



FIRST NEWFOUNDLAND REGIMENT 4134

ATTESTATION OF

No. 4134 Name Samuel Snow Corps Militia

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Samuel Snow</u> |
| 2. What is your full Address? | 2. <u>Lewisport</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>32</u> Years <u>4</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. 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, Samuel 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.

G. 1911-17 Samuel Snow SIGNATURE OF RECRUIT.
Samuel Snow Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Samuel 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 St. John's on this 19th day of November 1911.

Signature of Attesting Officer W. H. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1911

Place..... } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Samuel Snow
 Apparent age 22 years 4 months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 37½ inches
 Range of expansion 4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Sarah Snow
Lewinport | Relationship mother
N.S. 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>19-11-17</u>									
Joined at <u>M.B.K.'s</u> on <u>November 19-17</u>									
<u>Discharged July 14 1919</u>									
				<u>Embarked at this H. M. S. "Hussar" 11-12-17</u>				<u>Embarked for O.B. 25 5/8</u>	
				<u>Disembarked France 27-5-18</u>				<u>Joined 1st Bn 31-5-18</u>	
				<u>Went to sea 6-3-19</u>				<u>Admitted 5th Gen</u>	
				<u>Went to sea 12-3-19</u>				<u>Rejoined unit 14-2-19</u>	
				<u>On leave from 106th reports 1st Bn 25th and proceeds to Winchester same date</u>					
				<u>to 1st Bn for demobilization 22-5-19</u>				<u>Arrived Newfoundland 1-6-1919</u>	
				<u>Demobilization M.B.K.'s 14-7-19</u>					

Total Service forfeited as above.....

Total Service towards Engagement to 14-7-19 (date of discharge) 1 years 238 days
 " " Pensions " " " " " " " " " " " "

S. Snow

C.R. 4134

~~PRO~~

C.R. 4134

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 1st 1919.

The discharge of the undernoted on demobilization has
been CONFIRMED by officer i/c Records from noted date
14-7-19.

4134, Pte. Saml. Snow.

C.R. 4134

Extract from Daily Order Part 11 Unit The Royal Hfld. Regt.
St. John's, July 4th, 1919.

The discharge of the undernote on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 30-6-19

4134 Pte. Saml. Snow.

CR. 4134

Extract from Daily Orders Part A1 Depot, Sg. Johns,

Date June 18th 1919.

4134, Pte. S. Snow.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4134

Extract from Casualties from Pay & Record Office, London
dated May 2nd 1919.

The undermentioned, on short leave from the B.E.F., reported
to the Pay & Record Office, London on 25/4/19 and proceeded
to Depot, Winchester, same date

4134, P. Snow.

C.R. 4134

Extract of War Office List No. H.A. 35369 dated
March 4th 1919.

Admitted 5 General Hospital, Rouen, dated March 6th/19.

4134 Pte. R. Snow.

SCABIES.

NEWFOUNDLAND CONTINGENT.

C.R. ~~7113~~

4134

2nd.

Extract of Nominal Roll of Draft No. 46, - 180 Other Ranks from ~~2nd~~, Depot,
Winchester to 1st. Battrn., The Royal Newfoundland Regiment, B.E.F. Embarked
Folkestone 25/5/18.

~~4145~~ Pte. S. Snow.

4134

A.Ps. B. 105 (one for
each soldier) sent to
3rd. Echelon, B.E.F.

C.R. 4134

Extract from Nominal Roll of Wfld Regt. Draft No.46
from 2nd Bn. Depot, to 1st Bn. B. E.F. Embarked Folkestone
25-5-18.

4134 Pte. S. Snow.

C.R. 4134

Extract of Nominal Roll Draft (All Ranks) to 1st
Bn. B.E.F. Embarked Folkestone 3

4134 Pte. S. Snow.

25-5-18.

C.R. 4134

Extract from Nominal Roll Embarked St. John's for Overseas.
per S.S. "Florisel". Dec. 11, 1917.

#5134 Pte. S. SNOW.

C.R. 4134.

Extract from Daily Orders Part II the Royal Newfoundland Rgmt
St. John's, Nov. 20th 1917.

4134. Pte. S. L. Snow.

Attested for General Service with The Royal Nfld Rgmt.,
And posted to G. Co, and assigned number as shown with effect
from Nov 19th 1917.



