



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5537 Name Arthur Perry Squires C of E.  
Corps

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

- 1. What is your name? ..... 1. Arthur Perry Squires
- 2. What is your full Address? ..... } Salvage Bay B.B.
- 3. Are you a British Subject? ..... 3. Yes.
- 4. What is your age? ..... 4. 20 Years          Months
- 5. What is your Trade or Calling? ..... 5. Fisherman
- 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, Arthur Perry Squires 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.

..... Arthur Perry Squires SIGNATURE OF RECRUIT.

..... W. R. Howe Signature of Witness.

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

I, Arthur Perry Squires 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 31 day of May 1915.

Signature of Attesting Officer P. S. Dicks Lieut.

### †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, 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

515137

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

Name Arthur Perry Squires  
 Apparent age 20 years 0 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin George W. Squires  
Salvage Bay | Relationship Father  
BB 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>31-5-18</u>									
Joined at <u>St. John's</u> on <u>May 31-1918</u>									
<u>Discharged August 8-1919</u>									
<u>Overtook St. John's S. L. Colmella to Halifax N.S. 22-7-18</u>									
<u>To file for demobilization 24-6-1919</u>									
<u>Arrived England 1-7-1919</u>									
<u>Demobilization St. John's 8-8-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-8-1919</u> [date of discharge] <u>1</u> years <u>70</u> days									
Pensions " " " " " " " " " " " "									

Reg. No. 5537 Rank Pte Name Squires, A.  
 Attested 31-5-18 Address Salvage Bay, B. B.  
 Allotment 60 Allottee Mr Geo. W. Squires (Paraffine) Mith  
 Date of Allotment 17/8/18 Returned from Overseas .....  
 Embarked for Overseas JUL 22 1918 Cause .....

Vacc 16/8  
15/8 Inc 2nd Div 4/17/18, 3rd Inc 11-2-18  
16/8 — 24/8 R. L. 23/8  
25/8 Unable to connect with steamer before Thursday

CR 5537  
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 (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 Newfound Land*. Former Trade or Occupation } *Tradesman*
- 2. Regtl. No. *8537* 3. Rank. *plc* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Squires* *Arthur* (a) Former Regts. or Corps ;  
(Surname) (Christian Names) with Regtl. Nos.
- 5. Age last birthday *21*
- 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 ?
- 9. If a Court of Inquiry was held on an injury state :—  
(a) When (b) Date of Discharge ;  
(b) Where (c) Cause of Discharge.  
(c) Opinion of Court (d) Particulars of Pension or Gratuity (if any)

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

### Statement of Case.

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

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

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

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? }

*He complains of no 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.E. Proctor, Capt R.R.M.C.*

Medical Officer in charge of case.

Station *Hazley, Down*

Date *2/4/19*

\* 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

C.R. 5537

Extract from Daily Orders Part II Royal Newfoundland Regiment  
Depot St. John's dated Aug. 18th 1919.

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

8-8-19.

5537, Pte. A. Squires.

CR. 5537

Extract from Daily Orders Part II Unit The Royal Welch  
Regt. St. John's, July 15, 1919.

The discharge of the undersigned on demobilization has been  
APPROVED by G.C. Discharge Depot with effect from 25-7-19.

5537 Pte. A. Squires.

Extract from Casualties received from P.&R. Office London,  
Aug. 20th, 1918.

The undermentioned man was admitted to Central Hospital, Chatam  
(from Major Carty's Draft from Nfld.) and Discharged from Hospital  
on 19-8-18, reported this office same date and was sent direct  
to Depot, Winchester.

5537 Pte. Squires, A.

Authority:-

Officer i/c. Records Nfld. Regt.



C.R.

5537

Extract from Daily Orders part 11, from Unit The Royal WFLA  
Regt. St. John's, dated July 25, 1919.

The following man embarked for overseas on H.M.S

"XColumbella" July 22, 1918.

#5537 Pte. Arthur Squires.

C.R. 5537

Extract from Daily Orders Part II Unit The Royal Field Artillery  
St. John's, July 24th 1919.

