



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Truth

No. *3353* Name *Cecil Squires* Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <i>Cecil A. Squires</i> |
| 2. What is your full Address? | 2. <i>London</i> |
| 3. Are you a British Subject? | 3. <i>yes</i> |
| 4. What is your age? | 4. <i>20</i> Years <i>2</i> Months |
| 5. What is your Trade or Calling? | 5. <i>lumberman</i> |
| 6. Are you Married? | 6. <i>no</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>no</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>yes</i> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <i>yes</i> |

I, *Cecil A. 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.

E. Dec 27/16

Cecil A. Squires SIGNATURE OF RECRUIT.
Hazen M. Lucas Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Cecil A. 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 *20* day of *December* 191 *6*.

Signature of Attesting Officer *Strong*

†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, vis:—(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 Beril A. Squires

Apparent age 20 years 2 months. Height 5 feet 8 1/2 inches

Chest Measurement { Girth when fully expanded 38 1/2 inches
Range of expansion 5 1/2 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and address of next of kin Sambo | Relationship Parents

Mr Joseph Squires

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 _____ | | | | | | | | | |
| Joined at _____ on _____ | | | | | | | | | |
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| | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

" " " Pensions " _____ [" "] " " " " }



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Meth

No. *3,353* Name *Cecil Squires* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *Cecil A. Squires*
2. What is your full Address? 2. *London*
3. Are you a British Subject? 3. *yes*
4. What is your age? 4. *20* Years *2* Months
5. What is your Trade or Calling? 5. *Lumberman*
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, *Cecil A. 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.

Cecil A. Squires SIGNATURE OF RECRUIT.
Walter W. Fraser Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Cecil A. 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 *20* day of *December*, 191*6*.

Signature of Attesting Officer *Strong Keel*

†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:— (Name) re-enlisted in the (Regiment) on the (Date)



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

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

Examination of *Bevil Squires*

aged *20 yrs - 1 month*

conducted at *C. F. B.*

Date: *Dec 20/16*

Recruiting Officer:

| NO OF TEST | FINDING |
|------------|--------------------------------------|
| 1 | <i>no</i> |
| 2 | <i>no</i> |
| 3 | <i>no</i> |
| 4 | <i>no</i> |
| 5 | <i>no</i> |
| 6 | <i>no</i> |
| 7 | <i>yes</i> |
| 8 | <i>yes</i> |
| 9 | <i>no no</i> |
| 10 | <i>n</i> |
| 11 | <i>n</i> |
| 12 | <i>n</i> |
| 13 | <i>n</i> |
| 14 | <i>n</i> |
| 15 | <i>n</i> |
| 16 | <i>n</i> |
| 17 | <i>n</i> |
| 18 | <i>6/9 Right 6/18 Left</i> |
| 19 | <i>n</i> |
| 20 | <i>n</i> |
| 21 | <i>n</i> |
| 22 | <i>n</i> |
| 23 | <i>n</i> |
| 24 | <i>n</i> |
| 25 | <i>n</i> |
| 26 | <i>n</i> |
| 27 | <i>n</i> |
| 28 | <i>n</i> |
| 29 | <i>n</i> |
| 30 | <i>n</i> |
| 31 | <i>n</i> |
| 32 | <i>n</i> |
| 33 | <i>NO</i> |
| 34 | <i>5'8 1/2"</i> |
| 35 | <i>132 1/2 lb</i> |
| 36 | <i>33" 38 1/2"</i> |
| 37 | <i>\$4.00 per month</i> |
| 38 | <i>Parents Joseph Squires Gambo.</i> |
| 39 | <i>None.</i> |

B. F. B.

Di

Signature of Medical Examiner:

L. W. Borden

C.R. ~~3353~~ 3353

Extract from Daily Orders Part 11 Unit The Royal Nfld, Regt.,
B.E.F. France, 17/8/18.