C.R. 4134

SICK AND WOUNDED R.C.O'S AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

No.1 RECORD OFFICE EXETER.

LIST No.H.A.35451.

47454	CQMS.Basrick.JH.	2/4 O.&Bks.late	Scabies.	Mild.	Adm.20 Gen.H.Dannes Camiers.12th March'19.
		6th Wilts.			
17775	Sgt. Newman.A.C.	Do.	Do.	"	Adm.20 Gen.H.Dannes Camiers.12th March'19.
40176	Pte. Munro.J.H.	Do.	Do.	"	Adm.20 Gen.H.Dannes Camiers.12th March'19.
40171	" Jones.C.T.	Do.	Do.	"	Adm.20 Gen.H.Dannes Camiers.12th March'19.
38099	" Smith.F.	1/5th DCLI.Transp.	Influenza.	"	Dis.to Duty ex 20 Gen.H.Dannes Camiers.12th March'19.

No.TWO RECORD OFFICE EXETER.

LIST No.H.A.35451.

67709	Pte. Blakeway.RE.	2/4th O.&Bks.late	Scabies.	Mild.	Adm.20 Gen.H.Dannes Camiers.12th March'19.
		16th Devons.			

INFANTRY RECORD OFFICE WARWICK.

LIST No.H.A.35451.

37800	Pte. Norris.AHT.	8th R.Berks.	P.U.O.		Dis.to Reinf ex 5 Gen.H.Rouen.11th March'19.
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ADM. 20 GEN. H. DANNES CAMIERS. 12th MARCH 1919.

27920	Pte. Knibbs.E.	2/7th R.Warwicks.	Scabies.	Mild.
47454	CQMS.Basrick.JH.	2/4th O.&Bks.late	Do.	"
		6th Wilts.		
17775	Sgt. Newman.A.C.	2/4th Do.	Do.	"
40176	Pte. Munro.J.H.	2/4th Do.	Do.	"
40171	" Jones.C.T.	2/4th Do.	Do.	"
67709	" Blakeway.R.E.	2/4th O.&Bks.late	Do.	"
		16th Devons.		

NEW FOUNDLAND EXPEDITIONARY FORCE.

LIST No.H.A.35451.

4134	Pte. Snow.S	R.Nfld.Rgt.	Scabies.		Dis.to Unit Rouen ex 5 Gen.H.12th March'19.
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BOARD OF TRADE.

LIST No.H.A.35451.

Fireman Heyes.L.	S.S.Swanston.	Wd.Scalp.			Dis.to Brit.Consul Rouen ex 5 Gen.H.11th March'19.
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Snow, S

4134

Ray Sept.

July 14th 1919.

#4134, Pte. Samuel Snow
Lewisporte.

Dear sir:

Enclosed please find Discharge Certificate
3240.

Yours truly,

Capt. & Paymaster

RS/

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4134 Rank Pte Name Snow, Samuel
 Intended place of residence Leusport
 2. Occupation Lumberman
 Classification of soldier H Medical Category A I

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 JUN 28 1919
H. H. Mews Lieut.
 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 JUN 28 1919
S. S. Snow
 Signature of soldier
J. J. Snow Capt.
 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 28-6-19
S. S. Snow
 Signature of soldier
J. W. Chaucey Esq.
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 19-11-17 No. of days on Military
 Discharged from service 30-6-19 Plus 14 days Service 603

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 JUN 30 1919
R. H. Lait Major
 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 14/1919
M. Howley Capt.
 Officer i/c Records
 The Royal Newfoundland Regiment

cert B 2079/3240

17
31
31
28
31
20
31
20
14

8

The Royal Newfoundland Regiment

Class for Demobilization:—

F

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *28-6-19*

Regimental No. *4134*

Name *Puon, Paul*

Address *Lewisport*

Present Medical Category *A1*

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

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

J. P. ...
Senior Medical Officer

... ..
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4134 Rank Plt Name Ernest Thomas
 Date of Enlistment 19-11-17 Address Lewisporte District St. John's
 Occupation Lumberman Classification for Discharge 1/1 Medical Category 1A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	B 268	B 121	1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915	1	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 28-6-19 O. C. Discharge Depot. [Signature]

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 \$60.00
 - (b) ~~Clothing Supplied~~
- [Signature]

Date 28-6-14 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ^{R2003} to his home at Lewisport and Release Certificate No. 3079 issued.

