



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5099 Name E. Squires Corps CofB

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

1. What is your name? ..... 1. Edward Squires
2. What is your full Address? ..... 2. St. Philip St John West
3. Are you a British Subject? ..... 3. Yes
4. What is your age? ..... 4. 22 Years ..... Months
5. What is your Trade or Calling? ..... 5. Yiselman
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, Edward 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.

Edward Squires SIGNATURE OF RECRUIT.

Sp J R Raymond Signature of Witness.

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

I, Edward 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 on this 17 day of May 1918

Signature of Attesting Officer Erskine 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 compiled with. I accordingly approve, and appoint him to the;

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

Date May 17 1918  
Place St John } 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) .....



C.R. 5099

Extract from Daily Orders Part II Royal Newfoundland Regiment  
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  
29-7-19.

5099, Pte. Ed. Squires.

C.R. 5099

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, July 19th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 15-7-19

5099 Pte. Ed. Squires.

CR. 5099

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

5099 Pte. E. Squires.

Reported at Headquarters 1-7-19 on "Cassandry" which sailed  
Glasgow 24th Jano; 1919.

C.R.

3099

Extract from Daily Orders sent by Major H.S. Sullivan.  
Commanding Newfoundland Forestry Organisation 6-12-18.

The undermentioned having proceeded for duty  
from End, Mt. Royal Hill, Regt. is attached to the  
Strength for rations from this date, and posted to  
"C" Company

~~5098~~ Pte. E. Squires.

5099

C.F. 5099

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.  
St. John's, dated Sept. 9-18.

The Undernoted man proceeded on Special duty to Mount Pearl  
9-9-18.

5099 Pte. E. Squires.

C.R. 5099

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. <sup>41</sup>sgt. St. John's, dated August 12, 1918.

#5099 Pte. Equires.

Discharged from billets (Mrs. Peet's) 12-8-18



C.R.

5099

Extract from Daily Orders part 11, from Unit The Royal  
Hfia, Regt. St. John's, dated August 1, 1918.

#5099 Pte. E. Squires.

~~ADMITTED TO HOSPITAL~~

Discharged from H.I.D. Hospital 31-7-18

C.R. 5099

Ex rect from Nominal Roll Entrained St. John's for Overseas.  
Sept. 22, 1918, "M".

5099 Pte. Squires Abraham.

C.R. 5099

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
St. John's Sept. 24, 18.

THE UNDERNOTED MAN RETURNED FROM SPECIAL DUTY AT MOUNT PEARL.  
19-9-18.

5099 Pte. E. Squires.

C.R. 5099

Extract from Daily Orders part 11, from Unit The Royal  
Hfld. Regt. St. John's, dated May 28th, 1918.

#5099 Pte. E. Squires.

Attested for General Service with the Royal Hfld.  
Regt. from 17.5.18 re port 1.6.18

*E. Squires*

C.R.

5099

*1890*



No. 3505/1609

From: NEWFOUNDLAND CONTINGENT

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

To: ~~Officer Commanding,~~  
~~2/Bn Royal Nfld. Regt.,~~  
~~Winchester~~

NEWFOUNDLAND C. CONTINGENT  
58, VICTORIA ST.  
LONDON, S.W.  
18 JUN 1919  
PAY & RECORD OFFICE

N.F.P. 76.

11th June 1919

June 13th 1919

5099, Pte. E. Squires

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 (227 ):

J. P. Rector LIEUT. COLONEL,  
OFFICER COMMANDING  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-

5099 Squires £3:0:0

Received the sum of £.3.0.0

Cheque £ 3:0:0 is enclosed for payment to this Soldier.

Three Pounds in respect of telegraphic remittance from the Minister of Militia.

Kindly obtain his receipt hereon.

E. Squires & (H.W.)

Chief Paymaster & O. i/c records.

No. 5099 Rank Pte.

Witness: H. White

21584/2483/P&A

2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.

30th December, 8

5099 Pte. E. Squires

11141

Pay to 5099 Squires, £3.0.0.

3.0.0.



No. 21584/2483/P&A

*1314/2483*  
N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

To:

~~Officer Commanding,  
2/Bn. Royal Nfld. Regt.,  
Hazeley Down Camp,  
Winchester.~~

30th December, 1918

Jan 4<sup>th</sup> 1919

Subject: 5099, Pte. E. Squires,

With reference to the following telegram (11141) from the Hon. Minister of Militia, received

Receipt hereunder.

~~W. A. S. Squires, O.1/c for  
Officer Commanding,  
Royal Newfoundland Regiment.~~

Pay to 5099 Squires, £3.0.0.

Received the sum of £3.0.0

Draft £3.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

\_\_\_\_\_ on account of  
cable remittance from Newfoundland.

*A. A. Munnell*  
Chief Paymaster & O. 1/c Records.

