



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 5369 Name James Squires Corps Infantry

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

- 1. What is your name? ..... 1. James Squires
- 2. What is your full Address? ..... 2. 104 Park Lane St. Bay
- 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. Electrician
- 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, James 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.

21/5/18 James Squires SIGNATURE OF RECRUIT.  
J.R.S. & Mary SIGNATURE OF WITNESS.

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

I, James 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 21 day of May 1918

Signature of Attesting Officer Orpicks

### 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 21/5/18 1918 } Approving Officer.  
Place St. John's }

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

5269

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

Name James Squires  
 Apparent age 22 years ..... months. Height ..... feet ..... inches  
 Chest Measurement { Girth when fully expanded 34 inches  
 Range of expansion 3 inches  
 Distinctive marks .....

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Joseph Squires  
414 Fortician Bay | Relationship Uncle  
 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 L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Re-serve not allowed to reckon towards G. C. Pny		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>21-5-18</u>									
Joined at <u>St. John's</u> on <u>May 21-1918</u> <u>Entered on 19 July 1919</u>									
<u>Embarked St. John's S.S. Columbus to Halifax N.S. 22-7-18</u>									
<u>Left for Demobilization 22-5-1919</u>									
<u>Arrived the wife and family 1-6-1919</u>									
<u>Demobilization St. John's 9-7-1919</u>									

Total Service forfeited as above .....

Total Service towards Engagement to 9-7-1919 (date of discharge)    years 234 days  
 Pensions " " " " " " " " " " " "

SEPARATION ALLOWANCE.

Claimant. *Janet Squines* ..... *Mother* .....  
On account of *James Squines* ..... No. *2269* .. Rank *Pte* .....

Decision.....  
.....  
.....  
.....  
.....  
.....  
.....

Date.....

Instructions.....  
.....  
.....  
.....

Allotment of *60<sup>00</sup>* per day payable to *Mrs. Gen. J. Squines*  
his *mother* from *1/7/18* to *8/7/19*.  
Discontinued on account of *being discharged*.

*R. Hammer*.....  
✓

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch)

NOTICE

MOTHER

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned to:

The Paymaster  
Separation Allowance Branch  
St. John's, Nfld.

- (1) Name in full of soldier James Squires Rank T6 Reg't or Unit  Reg't No. 5269
- (2) Age of soldier 22 - Married or single Single
- (3) Name in full of mother Catharine Squires the over mother Age. Occupation Permanent Address  
adopted Son James Squires fisherman Old Perkin
- (4) Give name of your husband dead Age. 60 Occupation fisherman Where employed   
Henry Squires fisherman
- (5) If your husband is not supporting you give the reason. dead
- (6) If your husband is a chronic invalid and totally incapacitated, state nature of malady. (A Medical Certificate must be enclosed with this document stating from what date husband has been totally incapacitated, and for how long incapacity is likely to continue).
- (7) If you are a widow, state date and place of death of your husband Widow Husband dead
- (8) Have you married again since death of above mentioned husband? No
- (9) Names of your other children. Address in full Age. Occupation, Married or single  
Susanna Squires 11 yrs Clara  
Moses Squires 18 Single  
H. George Single  
John Single  
Robert James 7
- (10) State amount earned by (a) Yourself (b) Your husband Can't earn anything
- (11) State amount and source of any other income \$6.00 per year None