Date 28-6-19

Alfred L. ...
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 14-11-19

Date 28-6-19

H. M. ...
Depot Paymaster.

Discharged approved for 30-6-19

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

2 Form B

Date ~~28-6-19~~ 28-6-19

J. H. ...
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Date JUN 30 1919

Eligible for War Service Gratuity

R. H. ... 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.

A B S now
Signature of Man.

M. Blowski
Reg. No. 4136

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **JUN 28 1919** 191

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

MEDICAL HISTORY

Surname Snow OF Christian Name Lamm.

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Andrew's N.D.D. County Wales.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	19th day of Nov 1917	St. John		
Declared Age	33 years	4 Mos		
Trade or Occupation	Cumberman			
Height	5 feet	5 inches		
Weight		147 lbs.		
Chest Measurement	Girth when fully expanded... 37 1/2 inches			
	Range of Expansion... 4 inches			
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	/	/		
When Vaccinated				
Vision	R.E.—V=	6/9	R.E.—V=	
	L.E.—V=	9/9	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)	Lamm Paterson			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. John	at	
	on	19 day of Nov 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	Regtl. No.
Transferred to	1st Regt 4134			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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 *Samuel Snow*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4134*

Intended address *Lewisport N. B.*

Height on discharge *5 Feet 9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Gray*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *George*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *Lewisport. 20-5-age. 24. 1895*

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) *Samuel Snow*

(Rank) *Pte*

Station *St Johns*

Date *June 27-6-19*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer i/c Hospital.
Unit, or Command Depot.

Medical Report on an Invalid.

Station Hazeley Down CampDate 30.11.19

- | | |
|---|---|
| 1. Unit <u>Royal Newfled</u>
2. Regimental No. <u>41214</u>
3. Rank <u>Pte</u>
4. Name <u>Snow S.</u>
5. Age last birthday <u>23</u> .
6. Enlisted { on <u>24.11.17</u>
at <u>St John</u> | 7. Former Trade } <u>Fisherman</u>
or Occupation }
7A. If with previous service in Army, state—
(a) Former Unit;
(b) Regimental No.;
(c) Date of Discharge;
(d) Cause of Discharge. |
|---|---|

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

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

9. Date of origin of disability. *nil*
10. Place of origin of disability. *nil*
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— *nil*
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 - (b) constitutional or hereditary, and not aggravated by service during the present war.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

decompensate from disability

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

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

w

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

w

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

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

w

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

w

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?

w

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

w

Repatriation

20. Do you recommend—

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

Wess
Major J. D. S.

Officer in medical charge of case.

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

Station *H. O. Camp*

Officer in charge of Hospital.

Date *30. 4. 19*

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

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

Medical Report on an Invalid.

Station Hazley Down.
 Date 30-4-19

- 1. Unit Royal Newfld.
- 2. Regimental No. 4124
- 3. Rank Pte
- 4. Name Snow S.
- 5. Age last birthday 23
- 6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right. \quad \text{24-11-17}$
St Johns
- 7. Former Trade or Occupation Fisherman
- 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.
 (Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
 (b) constitutional or hereditary, and not aggravated by service during the present war.
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

No complaints of no disability

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

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

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

na

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

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

na

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

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

na

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

na

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

na

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

Repatration

na

Officer in medical charge of case

Major G. J. ...

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

Station *Stagley Down*

Officer in charge of Hospital.

Date *30-4-18*

*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.

July 30th 1919.

Mr. Samuel Snow,

Lewisporte.

Dear Sir:

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

Yours truly,

Capt. & Paymaster.

RS/.

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. *Samuel*..... 2. Surname.. *Snow*.....
3. Rank..... *Private*..... 4. Regtl. No.. *4134*.....
5. Address in full to which future payments of gratuity are to be forwarded.. *Lewisporte*.....
District Twillingate.....
6. Date of enlistment in the Regiment.....
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Sarah Jane Snow.....
8. Relationship of such dependents..... *Mother*.....
9. Address in full of such dependents.. *Lewisporte*.....
.....
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..... *1898 - 1900*.....
.....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *1 year & 7 months*.....
..... *1.2*.....

