</i>	<i>18</i>
<i>Capt</i>	<i>24.3.17</i>	<i>"</i>		<i>About from 6.30 am parade</i>	<i>Sgt Eddy</i>	<i>3 days CB</i>	<i>24.3.17</i>	<i>2 Lt. Dicks</i>	<i>19</i>
				<i>Medically Unfit 9 5/17</i>					

To be carried over

No. 1912

Name Shaw E.

10/4/17

Date	Particulars	Ch. No.	Dr.	Cr.	Bal.
April 28	By Pay 13 day @ 13			14 30	14 30
30	" " 7 " @ 15			12 95	27 25
May 9	" " 9 @ do			16 65	43 90
	Bonus			12 95	56 85
	clothing			25 00	81 85
April 24	To Pay		15 00		66 85
27	" "		15 00		51 85
30	Allotment 20 day @ 60¢		12 00		39 85
May 9	To Pay		39 85		
	W-S Security			280 00	280 00
	H Ins @ 70¢			20 00	300 00
	clothing				
	Bonus		12 95		287 05
Dec 16	To Pay	6955	87 15		199 90
Feb 11	" "		20 00		179 90
Mar 1	" "	11157	70 00		109 90
Apr 1	" "	14049	70 00		39 90
May 1	" "	18530	39 90		
			381 85	381 85	

Sig. Alvaany Edms

PAY LEDGER No. 327
Date 21/1/21 by.....

May 14

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 question 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, M.Y. & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Ernest* 2. Surname... *Snow*
- 3. Rank... *PTE* 4. Regtl. No... *1912*
- 5. Address in full to which future payments of gratuity are to be forwarded... *Griguet*
St. Barbs District
- 6. Date of enlistment in the Regiment... *13 October / 1915*
- 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... *No.*
- 9. Address in full of such dependent... *No.*
- 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *No.*
- 11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *8 years + 3 months Lethbridge*
- 12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 year 209 days*

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 War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *855.70.3.7.00*

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

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. *X 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.? *No* If not give:- (a) Date of discharge. *May 9th 1917*. (b) Reason for discharge. *Disability*

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. *No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee. *No*

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: Ernest Snow

Place of Residence: Croquet

Declared before me at: Croquet

This 24th day of Sept 1919

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

H. Alcock Stipendiary Magistrate

POST DISCHARGE PAY.

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

Certified Correct.

Paymaster:

Faint text at the bottom left of the page.

Faint text in the center of the page, possibly a stamp or official notice.

Faint text at the bottom of the page, including what appears to be a signature line and other administrative markings.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1912 Pte. Snow &
7 Company On From 17.3.17 To 10.4.17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. Scotia
 From Liverpool Date 10/4/17
 Draft No. 28

DR. Classification (See procedure) H

CR.

Date	Pay Book Col.	Particulars	Rate	Dys	£	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	£	s	d		
	8	Forfeited Pay								1	Pay								
	6	Allotments	60	25	15	00				2	Field Allowances	100	25	25	00				
	10									3	Other Allowances	10	25	2	50				
11/12		Total Stoppages							4/5		Total @ 4.88 2/3								
					15	00	3	1	8					27	50	5	13	0	
13		Fines								6a									
14		Clothing and Necessaries																	
15		Arms & Accoutrements																	
16		Barrack Damages						6											
17		Hospital Stoppages																	
17a		Miscellaneous Stoppages						1	10										
19		Casual Payments						10	0										
20		1st Payment						14	0										
21		2nd "						12	6										
22		3rd "						12	6										
23		Final "																	
24		Balance Debit Last Period																	
28		" Due by Paymaster								27	Balance Due to Paymaster								
								5	13	0							5	13	0

Nace Course Ayl

5th April

1917

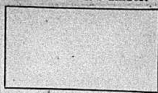
CERTIFIED CORRECT.

Credick 26
 O.C. "2" Company.



CHECKED.
110.51
6/4/17 PRO

This space to be left blank for the Chelsea Number.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 1912 Army Rank Private
 Name Snow Ernest H
(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)
 Corps 2^d Newfoundland Regiment
 Battalion, Battery, Company, Depot, &c. _____
(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)
 Date of discharge _____
 Place of discharge _____

1. Description at the time of discharge.

Age 19 years _____ months _____
 Weight _____ feet _____ inches _____
 Chest measurement { girth when fully expanded _____ ins.
 range of expansion _____ ins.
 Complexion _____
 Eyes _____
 Hair _____
 Trade _____
 Intended place of residence { _____
 (To be given as fully as practicable)

Descriptive marks.
 O.C. H.Q.
 ST. JOHNS, N.F.L.D.
 1912 3108/20
 DATED APR 9 1912

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of D. A. A.

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character :—
 4. Character awarded in accordance with King's Regulations :—

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2068 has been issued to*

July 8, 1919.

Captain Howley,
O. I. C. Record,
CITY.

J. C. R.

Ernest Snow, 1912.

Kindly pay to the man named in the margin the sum of twenty-one dollars and fifty cents in payment of transportation from Griguet to St. John's and for nine days board in St. John's in the month of November last.

\$21.50

ACCOUNT	<i>C. R. C. Co.</i>
CH NO	<i>2518</i>
INITIALS	<i>How</i>
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

W. R. McCall

•••••
Vocational Officer.

E. Snow

C.R. 1912

Ernest A. Snow was attested for General
Service with the NEWFOUNDLAND REGIMENT ON October 13th 1915
Regimental No. 1912 was allotted to Pte Ernest A. Snow

AUTHORITY:

Record Ledger,

Dept. of Militia.