- (12) State value of real property belonging to you and your husband 200 <sup>00</sup>/<sub>100</sub>
- (13) State value of personal property belonging to you and your husband 450 <sup>00</sup>/<sub>100</sub>
- (14) If husband is dead state value of real and personal property left by him 450 <sup>00</sup>/<sub>100</sub> poor woman
- (15) Actual amount contributed by soldier during the year prior to his enlistment about 109 <sup>60</sup>/<sub>100</sub>
- (16) Was this amount contributed weekly or monthly Monthly
- (17) Did this amount include payment of son's board, etc? Support of my 6 children
- (18) State your son's trade or occupation prior to enlistment fisherman
- (19) State amount of his wages per week \$18 <sup>00</sup>/<sub>100</sub>
- (20) State name and address of his last employer Duke Hogan Northon Bay
- (21) State amount of monthly support from son since enlistment Nothing
- (22) State amount of allotment received by you from son since enlistment \$10 <sup>00</sup>/<sub>100</sub> per month
- (23) State from what date did you receive Allotment? 1919 June 15 last Allotment
- (24) Actual amount contributed by other children None Weekly \_\_\_\_\_ Monthly \_\_\_\_\_
- (25) Are any of these children in the employ of you or your husband? Two are employed for six months <sup>fishery</sup>
- (26) If not receiving support from other children, state cause. Explain fully. not able to help themselves
- (27) With whom are you residing at present? my own House

(28) Have you made a previous claim for Separation Allowance. If not, why? Give particulars?

*didn't know about it*

(29) Are you already in receipt of any payment from any Patriotic Fund? If so, how much?

*No nothing*

(30) Are you already in receipt of Separation Allowance from any source? If so, how much?

*nothing*

(31) Was the soldier at the time of his enlistment an employee of the Nfld. Government?

*N. I. C. Section man Northern Bay*

(32) In what capacity and in what place?

*Reid Company Sectionman Northern Bay*

(33) Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much?

*Nothing*

I herewith make this solemn Declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath, and in virtue of the evidence Act.

Signature of Applicant-----

*Janet Squires*

Place of Residence-----

*Old Perlem*

Declared and subscribed before me at-----

*Old Perlem*-----this

day of-----

*May 24*-----1926

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

*Wm. R. Bowdley J.P.*

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant.

Signature of member of the Patriotic Fund Committee

*Edwin Moore  
J.P. Minister  
Sergeant Alex March*

JMH/LMG

July 10, 1920

Mrs. Janet Squires,  
Old Perlican.

Dear Madam:

With reference to your application for Separation Allowance, will you please give me further information regarding your relationship to Pts. James Squires, No. 8869; also please state if parents are living and advise me the date of death of your own husband.

Yours truly,

Major  
Paymaster.

# Obituary--Hy. Squires

(Editor Mail and Advocate.)

Dear Sir,—Will you kindly allow me space in the columns of your valuable paper to make a few remarks concerning the death of our late Bro. friend Henry Squires, who passed peacefully away on Thursday, the 8th. He leaves a wife, eight children and one brother to mourn their sad loss. The stroke is a very heavy one to the family, as some of the children are small. The people of the neighbourhood extend their heart-felt sympathy to the bereaved family. Thanking you for space.

URIAH BURSEY.

Old Parlican,

Feb. 25, 1915.



JMH/LMS



DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

July 10, 1920

Mrs. Janet Squires,  
Old Perlican.

Dear Madam:

With reference to your application for Separation Allowance, will you please give me further information regarding your relationship to Pte. James Squires, No. 5269; also please state if <sup>the</sup> parents are living and advise me the date of death of your own husband.

Yours truly,

Major  
Paymaster.

Old Berlican

July 13/1920

Wm. Shaulby

Dear Sir

In Reply to your Letter Concerning my application  
Concerning Pte James Squires Separation allowance  
You ask me to give you some information

Regarding my Relationship to him his Father  
Died. Twenty years ago which my husband was his  
own uncle I took him as a small child then and  
I Recognised him as my own child and he Look to  
me as his mother his Father and mother is Dead he have  
no one to Look to him only me Concerning my own  
husband Death he Dicle 1915 Feb of  
I am sending you the Paper of his Death which  
you shall see for your self.

Yours Truly Janet Squires

JMH/LM.

August 21, 1920

Mrs. Janet Squires,  
OLD PERLICAN.

Dear Madam:

With reference to your application for Separation Allowance, I have been directed to request that you furnish me with the Marriage Certificates of your sons, Simeon and George, also please advise me of the date of death of your husband.

yours truly,

Majör  
Paymaster.

January 19th/22.  
Old Perlican

C.R. 5269

Dear Sir.