5537 Pte. A. Squires,

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

C.R. 5537

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, dated June 1st, 1918

#5537 Pte. A. Squires

Attested for General Service with the Royal Nfld. Regt.  
from 31.5.18

C.R. 5537

Dec. 12th 18

Dear Mr. Squires:

I regret to inform you that we have just received notice by mail, from our Pay and Record Office, London that your son #5537 Pte. Arthur P. Squires has been admitted to Victoria Hospital, Virginia, suffering from Diptheria. This is evidently a very mild type as if it had been serious it would have been reported to us by cable. Any further information we get concerning him will be at once communicated to you.

Yours faithfully,



Lieut.

CASUALTY OFFICER.

Mr. Geo. W. Squires,  
Salvage, B.B.

A. Squires.

C.R.

5537

1890

No 6139



## THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Arthur Squires, Regl. No. 5537

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
         Dollars and Seventy Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz.:

Allotment begins August 1 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4459	Mother	Mrs George William (Sarah Jane) Squires	Salvage Bay B B	60
Total Allotment, \$				60

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

(Sig.) Watson LieutOfficer Commanding  
E CompanyM JohnsJuly 2 1918(Sig.) Arthur Squires(Rank) Pte

No. 3758/582

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,  
87 R. Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

10th. March 1919

March 12th 1919

5537 Pte. Squires. A. P.

Receipt hereunder

With reference to the following telegram from the Minister of Militia / / ( 71 )

*Stam*  
LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL N.F. CONTINGENT  
Officer Commanding. — Batt'n.

"Pay to- 5537 Squires  
£3. 14. 0.

Received the sum of Three pounds

Cheque £3. 14. 0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Franklin in respect of telegraphic remittance from the Minister of Militia.

Chief Paymaster & O. i/c Records.

5537 Rank

Witness M. Rockett

No. 21623/2506/P.&.A

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2<sup>nd</sup> Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

30th December, 1918

Subject: 5537 Pte. A. Squires;

With reference to the following telegram (11296) from the Hon. Minister of Militia, received

"Pay to 5537 Squires, £4.2.0.

Draft £4.2.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*L.H. Marshall*  
Chief Paymaster & O. i/c Records.

B

*Jan 15th* 1919

Receipt hereunder.

*Received for*  
LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. *2nd* Batt'n,  
Royal Newfoundland Regiment.

Received the sum of *Four pounds*  
*two Shillings* - on account of  
cable remittance from Newfoundland.

No. 5537 Rank Pte

Witness A Squire  
*M.S. Rockett*



No. 16380/1774

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

Officer Commanding,  
2nd-Bn. Royal Nfld. Regt.,  
Winchester.

Oct. 10th, 1918

October 13 1918

Subject: 5537, Pte. A.P. Squires,

With reference to the following telegram (8700) from the Hon. Minister of Militia, received

"pay to 5537, Pte. A.P. Squires, £3.14.0.

Draft £ 3.14;0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

*A. Squires*  
Chief Paymaster & O. i/c Records.

Receipt hereunder.

*A. T. B. Acton*

LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.  
Officer Comdg. Batt. H  
Royal Newfoundland Regiment

Received the sum of three  
pounds 14/- on account of  
cable remittance from Newfoundland.

Arthur Squire  
No. 5537 Rank Pte

Squires, A

5337

Hay & Sept.

August 8th 1919.

#5537, Pte. A. Squires,  
Salvage, Bonavista.

Dear Sir:

Enclosed please find Discharge Certificate  
# 3607.

Yours truly,

Capt. <sup>sr</sup>

Officer i/c Records.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5337 Rank. Pte Name Squires A  
 Intended place of residence. Salvage Bonaville  
 2. Occupation Fisherman  
 Classification of soldier. E Medical Category. A 2

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  
L. [Signature]  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place, ST. JOHN'S  
 Date JUL 11 1919  
A. Squires  
 Signature of soldier  
J. H. Knowlton  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place, ST. JOHN'S  
 Date JUL 11 1919  
A. Squires  
 Signature of soldier  
James O'Sullivan  
 Signature of witness 587.