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

..... *only 1 enlistment*

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.....

..... *Received none*

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

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

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... *Yes*

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

(b) If so, was such reversion in consequence of Misconduct or inefficiency?..... *Yes*

19. Are you now serving in the Regt.? *Yes*... If not give? - (a) Date of discharge *June 28 1919* (b) Reason for discharge.....

..... *France Belgium and Germany*

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..... *None*

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.

Samuel S now

Signature of Applicant: *Samuel S now*
 Place of Residence: *Lewisport*
 Declared before me at: *Same place*
 This *30th* day of *June* 19*19*.....

Signature of ~~Barrister of the~~
~~Supreme Court, Stipendiary Magis-~~
~~trate, Notary Public, Justice of the~~
 Peace, ~~&~~ Commissioner of affidavits.

Alfred G Young J.P.

POST DISCHARGE PAY.			War Service	Net amount
Date paid	Paid Soldier.	Paid Dependent.	Gratuity.	dwa
.....
.....
Certified correct.			Registrar



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Samuel Snow, Regl. No. 4134

hereby agree, until further notification by me, and in similar official form to make an Allotment of _____ Dollars and 50 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 December 1/17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3218	Wife	Wm. Geo. Sarah Snow	Stampsport	50
				50
			Total Allotment, \$	

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.) Wm. Geo. [Signature]
Officer Commanding
W. John [Signature] Company
19-11-1917

(Sig.) Samuel Snow
(Rank) [Signature]

**ROYAL NAVY-GRAVE AND RESERVE
(Separation Allowance Branch)**

NOTES

NOTICE:

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.

Samuel Snow Royal Nfld 4134

2. Age of soldier. Married or single.

23 Single

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

Sarah Snow 46 House Lewisporte

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

dead — — —

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

—

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.)

*Allocation correct for
50 cents commencing
December 1st 1917
BBS
OK*

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

October 1916

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

no

9. Names of your other children. Address Age. Occupation. Married or single.

Patience Lewisporte 15 Domestic Single

Sussannah " 12 home "

RA

10. State amount earned by (a) Yourself None
(b) Your husband _____
11. State amount and source of any other income None
12. State value of real property belonging to you and your husband. Garden & Dwelling \$100
13. State value of personal property belonging to you and your husband. ?
14. If husband is dead, state value of real and personal property left by him Dwelling & Garden as above
15. Actual amount contributed by soldier during the year prior to enlistment about \$350.00?
16. Was this amount contributed weekly or monthly usually 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. Average \$7.00?
20. State name and address of his last employer. No permanent employer
21. State amount of monthly support from son since enlistment. allotment \$15.00
22. State amount of allotment received by you from son monthly. Same as 21
23. State from what date did you receive allotment? November 1917
24. Actual amount contributed by _____ Weekly. Monthly.
other children. None
25. Are any of these children in the employ of you or husband. No

26. If not receiving support from other children, state cause. Explain fully? *too young to earn*
27. With whom are you residing at present? *in our own little house*
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. *none*
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 Wld. Government? *no*
32. In what capacity and in what place? *_____*
33. Is he in receipt of a salary as such while serving in the Royal Wld. Regt. If so, how much? *_____*

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. *Sarah her name Sarah*

Place of residence. *Lewicko*

Declared and subscribed before me at. *Lewicko*

this *25th* day of *July* 1918

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

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. *Edgar Mercer, Methodist Minister*

Signature of Member of Patriotic Fund Committee. *Sarah J. Basm*

Approved 9/9/18
[Signature]
W.R.
[Signature]

1937

Peweesport
July 20th 1918

Capt J M Howley
Dept Militia
St Johns

4134

Dear Sir

Widow Sarah Snow of this place
has a son Samuel in the Royal Welsh
Regiment on duty in France he is the
only support of his Mother and two
little sisters who are living in poverty
Mrs Snow thinks she is entitled to
the separation allowance. Will you
kindly send me the formal papers
to be filled in on her behalf
and oblige

Yours truly
Alfred G Young & Co

4134

July, 22nd., 1918.

Mr. Alfred G. Young, J.P.
Lewisporte.