I saw by the papers  
that you want pte  
James Squires 5269

address. I am took  
him when he was about  
4 years old. and raised  
him up.

until he was twenty  
one years... And when  
we went to war.

I received his money  
I was left a widow  
with a crowd of  
small children  
he went to W.S.A.

9

One year ago he is  
with his sister.

this is his address.

pte 5269 James Squires  
6 Platt Court

Lawrence Mass.

Yours truly  
Mrs Henry Squires  
Old Pelican

5269

Northern Bay  
February 2<sup>nd</sup> /22

Militia Dept

Dr. Johns  
Or

Looking over the press  
last evening I notice  
in its columns where  
information was asked  
for respecting Private  
James Squires old  
Pelican. Perhaps this  
little insinuation would  
be desirous. The present  
address of him is James  
Squires 6 Platt Court  
Lawrence Mass. U.S.A.

Yours truly

OK  
Rosie Hogan  
Northern Bay

Fold Here

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**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

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Fold Here

OCT 20 1921

1921.

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

is/are forwarded herewith to

James Squires

in respect of his service as No. 5269 Rank Pte.

Name J. Squires Royal Nfld. Regt.  
~~Northamptonshire~~

Receipt of the same should be acknowledged hereon.

Received British War Medal

Signature James Squires

Date Feb. 3, 1922

Address 6 Platt Ct.

Lantern  
Mass. U.S.A.

[P.T.O.]



# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheet One

Forms  
B 121.  
39.

Regiment of Royal Newfound Land

Signature of O. C. Company C. B. Dicks  
*new*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.		Age on	years	months	
<u>5268</u>	<u>Taylor George</u>		<u>24</u>		
Joined	Date	Place and Date of Enlistment			Religion
		<u>St Johns</u>			<u>Cooper</u>
Joined	Date	Period of	with Colours	years	Place of Birth
Joined	Date				
Joined	Date				

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>				<u>9 '19</u>

To be carried over

CP 5269

RECEIPT  
NO. 5269 ..... NAME Geo Squire .....

THIS IS TO CERTIFY THAT I HAVE RECEIVED FROM THE  
DEPARTMENT OF MILITIA AN ISSUE; I.E., TWO INCHES, OF  
BRITISH WAR MEDAL RIBAND.

SIGNED Geo Squire .....

DATE August 30<sup>th</sup> .....  
PLACE Yarnton Bay .....

Reg. No. 5269 Rank Pte Name Squires, J. A.P.O.  
Attested 2-1-5-18 Address Old Perlican  
Allotment 8 mths Certs Allottee Mrs Henry Squires (Mother)  
Date of Allotment 1-7-1918 Returned from Overseas  
Embarked for Overseas JUL 22 1918 Cause

22-5-18 leave

H.L. 30 7/8 to 4/18 returned from leave 6 1/2.  
13 1/2 1st Lt. 2nd Inoc 4-7-18.

C.R. 5269

Extract from Daily Orders Part II Unit The Royal  
Newfoundland Regiment, Depot St. John's, dated  
12-7-19.

The discharge of the undernoted on demobilisation  
has been **CONFIRMED** by Officer i/c Records from  
noted date 8-7-19.

5269, Pte. J. Squires.

C.R.

5269

Extract from Daily Orders Part 11 Unit The Royal Rifle  
Regt. St. John's, June 28th, 1919.

The discharge of the undernoted on demobilization has been  
APPROVED by C.C. Discharge Depot with effect from 24-6-19.

5269 Pte. J. Squires.

C.R.

5269

Extract from Daily Orders part 11, from Unit The Royal  
Nfld. Regt. St. John's, 6405 St. John's, dated July 25, 1918

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

"Columbella " July 23, 1918

#5269 Pte. James Squires.

C.R. 5269

Extract from Daily Orders part 11, from Unit The Royal  
RFLD. Regt. St. John's, dated May 22, 1918.

#5269 Pte. James Aquires.