E. Squires  
No. 5099 ~~Rank~~ Private

Witness E. Squires  
*mk*

*W. A. S. Squires*

Squires, E

5099

Sept

July 29th 1919.

#5099, Pte. Ed. Squires,  
St. Phillip's, St. John's. W.

Dear Sir:

Enclosed please find Discharge Cer-  
tificate # 3297.

Yours truly,

Capt. <sup>cc</sup> Paymaster.

RS/.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5099 Rank. Pte Name Squires Ed  
 Intended place of residence. St Philips St John  
 2. Occupation Fisherman  
 Classification of soldier. E Medical Category A 1

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 16 1919

*[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 ~~from~~ Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date 15-7-19

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

15  
30  
29  
74

### 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 15-7-19

*[Signature]*  
 Signature of soldier  
*[Signature]*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service... 16-5-18 No. of days on Military  
 Discharged from service... JUL 15 1919 Plus 14 days Service... 440

### 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 JUL 15 1919

*[Signature]*  
 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 29/1919

*[Signature]*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*[Handwritten note]* @ B 2072/3197

# The Royal Newfoundland Regiment

Class for Demobilization:

*E. 6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*July 25/19*

Regimental No. *5099*

Name *Squires, Edward*

Address *St Phillips*

Present Medical Category

*A 1*

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

O. C. Discharge Depot.

*Paterson*

Senior Medical Officer

*W. Borden*

M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5099 Rank Pvt Name Squires Ed  
 Date of Enlistment 16 8 18 Address R. Phillips District St. Johns  
 Occupation Bookkeeper Classification for Discharge 1 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 14 7 19 O. C. Discharge Depot. [Signature]

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

Int. Freeman

Ed + 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 \$6.00

(b) Clothing Supplied [Signature]

Date 15 7 19 O. C. Re-clothing \_\_\_\_\_

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 9909 to his home at St Phillips and Release Certificate No. 3625 issued

Date 16-7-19 *Ambrose*  
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 29-7-19

Date 16-7-19 *Mrs. St*  
Depot Paymaster.

Discharge approved for 15-7-19  
Forwarded with following documents to O.C Discharge Depot.

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

Date 17-7-19 *Ambrose*  
Demobilization Officer.

**APPROVED.**

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 15 1919 *A.R. Cooper Capt.*  
O. C. Discharge Depot.

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

Date .....

## Civil Re-establishment Committee



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

To resume former Occupation.

Squires, E.

Signature of Man.

*M. Bloustein*

Signature of the Vocational Officer or his Representative.

Reg. No. 5099

Place ST. JOHN'S.

Date 15-7-79 191



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

# MEDICAL HISTORY

OF

Surname Squires

Christian Name Edward

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Philips

County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May 1918		191
Declared Age	at	24 years	at	
Trade or Occupation	Fisherman			
Height	5 feet	5 1/2 inches	feet	inches
Weight	110 lbs.			lbs
Chest Measurement	Girth when fully expanded	34 inches		inches
	Range of Expansion	3 inches		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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>Tamm Paterson</u>			
(Rank)	Major		Medical Officer.	
Enlisted	at	S. Johns	at	
	on	16 day of May 1918	on	day of 191
Joined on Enlistment	Corps.	Reserve	Corps	
	Regtl. No.	1099	Regtl. No.	
Transferred to	Nfld. Regt.			
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 case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	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
	Day	Month	Year	Day	Month	Year				
M. I. D. Hospital	12	7	18	29	7	18	Mumps	17	Discharged to Berle to finish quarantine	D. W. Borden
Hazley Down	15	3	14	24	3	19	German Measles	9	20 duty	C. S. M. Mican CAPT. U.S.M.C.





## 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 Office 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 *Squires Edward*

Regiment from which discharged **Royal Newfoundland**

Regimental number *3099*

Intended address *A Phillips Street*

Height on discharge *5* feet *6*

Color of hair on discharge *Dark*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *John*

Christian name of Father *Merchier*

Christian name of Mother \_\_\_\_\_

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *A Phillips 24 Dec. 1896*

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) *Squires Edward* (Rank) *Private*

Station *St John's* Date *14-7-19*

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 of Hospital,  
Unit, or Command Depot.

**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 of health since his entry into military service, or in cases of transfer to Class E, or P. (T), of the Reserve.

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

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

1. Unit and Corps. *Royal Newfoundland*
2. Regtl. No. *5089* 3. Rank. *PRC*
4. Name *Spence* *Edwards*  
(Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *May 16/18* at *St. John's*  
in category (or grade).....
7. Former Trade or Occupation } *fisherman*
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps; with Regtl. Nos.
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;  
(c) Cause of Discharge.  
(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.
12. Place of origin of disability.
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. *and showed his ribs, one has been on right side ever since.*
- Senecopus mumps in St. John's and masts in England went to Forestry Battalion on arrival at report*

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war .. .. .
- (ii.) Previous active service .. .. .
- (iii.) Climate in pre-war service .. .. .
- (iv.) Ordinary military service before the war .. .. .
- (v.) Serious negligence or misconduct on the man's part. } .. .. .
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?  
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

*nothing abnormal in Chest  
 or lungs. Prescribed Exercises  
 (Appendix)*

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 invanded at Foreign Stations.