386 Pte. Squires.C.

To England, "B" Personell, 19/8/191

Gambo
July 17th / 18

Department of Militia
Gentlemen

I think there must be
some mistake in the coat
found in Kit-Bay of the
late #3353 Pte Cecil A. Squires
The letters in pocket
being addressed to #2191
Pte Philip Healey, Ayre,
Scotland, and there is
no no - on coat, I have
been informed Pte Healey
formerly lived at Grand Falls.
Yours Respectfully
Jos Squires.

C.R. 3353

PERSONAL EFFECTS

Received from Militia Department

One Kit Bag of the late #3353 Pte. Cecil A. Squires

Signed.....

Joe Squires

Date.....

July 9th 1918

July 5, 1918

Mr. Joseph Squires:-
Gambo, B.B.

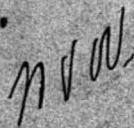
Dear Mr. Squires:-

I am writing to inform you that it is my regrettable duty to forward to you by "Express" one Kit Bag, which belonged to your son #3353 Pte. Cecil A. Squires of The Royal Newfoundland Regiment.

Assuring you of my deepest sympathy in your bereavement, and in the renewed sorrow which the receipt of these effects must entail.

I am enclosing herewith, receipt, will you kindly sign same and return at your earliest convenience.

Yours faithfully,



Lieut.

for Lieut. Col. C.S.O.

Enc'l 1.

No. of Paper 1345

PERSONAL EFFECTS.

Name Quinn C.A. No. 3353

Rank Pte. Regiment THE ROYAL NEWFOUNDLAND REGT.

| Article | Where stored | Notified by |
|-----------------------|-----------------------|---------------------------|
| <p><u>Kit Bag</u></p> | | <p>Shipped from Depot</p> |
| | <p>Final disposal</p> | |
| | | |

Remarks: - S.O.A.
Mort of his Father.
Joseph Quinn
Gambo

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender

J. M. Squires
J. M. Squires

Address

Line
Number

Rcd

By

Sent

by

Check

Dated

October 20, 1917.

To

Mr. Joseph Squires,

Gambo.

Regret to inform you Record Office, London.

today reports No. 3353, Private Cecil A. Squires,
was killed in action October ~~eight~~ *ninth*.

R.A. SQUIRES

Colonial Secretary.

NOTE FOR OPERATOR

This message is not to be sent until receiving office notifies that message to Rev. H. Moores, Glovertown, has been delivered and acted upon.

FOR TYPEWRITER

VFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

| Line Number | Red | By | Sent | by | Check |
|-------------|-----|----|------|----|-------|
| | | | | | |

Dated **October 20, 1917.**To **Rev. Herbert Moores,****Glovertown, B.B.**

Regret to inform you Record Office, London,
today reports No. 3353, Private Cecil A. Squires,
son of Joseph Squires, Gambo, was killed in action
October ^{month -} ~~eight~~. Please inform relatives.

R.A. SQUIRES**Colonial Secretary.**

No. 3353 Pte. Squires.

Extrawt of casualty list received from the Pay and Record
Office, London, dated Oct. 20th.

"Killed in action, Oct. 9th"

C.R. 3353

Extract from Nominal Roll of Draft No. 25 Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment, Newton-on-yr., to 1/1st Newfoundland
Regiment, B.E.F.

3353 Pte. Squires, C.A.

MP.

C.R. 3353

Extract from Nominal Roll Draft embarked St. John's, per
S.S. "GRAMPIAN" 31/1/17 Sailed Halifax 16/4/17.

3353 Pte. Squires C.A.

3353

C.R.

Extract from Daily Orders Part 11 Unit The Royal Wfld.
Regt., Dec.20th, 1918.

3353 Pte. Cecil Squires.

Attached to the Strength from Dec.20th, 1917.

C. Squires,

C.R. 3353

~~Red~~

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

MEDICAL HISTORY

OF

Surname Squires Christian Name Bevil

Table I.—GENERAL TABLE.