Dear Sir:-

Referring to your letter of July, 20th., on behalf of Mrs. Sarah Snow, of Lewisporte, I enclose Form of Application for Separation Allowance which kindly have filled out on her behalf, and return to this Office on receipt of whicher claim will be considered.

Yours faithfully,

for Capt. & Paymaster.

C.R. 4134

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

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

Name Samuel Snow

Date 14. Apr. 1919

Place Lewisporte, south side

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

SEP 22 1921.

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

Samuel Snow

in respect of his service as No. 4134 Rank Pte.

Name S. Snow Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Samuel Snow

Signature Royal Nfld Regt

Date oct 7

Address Retuwood of FLD

[P.T.O.]

Casualty Form - Active Service.

Regiment or Corps *2^d Royal Newfoundland*
 Rank *Pte* Surname *Snow* Christian Name *Samuel*
 Religion *Methodist* Age on Enlistment *22* years *4* months
 Enlisted (a) *19.11.17* Terms of Service (a) *Duration* Service reckons from (a) *19.11.17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 Occupation *Lumberman* *W. W. Currier* *1st Class Officer*
 or Corps Trade and rate *25 MAY 1918*



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, ... <i>25-5-18</i>			
		Disembarked ... <i>27-5-18</i>			
		Joined Battalion <i>31-5-18</i>			
	<i>5th Gen Hq.</i>	<i>Adm: Scabies</i>		<i>6/3/19</i>	<i>HA 35367</i>
		<i>Discharged Hq.</i>		<i>14/3/19</i>	<i>B213</i>
		<i>Leave to UK 10/15 to 25/19</i>			<i>B213</i>

Int

(9) 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.
 (10) Signaller, Shoeing Smith, &c. W 8635 312733 20.000 9.17 (35.11) C. P. & S., Ltd., Form B.103 5/1907. P.T.O.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
32.

Regiment of

1st Newfoundland

Number of Sheet

20

Signature of O. C. Company

H. Bailey W

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>H134 Snow Samuel</i>	Age on	<i>22</i> years <i>4</i> months	<i>Landarmed.</i>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date	} with Colours <i>238</i> years. } with Reserve <i>365</i> years.	<i>St Johns</i> <i>19 11 17</i>		<i>Meth.</i>
Joined		Date				
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
<p style="font-size: 2em;"><i>Demobilized St Johns, 14 ⁷/₁₉</i></p>									

To be carried over

FORM B. 121

The Royal Newfoundland Regiment

4134

DEMOBILIZATION OF

Date

Reg. No. 4134 Rank Private Name James James

Date of Enlistment 19-11-17 Address St. John's, Nfld.

Occupation Lumberman Classification for Discharge 1 Medical Category 1A1

Recommendation S. M. B. 1 Disability Rating 1

Passed to Demobilization Officer with following documents:—

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
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 28-6-19 O. C. Discharge Depot. St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am James James in a position to resume civilian occupation.

APPROVED

Particulars passed to Vocational Officer for information and action.

Date 28-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied None

Date 28-6-19 O. C. Re-clothing St. John's

The Royal Newfoundland Regiment

4134

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Date

Reg. No. 4134 Rank Private Name James James

Date of Enlistment 19-11-17 Address St. John's, Nfld.

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B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 28-6-19 O. C. Discharge Depot. [Signature]

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Date 28-6-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 28-6-19 O. C. Re-clothing [Signature]

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R2003 to his home at Lewisport and Release Certificate No. 3079 issued.

Date 28-6-19

Alfred L. ...
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 14 March 1919

Date 28-6-19

...
Depot Paymaster.

Discharge approved for 30-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

2 Form B

Date 28-6-19

...
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 JUN 30 1919

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

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

Date July 28/19

KJuly 15th, 1919

From Adjutant,
Discharge Depot

To 4134 Pte. S. Snow,
Lewisporte.

We have no bag here with your name or number on it, but there are some bags with no number on them. Send on a list of the contents and we will try and identify it for you.

IRC/C

Reg. No. *4134* Rank *Pte.* Name *Snow, S.*

Attested Address *Levensport*

Allotment Allottee

Date of Allotment Returned from Overseas *29-5-19*

Returned on S.S. *Corrican* Cause *Discharge*

28 6 19
30 6 19

PASSED TO DEMOBILIZATION OFFICER.

DISCHARGE APPROVED ON DEMOBILIZATION.