*Repatration*

*W.E. Procter*

*Poppe Rame*

Station *Kazilly Down*

Medical Officer in charge of case.

Date *13/11/19*

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

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 & RECORDS OFFICE, ST. JOHN'S.

Christian name *Edward* 2. Surname *Squires*

3. Rank *Cpl* 4. Regtl. No. *5899*

5. Address in full to which future payments of gratuity are to be forwarded. *St. Philips, Broad Cove, St. Johns West*

6. Date of enlistment in the Regiment. *May 16/18*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

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. *From May 16/18 to July 16/19*

..... 12

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?

*No.*

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.

*No.*

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

*No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

19. Are you now serving in the Regt.?  
If not give:- (a) Date of discharge  
(b) Reason for discharge

*No.*  
*July 16/19*  
*Demobilization*

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

*No.*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

*No.*

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



his  
Edward X Squires  
next

Signature of Applicant:

Place of Residence:

Declared before me at:

This

21<sup>st</sup> day of

*M. Phillips Broad Cove, N.H.*  
*M. Phillips, next of kin, N.H.*  
*July, 1919.*  
*John W. Carthy*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependents.	War Service GRATUITY.	Net amount due
-----------	---------------	------------------	-----------------------	----------------

.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified correct.

Paymaster



The Department of Militia

\$ 10<sup>00</sup>

The sum of Ten Dollars is due

Mr L. Squires St Phillips For drawing

Reg No 5099 Rank Pte Name L. Squires

From St Johns To St Phillips

*Account for \$ 10.00/100*

DISTRICT OFFICE  
St. John's  
AUG 15 1919  
COMMANDING

ACCOUNT	INITIALS
IND. REGISTER	INITIALS
GEN. LEDGER	INITIALS

4976  
11-8-19

*J. A. Snow*

Captain

Demobilization Officer.

No. 277

**TRAVELLING WARRANT**

Date 2-7-19

**The Royal Newfoundland Regiment**

Seaman  
Please issue 1st Class Passage and Meals for

No. 5099

Rank Cpl

Name Quinn

From - **ST. JOHN'S** - To St. John's

**The Royal Newfoundland Regiment**  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

R. H. Sait MAJOR  
SIGNATURE OF ISSUING OFFICER.

No. 909

# TRAVELLING WARRANT

Date JUL 3 1919

The Royal Newfoundland Regiment

General - \$5.00

Please issue 1st Class Passage and Meals for

No. 3099 Rank TG Name Squires, E

From - ST. JOHN'S - To St. Phillips

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

Albion  
DISTRIBUTION OFFICER,  
DISBURSEMENT OFFICER  
DISBURSEMENT DEPT. NEWFOUNDLAND

Loyal Square

St. Philips

St. John's West \$5.00

No. *R.F. 7*

TRAVELLING WARRANT

Date: *2-7-19*

The Royal Newfoundland Regiment

*Mailman \$5.00*

Please issue 1st Class Passage and Meals for

No. *2099*

Rank

*Pr*

Name

*James G. S. Appin*

To - ST. JOHN'S - From

The Royal Newfoundland Regiment  
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*R. H. [Signature]* MAJOR  
SIGNATURE OF ISSUING OFFICER.

TRAVELLING WARRANT

(Mr) Loyal Squires

St. Philips

St. Johns West \$5.00



Aug. 21, 1919

Mr. L. Squires,  
St. Phillip's, St. John's W.

*J. C. S.*

Dear Sir:

I enclose herewith cheque for  
\$10.00, amount due you for driving Pte. E. Squires  
from St. John's to St. Phillip's.

Yours truly,

Capt.  
Paymaster

LM/

Pte. E. Squires 5099.

DEPARTMENT OF MILITIA  
Regimental Pay Branch.

PAY VOUCHER

\$  $2\frac{10}{100}$ ....

Dec. 17<sup>th</sup> 1921

RECEIVED from the Royal Newfoundland Regiment  
the sum of Two  $\frac{10}{100}$  Dollars  
on account of Guard - Prince of Wales.