13 JUN 1917

Birthplace:—Parish _____ County _____

| | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|----------------------------|---------------------------|----------------------------|----------------------------|
| | Right | Left | Right | Left |
| Examined | on 20 day of Dec 1916 | at St. John's N.F. | on _____ day of _____ 1916 | at _____ |
| Declared Age | 20 years 3 months | | _____ years _____ days | |
| Trade or Occupation | Lumberman | | | |
| Height | 5 feet 8 1/2 inches | | _____ feet _____ inches | |
| Weight | 134 lbs. | | _____ lbs. | |
| Chest Measurement | 38 1/2 inches | | | |
| | 5 1/2 inches | | | |
| Physical Development | | | | |
| Vaccination Marks | Arm | | | |
| | Number | | | |
| When Vaccinated | never | | | |
| Vision | R.E.—V= | 6/18 | R.E.—V= | |
| | L.E.—V= | 6/18 | 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) | <i>Samuel Paterson</i> | | | |
| (Rank) | Major | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at St. John's N.F. | at _____ | on _____ day of _____ 1916 | on _____ day of _____ 1916 |
| Joined on Enlistment | Corps. | 1st Newfoundland Regiment | Corps. | |
| | Regtl. No. | 5353 | Regtl. No. | |
| Transferred to | | | | |
| Became non-effective by | on _____ day of _____ 1916 | | on _____ day of _____ 1916 | |
| (Signature) | | | | |
| (Rank) | | | | |

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

| Date | Brief Details, and Signature |
|--|--|
| Jan 5/17. Jan 10/17. 24-1-17. 5-2-17. | Vaccination } T.A.B. } LP } LP 3 } LP |

TABLE IV.—SERVICE TABLE.

| Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation | Station or Troopship | Date of Arrival or Embarkation | Date of Departure or Disembarkation |
|------------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| S/S Plouzel Windsor | 31-1-17 | 3-2-17 | | | |
| | 3-2-17 | | | | |



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cecie Squires, Regl. No. 3353

hereby agree, until further notification by me, and in similar official form to make an Allotment of 45 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person $\frac{\text{and}}{\text{or}}$ Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person $\frac{\text{and}}{\text{or}}$ Persons concerned, viz.:

Allotment begins Feb 1st 1917

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------|----------------|----------------------|
| 3418 | Mother | Mrs. J. Squires | Gambro B.B. | 50 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | |

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

(Sig.) A. Strong Lt
for Officer Commanding D Company
St. Johns
Jan 5th 1917

(Sig.) Cecie Squires
(Rank) 3353 Pte

No 3252



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Cecil Squires, Regl. No. 3353
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 _____ Dollars and Fifty 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 Feby 1st 1917

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|----------------------------|---------------|----------------------|
| 3418 | Mother | Mrs Jos (Liz. Ann) Squires | Gambo B.B. | 50 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Allotment, \$ | | | | |

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

(Sig.) Stephen St.
 for
 Officer Commanding
 D. Company
Stephen
Jan 5th 1917

(Sig.) Cecil Squires
 (Rank) 3353 Pte

Office Copy

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT

Regiment or corps

Royal Newfoundland

No. 3353

Rank

Private

Name

Squires C.A.

Died (a)

Intestate

at

France

on the

9th of October

191

Deserted at

on the

of

191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|---|----|----------------|--|----|----|----------------|
| | Balance Dr. last month | | | | Balance Cr. last month <i>9 10/17</i> | 10 | 15 | 0 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at from to | | | |
| | 191 | | | | Messing allowance days at from to | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | " | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | Consolidated stoppage | | | | Deferred Pay or Gratuity | | | |
| | Balance due by the Paymaster | | | <i>10 15 0</i> | Balance due to the Paymaster | | | |
| | | £ | | <i>10 15 0</i> | | £ | | <i>10 15 0</i> |

CHECKED.

4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ *10 15 0* is chargeable against the Public (b).

Dated at

this

day of

191

Paymaster.



(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office under Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italics to be struck out when there is no debtor balance.

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS Newfoundland **Squadron, Troop, Battery or Company** G Coy.

Regimental No. 3353 **Rank** Private.