### STATEMENT OF SERVICE

7. Enlisted for service. 30-5-18 No. of days on Military Service. 436  
 Discharged from service. JUL 25 1919 Plus 14 days

### 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  
N.R. Cooper Capt  
 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 5/1919  
[Signature]  
 Officer in Charge  
 The Royal Newfoundland Regiment

207 B 20 19 / 3607

1  
20  
31  
8  
20

# The Royal Newfoundland Regiment

Class for Demobilization:

*76*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *10.7.19* .....

Regimental No. ... *5537* .....

Name ..... *Squires Arthur* .....

Address ..... *Salvage* .....

Present Medical Category ..... *A7* .....

Recommended for:— { (a) Immediate discharge .....  
(b) ~~Standing Medical Board~~ .....

Members of Board {

..... *R.H. East Major* .....  
O.C. Discharge Depot.

..... *B.A. Benson* .....  
Senior Medical Officer

..... *P.C. Burdett* .....  
M.O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 557 Rank Pvt. Name J. G. Quinn  
 Date of Enlistment 30-5-18 Address St. John's District St. John's  
 Occupation Postman Classification for Discharge by Medical Category A  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
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 10-7-19

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 \$60.00

(b) Clothing Supplied Am. Chest

Date 7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. U.S. 230 to his home at Salvage and Release Certificate No. 3489 issued.

Date 11-7-19 *J.A. Snowcraft*  
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 8-8-19

Date 11-7-19 *J.M. Wicks*  
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
F 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		

*2 Form B*

Date 11-7-19 *J.A. Snowcraft*  
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**

JUL 25 1919

Date *L.R. Cooper*  
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. Squires*

Signature of Man.

*J. A. Knowlton*

Signature of the Vocational Officer or his Representative.

Reg. No. 5337

Place

*St. John*

Date

*11-7-49*

191



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

# MEDICAL HISTORY

OF

Surname Squire Christian Name Arthur Perry

Table I.—GENERAL TABLE.

Birthplace:—Parish Salvage B.B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	day of	191
Examined	at	<u>20<sup>th</sup> May</u>	at	
Declared Age...		<u>20</u> years		
Trade or Occupation		<u>Fisherman.</u>		
Height		<u>5</u> feet <u>6.</u> inches		
Weight		<u>136.</u> lbs.		
Chest Measurement	Girth when fully expanded...	<u>35 1/2.</u> inches		
	Range of Expansion..	<u>3 1/2.</u> inches		
Physical Development...				
Vaccination Marks	Right	<u>/</u>	Left	<u>/</u>
	Number			
When Vaccinated				
Vision	R.E.—F=	<u>6/6</u>	R.E.—V=	
	L.E.—V=	<u>6/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Paterson</u>			
(Rank)	<u>Major</u>			
		Medical Officer.		Medical Officer.
Enlisted	at	<u>Sejochui</u>	at	
	on	<u>28<sup>th</sup> day of May</u>	on	day of 191
		Corps.		Corps
		Regtl. No.		Regtl. No.
Joined on Enlistment...		<u>Royal Nfld. Regiment.</u>		
		<u>5537.</u>		
Transferred to..				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Table II.—Only for admission to hospital or to the sick list in

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the course of syphilis, admissions and of treatment
	Day	Month	Year	Day	Month	Year			
Dort Pitt Chatham	8	8	18	14	8	18	Mumps	11	No con
Hazley Down	8	11	18	23	11	18	Diphtheria	15	Transfer for treat

al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*No complications*

*on 8.11.18*

*Transferred to Victoria Hosp. Winchester  
for treatment*

*C. Dal* CAPT. R.A.M.C.

*6810712*

CAPT., R. A. M. C.

[P.T.O.]





## 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 *Arthur Squire*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5537*

Intended address *Salvoys, N.I.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

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 *Salvoys, June 24<sup>th</sup>, 1898*

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)

*Arthur Squires* *P.S.*  
(Rank)

Station **ST. JOHN'S**

Date *8-9-19*

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



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

Station

Date

**NOTE.**—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

1. Unit and Corps... *Prinsepal Newfoundland* 7. Former Trade or Occupation } *Superman*
2. Regtl. No. *2337* 3. Rank... *P/6* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Squires Arthur* (a) Former Regts. or Corps ; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday *21*
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 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 ? ✓

*See compliance of no  
susability*

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 ?