Attested for General Service with the Royal RFLD. Regt.  
from 21.5.18

5269

August 12th, 1920

No. 5269 Pte. James Squires,  
Old Perlican

Dear Sir:-

Herewith is another 2 inches of  
British War Medal Riband, as requested in your  
letter of July 9th, which states that you have  
lost the one already mailed to you.

Please sign attached receipt and return.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.



REID NEWFOUNDLAND COMPANY.

RAILWAY AND STEAMSHIP LINES.

*Northern Bay*  
 STATION.

*July 9*  
 1920

C.R. 5269

*Militia Department*

*Sr. Johns*

*(Please)*

I lost my service ribbon  
 the other day which I could  
 not help. So please send  
 on another one if at  
 all possible.

*Respyly oblige*

*Pt 5269 James Givies  
 Old Perlican*

Reprint for Royal Nfld. Regt. Army Form B. 178a. *Depot 5269*

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

MEDICAL HISTORY

OF

Surname *Squires*

Christian Name *James*

Table I.—GENERAL TABLE.

Birthplace:—Parish *Old American* County *Nfld*

	SPECIAL RESERVE		REGULAR ARMY	
Examined	on <i>21</i> day of <i>May</i> 1918	on	day of	191
	at <i>S. Johns</i>	at		
Declared Age	<i>30</i> years	days	years	days
Trade or Occupation	<i>Section man</i>			
Height	<i>5</i> feet <i>5</i> inches		feet	inches
Weight		<i>128</i> lbs.		lbs.
Chest Measurement	Girth when fully expanded	<i>34</i> inches		inches
	Range of Expansion	<i>3</i> inches		inches

Vaccination Marks	Right		Left	
	Arm	Number	Arm	Number

When Vaccinated				
Vision	R. E.—V= <i>6/10</i>		R. E.—V=	
	L. E.—V= <i>6/20</i>		L. E.—V=	

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Signature) *Edmund Peterson*  
 (Rank) *Major* Medical Officer.

Enlisted at *S. Johns* on *21* day of *May* 1918

Joined on Enlistment... *The Depot 5269*  
*Headquarters*

Became non-effective by on day of 191 on day of 191  
 (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 Signatures
22-5-18	Vacc 10
13-6-18	Vacc 10
4-7-18	" 50
20-7-18	1 AMO 10

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

10th 20

**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 Welford*.....
2. Regtl. No. *5269* 3. Rank.....
4. Name *Squire J*.....  
(Surname) (Christian Names)
5. Age last birthday... *21*.....
6. Posted for duty on *May 24/18* at *St John's*.....  
in category (or grade).....
7. Former Trade or Occupation } *Sutton Man*
- 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) Where  
(c) Opinion of Court
- (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.

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.)

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.

Station 100 Camp .....

Date .....

*Reparation*

*Cpl Mason*

*Major*

Medical Officer in charge of case.

\* 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

**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of:—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. .. . | .....               | .....             |

Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?

OR

- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazley A Camp* ..... { President or Chairman.  
Date ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.  
Date ..... } Officer in charge, Central Hospital.

OR  
Discharge Approved under Para. 392 ( ) King's Regulations.  
or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
Date ..... O.C. Discharge Centre.

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. *Regt. No. 5256* *Regt. No. 5256* *Regt. No. 5256*..... 7. Former Trade or Occupation } *Section Man*
2. Regt. No. *5256* 3. Rank..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *S. J. M. J.* (Surname) *J.* (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday. *21*.....
6. Posted for duty on *May 21/18* at *S. J. M. J.* 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 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.



**OPINION OF THE MEDICAL BOARD.**

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

21. Give diagnosis and particulars of :—

- (a) Any disability claimed or discovered.
- (b) The present condition thereof.

22. 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 part of the soldier .. .. .	.....	.....

Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? .. .. .

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

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.)

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*  
*Capt. Blencoe*  
*Medical Officer*

Medical Officer in charge of case.

Station H.W. Camp

Date .....

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

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?

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

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

Opinion of Military Member in case of disagreement.

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

Station *Hazelby D. Camp* ..... } President or Chairman.  
 Date ..... } Members.