Surname Squires. **Christian Names** G.

Died { **Date** 9/10/17. **Place** France or Belgium.

Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/12/10/17.

By whom made O.C. Unit.

COPY SENT TO

O.C. H.Q.

ST. JOHNS, N.F.L.D.

M.F.F. No. 14507/153

DATED 21 DEC 1917

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { **Place** _____ **Date** _____

By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received

{ (c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Office, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the att.r). If the Deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date G.H.Q. 3rd. Echelon **Signature of Officer in charge of Section** J.S. Hoyle **Adjutant-General's Office at the Base** 2nd. Lt. for Mjr.,

15/10/17.

Officer i/c No. 1 Infantry Section.

ORIGINAL

DUPLICATE
 1917

Squires, C

3353

Hay sept

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3353

ROYAL NEWFOUNDLAND REGIMENT

Rank Private

Name Squires, C. R.

Died (a) Intestate at France

on the 9th of October 1914.

Deserted at

on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|----|----|----|---|----|----|----|
| | Balance Dr. last month | | | | Balance Cr. last month 9.10.14..... | 10 | 15 | 0 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at from to | | | |
| | 191 | | | | Messing allowance days at from to | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 10 | 15 | 0 | Balance due to the Paymaster | | | |
| | | £ | 10 | 15 | 0 | | | |

This account is in accordance with advices received at the Pay & Record Office to 5/9/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED. [Signature] 4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ is correct and chargeable against the Public.

Dated at

this

day of



191

CHIEF PAYMASTER & OFFICER I/C RECORDS

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL.

Army Form O. 1625.

PAY LIST.

to

191

Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT

No. 3353

Rank Private

Name Squires, C.A.

Died at Duistate at France

on the 9th of October 1914.

Deserted at

on the of 191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. | | |
|------|--|----|----|----|---|----|----|----|----|---|
| | Balance Dr. last month | | | | Balance Cr. last month 9.10.14 | 10 | 15 | 0 | | |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at from to | | | | | |
| | 191 | | | | Messing allowance days at | | | | | |
| | " | | | | from to | | | | | |
| | " | | | | Kit allowance | | | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | | | |
| | Consolidated stoppage | | | | | | | | | |
| | Balance due by the Paymaster | 10 | 15 | 0 | Balance due to the Paymaster | | | | | |
| | | £ | 10 | 15 | 0 | | £ | 10 | 15 | 0 |

This account is in accordance with advices received at the Pay & Record Office to 519118 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

2/6
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 10 15 0 is correct and chargeable against the NEWFOUNDLAND CONTINGENT.

Dated at

this

day of



191

CHIEF PAYMASTER & OFFICER IN CHARGE

- (a) Here state whether the soldier has a next-of-kin or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Contingent Officer, Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

**DUPLICATE
MAIL COPY**

Army Form O. 1625.

PAY LIST.

to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **3353** Rank **Private** Name **Squires, C.A.**
 Died *(a) Intestate* at **France** on the **9th** of **October** 191**7**.
 Deserted at on the of 191 **.**

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. |
|------|--|-------------|-----------|----------|---|-------------|-----------|----------|
| | Balance Dr, last month | | | | Balance Cr. last month .. 9.10.17 | 10 | 15 | 0 |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at from to | | | |
| | 191 | | | | Messing allowance days at from to | | | |
| | " | | | | Kit allowance | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | " | | | | | | | |
| | Consolidated stoppage | | | | | | | |
| | Balance due by the Paymaster | 10 | 15 | 0 | Balance due to the Paymaster | | | |
| | | £ 10 | 15 | 0 | | £ 10 | 15 | 0 |

This account is in accordance with advices received at the Pay & Record Office to **519 118** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
2/6
4/9/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ **10 15 0** is **correctly** chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at this day of **SEP 1918** 191 . **Chief Paymaster & Officer in Charge of Records.**

(a) Here state whether the soldier died *intestate* or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to **RECORD OFFICE** Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE MAIL COPY

Army Form O. 1625.