Wm Squires  
Edward X Squires  
marks

F. C. R. Witness J. M. Howley

F. C. R.

ACCOUNT	<u>Lucid</u>	INITIALS	
CH. NO.	<u>1057</u>	INITIALS	
IND. LEDGER		INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER		INITIALS	

ST. JOHN'S, JUL 16 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pt. E. Squires

Billeting Soldiers as undermentioned

from July 1/19 to July 16/19

5099 Pt. E. Squires 16.60

ACQUITT	<u>15 + m</u>
OH. NO.	<u>332</u> INITIALS <u>[Signature]</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

Certified correct for \$ 16.60

[Signature]  
Billeting Officer.

E. Squires  
mark with pen

6/15/19

The Royal Newfoundland Regiment..... Dr.

To..

Fredrick Tucker

Driving 5099Pte W.Squires from St. Johns To St Phillips.

( Warrant Attached)

.....\$5.00

*Correct for \$5<sup>00</sup>/<sub>4\*</sub>*  
*R. Edwards*  
*17-79*  
*C.C.B.*

ACCOUNT	<i>Trans. J</i>
CH. NO.	<i>14997</i>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN. LEDGER	INITIALS

*Frederic Tucker*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B. 121.  
39

Number of Sheet 52

Regiment of Royal Newfoundland Signature of O. C. Company W. D. Dicks / Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay					
No.	<u>5099 Squires Edward</u>	Age on	<u>22</u> years	<u>Fisherman</u>						
			months	Religion						
Joined	Date	Place and Date of Enlistment	<u>St Johns</u> <u>17.5.18</u>	<u>C of E</u>						
Joined	Date									
Joined	Date	Period of	with Colours <u>1 3/4</u> years.	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
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Demobilized 29 <sup>7</sup>/<sub>19</sub>.

To be carried over

Army Form B. 121.

5099

**The Royal Newfoundland Regiment**

POPP  
Ivan Williams

DEMOBILIZATION OF

PI-5-01

Reg. No. 5099 Rank *Plt* Name *James Ed*  
 Date of Enlistment *16-2-18* Address *St. Philips* District *St. Johns*  
 Occupation *Historian* Classification for Discharge *F1* Medical Category *F.A.*  
 Recommendation S.M.B. Disability Rating *11-7-11*

Passed to Demobilization Officer with following documents:—

N.F. P 86	B 268	B 121	N.F. Med. <i>PI-5-01</i>	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 178	D 400B	Form L	do 3rd	" 4
B 178a	D 400C	Form K	do 4th	" 5
B 178b	B 103	ME 2		" 6
B 178c	B 120	M 93		

Date *11-7-19* O. C. Discharge Depot *James H*

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am *Ed + James* in a position to resume civilian occupation *with James*

Particulars passed to Vocational Officer for information and action.

Date *15-7-19*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable *\$60.00*
- (b) Clothing Supplied *Amber*

Date *15-7-19* O. i/c. Re-clothing:

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 3909 to his home  
at U Phillips and Release Certificate No. 3625 issued.

Date 16-7-19

Amblonst  
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 29-7-19

Date 16-7-19

Amblonst  
Depot Paymaster

Discharge approved for 15-7-19

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
B 179c	B 120	M 93		

Date 17-7-19

Amblonst  
Demobilization Officer

APPROVED.

Documents as above forwarded to:-

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUL 15 1919

R. R. Cooke Capt  
O. C. Discharge Depot

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

Date July 28 1919

Reg. No. *1099* Rank *Pfc* Name *Squires, E. W.*

Attested ..... Address *W. Phillips*

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

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

Returned on S S *Cassandra* Cause *Discharge*

*14719*  
*B-419*

**PASSED TO DEMOBILIZATION OFFICER**

DISCHARGE APPROVED ON DEMOBILIZATION



Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P. or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

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

- 1. Unit and Corps. *Royal Artillery* Former Trade or Occupation *Waterman*
- 2. Regtl. No. *5099* 3. Rank *pl.* 7a. If the soldier claims previous service in Army, he should state—
- 4. Name *Squires, Edward* (a) Former Regts. or Corps; with Regtl. Nos. *1st Bn. 1st Div. 1st Army*  
(Surname) (Christian Name)
- 5. Age last birthday *22*
- 6. Posted for duty on *May 16/18* at *St. John's*  
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: *17 21*  
(c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state:—  
(a) When (b) Where (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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

### Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 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. *developed mumps in St John's measles in England arrival at depot restrained his side and has been on light duty ever since he's been here*

14. State whether the disabilities are

(a) attributable to (b) aggravated by

- (i) Service during the present war .....
- (ii) Previous active service .....
- (iii) Climate in pre-war service .....
- (iv) Ordinary military service before the war .....
- (v) Serious negligence or misconduct on the man's part. } .....

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

In all cases such as facial injuries, eye, ear, nose and throat disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

Nothing abnormal in Chest or lungs, prescribed exercises (Swedish)

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?

Reproduction

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. B. Proamier. Capt RMC

Medical Officer in charge of case.

Station Hazeley Down

Date 13/4/19.....

\* 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