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station ..... } Only applicable in cases of Patients in Hospitals.  
 Date ..... } Officer in charge, Central Hospital.

OR

Discharge Approved under Para. 392 ( ) King's Regulations.  
 or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station .....  
 Date ..... O.C. Discharge Centre.

5269. Squies.

• Schilly after hours

Recommend Freshy Bm  
for amount to time to  
recapitate.

~~MAIC~~  
C. R. R. C.

9/9/18.

5269

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5269 Rank Plt. Name Squires J  
 Date of Enlistment 21-5-18 Address Old Beligan District Trinity  
 Occupation ..... Classification for Discharge E1 Medical Category A.1  
 Recommendation S. M. B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 23-6-19 .....  
 O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

I am ..... in a position to resume civilian occupation. James X Squires  
mit. J. Squires

Particulars passed to Vocational Officer for information and action.

Eligible for War Service Gratuity

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable ..... \$60.00
- (b) Clothing Supplied ..... new coat

Date 23-6-19 ..... O i/c. Re-clothing

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1900 to his home at W.D. Perkins and Release Certificate No. 2970 issued.

Date 23-6-19 J.A. Smurball  
Demobilisation 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 23-6-19.

Date 23-6-19  
Depot Paymaster

Discharge approved for 24-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

3 Form B

Date 23-6-19 J.A. Smurball  
O. C. Discharge Depot.

### APPROVED.

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents:

## Eligible for War Service Gratuity

Date JUN 24 1919 R.H. Hart Capt.  
O. C. Discharge Depot.

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

Date July 8/19 Amelbath  
Honors Records

### 3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1900 to his home at Walden, New York and Release Certificate No. 2970 issued.

Date

23-6-19

J.A. Snowball  
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 23-6-19.

Date

23-6-19

J.A. Snowball  
Depot Paymaster

Discharge approved for

24-6-19

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

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

3 Form B

Date

23-6-19

J.A. Snowball  
O. C. Discharge Depot.

### APPROVED.

Documents as above forwarded to:—

Officer in Charge Records,  
Board of Pension Commissioners.

with following additional documents.

## Eligible for War Service Gratuity

Date

JUN 24 1919

R.H. Jant  
O. C. Discharge Depot.

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

Date

July 8/19

Wm. L. ...  
Records

Reg. No. *1269* Rank *Plt* Name *Squires, Jas*  
Attested ..... Address *Old Peruvian*  
Allotment..... Allottee .....  
Date of Allotment..... Returned from Overseas *1.6.19.*  
Returned on S.S. *Coronian* Cause *Discharge*

*23 6 19*

**PASSED TO DEMOBILIZATION OFFICER**

*24 6 19*

**DISCHARGE APPROVED ON DEMOBILIZATION**

J. Squires

C.R. 5269

1/10





No. 7654/1499

*33 PD 099892*  
A.P. 790

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2nd Batt. Ryl. Mfld. Regiment  
Winchester.

17th May 1919

May 21<sup>st</sup> 1919.

5269 Pte. J. Squires

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / 19 ( 191 ):

*B. J. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to 5269 J. Squires  
£3. 0. 0.

R. H. R.  
Received the sum of Three pounds

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

\_\_\_\_\_ in respect of telegraphic remittance from the Minister of Militia.

*W. A. Min... ..*

*I saw*

Chief Paymaster & O. i/c records.

No. 5269 Rank Private

Witness: MR. [Signature]

No. 18964/2112

*065507*  
*[Signature]*



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/Bn Royal Nfld. Regt.  
Winchester.

21st November 1918

Nov. 25 1918

Subject: 5269, Pte. J. Squires

With reference to the following telegram (9984) from the Hon. Minister of Militia, received

Receipt hereunder

*[Signature]*

**LIEUT. COLONEL.**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg.          Batt'n,  
Royal Newfoundland Regiment.

Pay to 5269 Squires £2:9:0

Received the sum of Two

Draft £2:9:0 is enclosed for payment to this Soldier.

ounds nine shillings on account of cable remittance from Newfoundland.