PAY LIST.

to 191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT.**
 No. **3353** Rank **Private** Name **Squires, P. A.**
 Died ^(a) **Intestate** at **France** on the **9th** of **October** 191**7**.
 Deserted at _____ on the _____ of _____ 191**7**.

I Certify to the correctness of above in every particular.

 Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT

[Form 1.]

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. | | |
|------|--|----|----|----|---|----|----|----|----|---|
| | Balance Dr, last month | | | | Balance Cr. last month .. <u>9-10-17</u> | 10 | 15 | 0 | | |
| | Cash issues (Date of each issue to be stated) | | | | Pay _____ days at _____ from _____ to _____ | | | | | |
| | £ s. d. | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | | | |
| | 191 | | | | Messing allowance _____ days at _____ from _____ to _____ | | | | | |
| | " | | | | Kit allowance | | | | | |
| | " | | | | Amount produced by the sale of Effects from Form 2 | | | | | |
| | Consolidated stoppage | | | | | | | | | |
| | Balance due by the Paymaster | 10 | 15 | 0 | Balance due to the Paymaster | | | | | |
| | | £ | 10 | 15 | 0 | | £ | 10 | 15 | 0 |

This account is in accordance with advices received at the Pay & Record Office to 319/118 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

HP
4/9/18

I hereby Certify that the above account is correct in every particular and that the debtor balance of £ _____ is chargeable against the **NEWFOUNDLAND CONTINGENT.**

Dated at _____
 this _____ day of _____ 191 _____



 CHIEF PAYMASTER & OFFICER IN CHARGE
 Paymaster.

- (a) Here state whether the soldier has made a will or if he has left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Pay & Record Office, Form B. 2090 or Army Form O. 1615.
 (b) Words in Italics to be struck out when there is no debtor balance.

THE BOARD OF PENSION COMMISSIONERS FOR WFLD.

Nov 22 1919

The Paymaster & Officer i/c Records
St. John's Wfld.

Sir:-

I have the honour by direction, to advise
No. 3353 you that the claim for pension on account of the
Rank Cia Marginally noted has been considered by the
Name Squires Board, and it has been ordered that if there is
an allotment, Separation allowance, or Patriotic Fund
allowance, being paid on his account, that it should
be cancelled from Nov 1st 1919

Kindly govern yourself accordingly, and
advise me of the amount paid by your De t., on
this account.

I have the honour to be,

SIR,

Your obedient servant,

C. Coke
Asst. Secretary.

B.P.C. Form 11.

Discontinued
31/10/19

Lydia Squires
Gambo B.B.

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.
Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to

No.....

St. John's

October 20/19

To :- The Paymaster & O. 1/c Records.
From:- The board of Pension Commissioners.

3353 Pte. Cecil AIsquires, deceased.

Kindly continue the allotment in the above
mentioned case until Dec. 31st, after which date
it is the Board's request that same be cancelled.

C. Clift
Asst. Secy.

LBD.

*OK
JP*

*To be cancelled 31/10/19
See cancellation form dated
Nov 22/19*

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.
Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to

No.....

St. John's

July 11/19

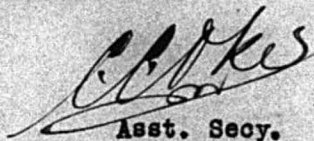
Capt. J. M. Howley,
Paymaster & O. i/c Records,
City.

3353 C. A. Squires.

Dear Sir:-

Kindly continue the above mentioned man's
allotment until Dec. 9th/19 after which date
it is the Board's wish that you have same cancelled.

Yours faithfully,


Asst. Secy.

PROGRESS BOND

MADE IN CANADA
CCO/LBD.

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

M.B.N.
1913

Dept. of Militia,

St. John's.

1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of service of
the late No. 3353 Rank *Sgt*

Name *Bessie A. Squires*

Royal Newfoundland Regt.

Joseph Squires (Sgd.)

Father Relationship.

Address *Gambo. Nfld*

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 21 1921 1921.