March 25th 1919

March 1st 1919.

#1912. Ernest Snow.

This man is not on Weekly Pay Roll, he is student under the Civil Re-establishment Committee.

be fully enough trouble about
it i expect some returns the
next Steamer or a satisfactory
answer if you want me
to get the allotment you can
easy do it what is the good
to make arrangements if i dont
get it i cant steal it
and i dont know when i
will here from my boy
he is nearly three months
inlisted now and it is
time to see some returns
for his work it is poor
in couargement for ~~what they~~
when they got to fight for
nothing left to there people

1917

i dont say there is any
fault on your part but
it is a fault on some
bodys so i hope that you
will make matters alright
if not i must take
other steps witch i know
i will get the allotment
if them is not to be found
you will have to get more
and ~~make~~ things alright

yours truly

Mrs Ernest Snow
Great Britain

C.R. 1912

Extract from Nominal Roll Entained St. John's for Overseas,
June, 19.1916. "H".

1912 rte. Snow Ernest Allan.

C.R. 1912

Extract from nominal Roll of
Officers and N. C. O's and
men discharged from the
Royal Newfoundland Regiment.

regtl. #	rank	name	date	reason.
1881 1912	Pte.	SNOW ERN. ALBERT	9/5/17	MED. UNFIT.

1912
C.R.

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

1912 Pte. E. Snow.

Attached to the Strength from April 23rd, 1917.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1912 The Snow B.
 Company From 17.3.17 To 10.4.17 (Dates inclusive)

(Substituting A.F.O. 1625) N.F.P/36.
 Embarked per S. S. S. Scotia
 From London Date 10/4/17
 Draft No. 33 CR.

DR.		Classification (See procedure)						CR.											
Date	Pay Book Col.	Particulars	Rate	Dys	\$	¢	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	\$	¢	£	s	d
	8	Forfeited Pay	60	25	15	00					1	Pay	100	25	25	00			
	10	Allotments									2	Field Allowances	10	25	2	50			
	11/12	Total Stoppages					15	00	3	1	8	3	Other Allowances						
											4/5	Total @ 4.85 2/3							
	13	Fines									6a				27	50	5	13	0
	14	Clothing and Necessaries																	
	15	Arms & Accoutrements																	
	16	Barrack Damages																	
	17	Hospital Stoppages																	
	17a	Miscellaneous Stoppages																	
	19	Casual Payments																	
	20	1st Payment																	
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period																	
	28	" Due by Paymaster																	
							5	13	0		27	Balance Due to Paymaster					5	13	0

This account is, in accordance with information received at the Pay & Record Office to / / and is therefore subject to amendment if, and as may be found necessary.

Recd. Course Dept.
5th April 1917

CERTIFIED CORRECT.
C. E. Dicko
 O.C. "F" Company.



CHECKED.
[Signature]

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 1912 The Snow B.
7 Company From 17.3.17 To 10.4.17 (Dates inclusive)

(Substituting A.F.O. 1625) - N.F.P/36.
 Embarked per S. S. S. Colman
 From Liverpool Date 10/4/17
 Draft No. 33 CR.

DR. Classification (See procedure) A

Date	Pay Book Col.	Particulars	Rate	Dys	£	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	£	s	d
	8	Forfeited Pay	60	25	15	00				1	Pay	100	25	25	00		
	0	Allotments								2	Field Allowances	10	25	2	50		
	10									3	Other Allowances						
11/12		Total Stoppages			15	00	3	1	8	4/5	Total @ 4.86 2/3						
	13	Fines								6a							
	14	Clothing and Necessaries															
	15	Arms & Accoutrements															
	16	Barrack Damages															
	17	Hospital Stoppages															
	17a	Miscellaneous Stoppages <u>cont.</u>															
	19	Casual Payments															
	20	1st Payment															
	21	2nd "															
	22	3rd "															
	23	Final "															
	24	Balance Debit Last Period															
	28	" Due by Paymaster								27	Balance Due to Paymaster						
					5	13	0							5	13	0	

Race Course Club

5th April 1917

CERTIFIED CORRECT.

C. E. Sicks
 O.C. "F" Company.



CHECKED.

W. H. P. H.

April 30th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. Ernest Snow, No 1912, the sum of seventy one dollars and forty five cents in payment of allowance for period ending April 15th, 1919, and charge same to Re-education.

\$71.45

College expenses \$71.45
Allowance, 3 mos. 60.00

131.45

Pension, 3 mos. 60.00

Cash 71.45

131.45

Journal 6, pp. 57

E Snow

W. K. Nicholl.
Vocational Officer

E. P. B. - E.
18066

ACCOUNT	_____
CHECK NO.	18066
PAY LEDGER	INITIALS _____
CASH LEDGER	INITIALS _____

DEPARTMENT OF VETERANS AFFAIRS

To **Copy for H.O. File**

P.A.

Ottawa, Ont.

Date.....Aug. 17, 1964

Attention of

NAME **SNOW, Ernest**SERVICE **1912 ROY. Nfld.** P.C. No. **260906**
NUMBER **REGT. WWL** W.V.A. No. **232222**NAVY
ARMY **XXX**
R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. St. John's, Nfld. Tele-Memo d/Aug. 3, 1964

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

B01 482 869

Particulars are as follows:

Date of Death July 27, 1964

Cause of Death

Place of Death DVA Pavilion, General Hospital, St. John's, Nfld.

Name and Address of next of kin (if known).....

Copies to: W.S.R.

V. I.

~~XXX~~~~XXX~~

H.O.

} Destroy form if advice of death already received.

C.O. Richards
for
Chief, Central Registry