Kindly obtain his receipt hereon.

*[Signature]*

Chief Paymaster & O. 1/c Records.

*[Signature]*

No. 5269 Rank Pte

Witness 2930 Pte [Signature]

No. 423/75/P&A

N.F.P./79.

066616

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. R. Nfld. Regt.  
Hazeley Down Camp,  
Winchester.

9th. January, 1919

Subject: 5269. Pte. Jas. Squires.

With reference to the following telegram ( 221 ) from the Hon. Minister of Militia, received

Pay to 5269 Squires - £3:0:0

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

*A. C. Minwell Maj.*  
Chief Paymaster & O. i/c Records.

Jan. 13<sup>th</sup> 1919

Receipt hereunder.

*J. J. Barton* **LIEUT. COLONEL.**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg. 2<sup>nd</sup> Batt'n  
Royal Newfoundland Regiment

Received the sum of Three pounds  
\_\_\_\_\_ on account of

cable remittance from Newfoundland.

Jas Squires <sup>his acct</sup>  
No. 5269 Rank Private

No. 2927/420.

067470  
NEWFOUNDLAND CONTINGENT  
RECORD OFFICE  
58 VICTORIA ST  
LONDON, S.W. 1  
24 FEB 1919

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.  
2nd/Bn. Ryl Nfld Regt.  
Winchester.

19th February 1919

*February 22<sup>nd</sup> 1919*

5269. Pte J. Squires.

Receipt hereunder.

With reference to the following telegram from the Minister of Militia / / ( 36 )

*J. Raton* **LIEUT. COLONEL,**  
**COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.**  
Officer Commdg. *2nd* Batt'n.

"Pay to 5269. J Squires.

£3.0.0.

Received the sum of *Three pounds*

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

*\_\_\_\_\_* in respect of telegraphic remittance from the Minister of Militia.

*A. J. Munn*  
Chief Paymaster & O. i/c Records.

*James Squires*  
No. 5269 Rank Private  
Witness *J. Rockett*

No. 4849/708

N.F.P./79.

From: NEW FOUNDLAND 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 Newfoundland Regt.,  
Hazeley Down Camp,  
Winchester.

27th March 1919

March 29<sup>th</sup> 1919

5269 Pte Squires J.

With reference to the following  
telegram from the Minister of  
Militia / / ( 99 )

"Pay to- 5269 Squires.

£3. 0. 0.

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

Kindly obtain his receipt  
hereon.

Chief Paymaster & O. i/c Records.

Receipt hereunder.

*for*

LIEUT. COLONEL.  
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commandg. 2nd Batt'n.

*H. H. H.*

Received the sum of *Three pounds*  
in respect of

telegraphic remittance from the  
Minister of Militia.

*Savings*  
No. *5269* Rank *Private*

Witness *W. Barnes*

B

Squires Jas

5269

Hay Sept.

July 8, 1919

#5259 Pte. James Squires,

Old Perlican

Dear Sir:-

Please find enclosed Discharge Certificate

#2810

Yours truly

Paymaster & O.i/c records. <sup>Captain</sup>



# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 5269 Rank Pvt Name Squires J  
 Intended place of residence Old Perlican

2. Occupation Freeman  
 Classification of soldier F 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

*J. M. S. Lait*  
 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

23-6-19

*J. A. Bowley Capt*  
 Signature of soldier

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

23-6-19

*James Squires*  
 Signature of soldier

Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 21-3-18 No. of days on Military  
 Discharged from service 24-6-19 Plus 14 days Service 414

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place, ST. JOHN'S

Date

JUN 24 1919

*R. H. Lait Major*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date

July 8/1919

*J. M. Bowley Capt*  
 Officer i/c Records  
 The Royal Newfoundland Regiment

*AFB 2079/2810*

# The Royal Newfoundland Regiment

Class for Demobilization:—

*6.*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date .....

*23.6.19*

Regimental No. *5269*

Name .....

*Squires Jas*

Address .....

*Old Peruvian*

Present Medical Category .....