*Refaturation*

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. Proemier. Capt. R.M.C.*

Station *Hazeley Bow rd*

Medical Officer in charge of case.

Date *2/4/19*

\* 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

August 18, 1919

Mr. A. Squires,  
Salvage Bay, B.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..... *A* ..... 2. Surname..... *Squire* .....  
3. Rank..... *Pte* ..... 4. Regtl. No..... *5537* .....  
5. Address in full to which future payments of gratuity are to be forwarded..... *Salisbury Bay B.B.* .....  
6. Date of enlistment in the Regiment..... *May 28 18* .....  
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 field. If so, give dates and particulars of such service..... *Overseas* .....  
12. Give total length of time which you served on active service, whether in field or Overseas..... *Fourteen 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.

*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 R.A.F.? If not give - (a) date of discharge. *July 25/19* (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: *Arthur Squires*  
 Place of Residence: *Salvage Bn. N. A. B.*  
 Declared before me at: *St John's*  
 This *11* day of *July* 19*.15*....

Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits: *John McElroy*

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



# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, Arthur Squires, Regl. No. 5537

hereby agree, until further notification by me, and in similar official form to make an Allotment of \_\_\_\_\_ Dollars and Sixty Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person <sup>and</sup> or Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> or Persons concerned, viz.:

Allotment begins August 1<sup>st</sup> 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
4459	Mother	Mrs George William (Sarah Jane) Squires	Salvage Bay B B	60
Total Allotment, \$				60

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

(Sig.) Watson Lieut  
 Officer Commanding  
C Company  
St Johns  
July 2<sup>nd</sup> 1918

(Sig.) Arthur Squire  
 (Rank) Pte

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

Royal Newfoundland

Number of Sheet

One

Signature of O. C. Company

O. B. Dickson

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay					
No.		Age on	years	months	Fisherman					
5237	Arthur Perry Squaw	Place and Date of Enlistment	St John's	31	5	18	Religion C of E			
Joined	Date	Period of	with Colours	170	years.	Place of Birth	Salvage Bk			
Joined	Date									
Joined	Date									
Joined	Date	with Reserve	365	years.						
Place	Date of Offence	Rank	Cause of Discharge	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS	
Hazley Down Camp	2/10/18	Pte.		Duty on Parade	Sgt. Agents	2 days Ck	4/10/18	Capt. Gifford	NSM	
"	2/1/18	"		Substance on Parade	Sgt. Evans	3 "	7/1/18	Det. Lewis	NSM	
				Demobilized	St John's	8	5/19			

To be cancelled over.

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

OCT 20 1921

1921.

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

is/are forwarded herewith to

Arthur P: Squires

in respect of his service as No. 5537 Rank Pte.

Name A.P: Squires Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received October 24<sup>th</sup>

Signature A. P Squire

Date 1921

Address Salvage Bay B B

[P.T.O.]

*DM37*

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. *2537* Rank *Platoon* Name *James A. Squires*

Date of Enlistment *30-5-18* Address *College* District *Bonaville*

Occupation *Postman* Classification for Discharge *1/4* Medical Category *A1*

Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P 36.....	B 268.....	B 121.....	N.F. Med.....	D.F. 1.....
B 178.....	W 3494.....	B 122.....	Board 1st.....	" 2.....
B 178a.....	D 400A.....	B 1915.....	do 2nd.....	" 3.....
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 *10-7-19* ..... *W. St.*  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

*A Squires*

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 *W. St.*.....

Date *11-7-19*.....

O i/c. Re-clothing.



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. P.2336 to his home at Salween and Release Certificate No. 3489 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 8-8-19

Date 11-7-19

*J.A. Snow*  
Depot Paymaster.

Discharge approved for 25-7-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 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 11-7-19

*J.A. Snow*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 25 1919

Date .....

*D.R. Cooper*  
O. C. Discharge Depot.

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

Date Aug 7/19

*M.H.*

Reg. No. 5337 Rank 96 Name Spinks A. Y.

Attested ..... Address Salvage Bay

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas JUL 1 1919

Returned on S.S. Cassandra Cause Discharge

11 7 19  
25 7 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.