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

Mr. Joseph Squirew (Father)

in respect of his service as No. 3353 Rank Pte.

Name Cecil A. Squires

Royal Nfld. Regt.

Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received

Oct-29th 1921

Signature

Joseph Squirew

Date

Nov 19th 1921

Address

Gambo

[P.T.O.]

FIELD SERVICE.

C.R. 3353
Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

Newfoundland
REGIMENT OR CORPS }
Squadron, Troop, Battery or Company } O. Coy.
Regimental No. SP3353 Rank Private.
Surname Squires. Christian Names G.
Died { Date 9/10/17. Place France or Belgium.
Cause of Death* Killed in Action.
Nature and Date of Report B 213 4/12/10/17.
By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place _____ Date _____
By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received
(b) in Small Book (if at Base) Not received
(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G. Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date E. E. C. 3rd. Echelon. 15/10/17.
Signature of Officer in charge of Section } End. Lt. for Mjr. J.
Adjutant-General's Office at _____ } Officer i/c Co. 1 Infantry Section.

FIELD SERVICE.

C.R. 3353
Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT OR CORPS Newfoundland **Squadron, Troop, Battery or Company** G Coy.

Regimental No. SPANN-3355 **Rank** Private.

Surname Squires. **Christian Names** G.

Died { **Date** 9/10/17. **Place** France or Belgium.

Cause of Death* Killed in Action.

Nature and Date of Report B 213 4/12/10/17.

By whom made G.C. Unit.



* Specialty state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { **Place** _____ **Date** _____

By whom reported _____

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received

(c) as a separate document Not received

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with the Report.

Station and Date G.H.Q. 3rd. Echelon **Signature of Officer in charge of Section** G.H. [Signature] **Adjutant-General's Office at the Base** 2nd. Lt. for Mjr.


15/10/17.

Officer i/c No. 1 Infantry Section.

DUPLICATE

Casualty Form—Active Service.

Regiment or Corps Newfoundlanders
 Rank Pte Surname Lewis Christian Name Cecil
 Religion Methodist Age on Enlistment 20 years 2 months.
 Enlisted (a) 20.12.16 Terms of Service (a) Duration Service reckons from (a) 20.12.16
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
Sumberman Signature of Officer.

| Report | | Record of promotions, reductions, transfers, casualties, etc. during active service, as reported on Army Form B. 103, Army Form A. 26, or other official documents. The authority to be stated in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 26, or other official documents |
|-----------------|--------------------|--|--------------------------|-------------------|--|
| Date | From whom received | | | | |
| | |  | Embarked <u>Hampton</u> | <u>11.6.17</u> | |
| | | | Disembarked <u>Rover</u> | <u>12.6.17</u> | |
| | | | Joined Battalion | <u>2 JUL 1917</u> | <u>B 213</u> |
| <u>12/10/17</u> | <u>P. O. Hart</u> | | Killed in Action | <u>9 OCT 1917</u> | <u>B 213</u> |
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J. T. Rough
 MAJOR
 Officer i/c Infantry Section No. 1
 General Headquarters, 3rd Echelon.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of

1st Newfoundland

Number of Sheet

20

Signature of O. C. Company

W. K. [unclear]

| | | | | | |
|----------------------------|--------------------|--|-------------------------------------|------------------|---|
| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay |
| No. | <i>Squires Co.</i> | Age on | <i>20</i> years <i>2</i> months | <i>Lumberman</i> | |
| Joined | Date | Place and Date of Enlistment | <i>St John's</i> <i>20.12.16</i> | Religion | |
| Joined | Date | Period of { with Colours <i>294</i> years. with Reserve <i>365</i> years. | | <i>Meth.</i> | |
| Joined | Date | | | Place of Birth | |
| Joined | Date | | | | |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|-------|-----------------|------|----------------------|--|--------------------|--------------------|---|-----------------|---------|
| | | | | <i>Killed in Action 9th</i> | | | | | |
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| | | | | To be carried over | | | | | |

Army Form B. 121.