*A1*

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*RJH Lt Major*  
O.C. Discharge Depot.

*H. Adams*  
Senior Medical Officer

*J. W. Berden*  
M. O. Depot—

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5269 Rank Plt Name James L. Ferguson  
 Date of Enlistment 21-5-18 Address Old Berlioz District Quincy  
 Occupation ..... Classification for Discharge H Medical Category A.1  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. 1736	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 23-6-19

*[Signature]* O. C. Discharge Depot.

## PARTICULARS FOR DEMOBILIZATION

### 1. Civil Re-Establishment.

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

*James L. Ferguson*  
*W. Ferguson*

Particulars passed to Vocational Officer for information and action.

Date .....

### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00

(b) Clothing Supplied *[Signature]*

Date 23-6-19

O i/c. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R. 1900 to his home at Old Pelican and Release Certificate No. 2970 issued.

Date .....

23-6-19

*J.A. Snowball*

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 8-7-19 SUBJECT TO ADJUSTMENT OF OVERPAY.

Date .....

23-6-19

*J.A. Snowball*  
Depot Paymaster.

Discharge approved for .....

24-6-19

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

N.F. P136	B 288	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board Ist.	" 2	1
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
B 179	D 400H	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date .....

23-6-19

*J.A. Snowball*

O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date .....

JUN 24 1919

*R.H. Salt*

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 J+*

Signature of Man.

Reg. No. 5269.

*J. A. Snowlett*

Signature of the Vocational Officer or his Representative.

ST. JOHN'S.

Place

Date 23-6-19.

191



## 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 *Squires, James.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5269*

Intended address *Old Perlican N.B. B.D. Trade Cent*

Height on discharge *5* feet *6*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *Medium*

Figure on discharge *Medium*

Christian name of Father *—*

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 *Old Perlican 3-4-1899*

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)

*James X Squires* <sup>his</sup> <sub>mark</sub> *Mc*  
(Rank)

Station

*W. McEdward* Date *23 6-19*

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

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

Station

Date

Old Perlican  
Trinity Bay

6419

Sept 13<sup>th</sup>

Mr J. M. Howley  
Pay Master -

Dear Sir

I have it  
received Myself  
dont know the reason  
Boys of the same  
Draft have received  
theirs Please Reply

I remain

Yours Truly

James Squires 5269.  
Ch mailed Sep. 13 *MS*

July 11, 1918

#5269 Pte. James Squires,

Old Berlican, T.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 the War Service Gratuity.

Yours truly

Captain,  
Quartermaster & U.I.C. Records



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. 1918.

A complete reply must be given to every question in this Declaration there must be no blanks and no omissions. If 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..... *James Squire*
3. Rank..... *Private* 4. Regt. No. *5209*
5. Address in full to which future payments of gratuity are to be forwarded..... *Old Serjeant, S. B.*
6. Date of enlistment in the Regiment..... *May 20/18*
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 Nfld, if so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service whether in Nfld. or Overseas..... *From May 20/18 to June 23/19*

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?

*No*

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*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

*No*

*June 20/19*  
*Temporary*

(b) Reason for discharge.....  
*Demitted by order*

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.

Signature of Applicant:

Place of Residence:

Declared before me at:

This

*his*  
*James X Squires*  
*West J. B.*  
*Old Post Office, N. B.*  
*N. John's, N. B.*

*23rd* day of *June* 19*19*

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

*John W. Casper*

POST DISCHARGE PAY.

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



ST. JOHN'S, JUN 23 1919

# Royal Newfoundland Regiment.

Billeting Account,

To W. J. Squires

Billeting Soldiers as undermentioned

from June 1<sup>st</sup> /19 to June 21<sup>st</sup> /19

5269 · W. J. Squires 21 60

ACCOUNT	<u>Btm</u>
CHK NO.	<u>24778</u>
IND LEGAL	
PAY	<u>60</u>
GEN. LEGAL	

Certified correct for \$ 21 60

W. J. Squires  
Billeting Officer.

W. J. Squires  
Billings