



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2343 Name John Squire Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--------------------------------------|
| 1. What is your name? | I. <u>John Squire</u> |
| 2. What is your full Address? | 2. <u>South Side Black Head Road</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years — Months |
| 5. What is your Trade or Calling? | 5. <u>Laborer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | II. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, John Squire 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.

John Squire SIGNATURE OF RECRUIT.

R. P. Hallaway Signature of Witness.

F. March 28

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Squire 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 28th day of March 1916

Signature of Attesting Officer R. P. Hallaway

† 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 1916 } Approving Officer.
Place

† 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).....

2343



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2343 Name John Squire Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. John Squire
- 2. What is your full Address? 2. South Side Bad Water Road
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years - Months
- 5. What is your Trade or Calling? 5. Laborer
- 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, John Squire 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.

John Squire SIGNATURE OF RECRUIT.

R. P. Hallaway Signature of Witness.

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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 28 day of March 1916

R. P. Hallaway
Signature of Attesting Officer

CERTIFICATE OF APPROVING OFFICER.

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

Date.....191..... } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name John Squire
 Apparent age 18 years — months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 35 inches
 Range of expansion 2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Benjamin Squire
Saint Side Black Head Road | Relationship Father

Particulars as to Marriage

| | | | |
|--|-----|--|-----|
| (a) Christian and Surname of Woman to whom married, and whether spinster or widow. | | (b) Place and date of marriage. | |
| (c) Present address. | | (d) Initials of Officer verifying entry. | |
| (a) | (b) | (c) | (d) |
| | | | |

Particulars as to Children

| Christian Names | Date and Place of Birth |
|-----------------|-------------------------|
| | |

STATEMENT OF THE SERVICES

| Corps in which served | Rgt. or Depot | Promotion, Reductions, Casualties, &c. | Army Rank | Dates | Service not allowed to reckon for fixing the rate of pension | | Service in Reserve not allowed to reckon towards G. C. Pay | | Signature of Officers certifying correctness of entries |
|--|---------------|--|-----------|-------|--|----------------|--|------|---|
| | | | | | Years | Days | Years | Days | |
| Service towards limited engagement reckons from <u>28-3-16</u> | | | | | | | | | |
| Joined at <u>St John's</u> on <u>March 28th 16</u> | | | | | | | | | |
| <div style="border: 2px solid black; border-radius: 50%; width: 80%; margin: 0 auto; padding: 20px; opacity: 0.5;"> <p style="font-size: 2em; text-align: center;">Action</p> </div> | | | | | | | | | |
| <p><u>Embarked at John's B. Dublin for Oct 19th 16. Embarked for B. & C. 7th</u> <u>Joined Battalion 14-11-17 Wounded 1-12-17 Admitted 55th H. A. 1st Div. 12-11-17</u> <u>Discharged to base details 8-1-18. Joined unit 13-1-18</u> <u>Killed in Action 12-4-1918</u></p> | | | | | | | | | |
| Total Service forfeited as above | | | | | | | | | |
| Total Service towards Engagement to <u>12-4-18</u> (date of discharge) | | | | | <u>2</u> years | <u>16</u> days | | | |
| Pension | | | | | | | | | |

C.R. 2343

Extract from Casualties List No.H.A.17864

2343 Pte. Squires J.

Adm.3 Gen. Dep. Le Treport 27 Dec '17. GSW Thigh L.

C.R. 2343

Extract from War Office List. No. H.A. 16999.

ADMITTED 2nd L^{ieut}. GEN. H. LE TREPORT 2nd., DEC. 1917.

#2543 Pte. J. Squires.

G. S. W. High

EX.

C.R. 2343

Extract from Nominal Roll Draft No. 32: All other ranks from 2/1st
Newfoundland Regt., Avr, 1st Bn 1st Regt., B.C.F. Embarked
Southampton 6/11/17.

2343 Pte. Squires, J

MP

C.R.2343

Extract from Telegram received from London, dated
May 6th, 1918.

#2343 Pte. Squires.

Killed in Action April 12th

May 6th, 1918.

C.R. 2343

Mr. John Squires,
South Side,
Black Head Rd.

Dear Mr. Squires:-

I very much regret to inform you that a report has been received from the Record Office, London to-day stating that No. 2343, Private John Squires was killed in action April 12th.

Upon receipt of further particulars I shall immediately notify you.

Yours faithfully,

Actg. Minister of Militia

WOUNDED & SICK N.C.O.s & MEN OF THE EXPEDITIONARY FORCE - FRANCE

A U S T R A L I A N I M P E R I A L F O R C E

LIST NO. H. 18331

| | | | | | |
|---------------------------|-----------------------|--------------------|-----------------------------|---------------------------|------------|
| 3927 Cpl. Collins, E. | Aust. Eng. 2/Tun. Co. | Adenitic Groin. | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 4983 L/C. Beech, G.W. | 49/Aust Inf. | Mumps..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 5086 Pte. Faulks, W. | 26/Aust Inf. | SW Toe L..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 6746 Pte. Foreyth W.G.M. | 3/Aust Inf. | Tr. Feet..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 6612 Pte. Petersen C.L. | 17/Aust. Inf. | SW Chest & | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 3688 Pte. Neilson, R.A. | 45/Aust Inf. | Legs. | | | |
| 5977 Pte. Little, W.D. | 12/ -do- | Frac. Clavicle... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 4115 Pte. Fraser, E.W. | 21/ -do- | R. Acc. | | | |
| 33479 Gnr. Higginson A.F. | Aust. F.A. 41/11 Bde. | GSW. Ankle. L..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 1107 Dvr. Phillips, H.J | 52/Aust Inf. | SW Hand R..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 2896 Pte. Watts W.E. | 14/ -do- | Crushed Hand... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 17. |
| 13460 Dvr. Bane J.H. | Aust ASC. 5/Sub Pk. | L. Acc. | | | |
| 2297 Pte. McDermott, R.J. | 57/Aust Inf. | Mumps Contact... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 5009 Pte. Dingle, P. | 49/ -do- | & P.U.O. | | | |
| 38 Pte. Lemaire M.H. | 23/ -do- | Corns & Bursitis. | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 1452 Dvr. Young C. | Aust F.A. 4/DAC. | Feet. | | | |
| 546 Pte. Anderson W.J. | 4/Aus. MG Cps. | Burns W..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 6819 Pte. Ramsay J. | 7/Aus. | Debility..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 4226 Pte. Lawrence F. | 7/Aust Inf. | Traumatic Abras. | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| 1271 L/C. Parks, L.R. | 46/ -do- | Foot L & Mumps. | | | |
| 7046 Pte. Richards W.H. | 15/Aust Inf. | Synov. Knee L... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| | | Mumps..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| | | PUD..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| | | NYD. N..... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
| | | GSW. Knee L &... | Adm. 3 Con. Dep. Le Treport | 8 Jan. 18. | |
| | | Hip. R. | | | |
| | | Septic Knee. L... | Adm. 3 Con. Dep. Le Treport | 8 Jan. 18. | |
| | | Chr. Rheum..... | Adm. 3 Con. Dep. Le Treport | 8 Jan. 18. | |

N E W F O U N D L A N D C O N T I G E N T

LIST NO. H.A. 18331

| | | | | | |
|----------------------|-----------------|------------------|------------------|---------------------------|------------|
| 2343 Pte. Squires J. | 1/Newfoundland. | GSW. Thigh L.... | Dis. to Base Dtl | ex 3 Con. Dep. Le Treport | 8 Jan. 18. |
|----------------------|-----------------|------------------|------------------|---------------------------|------------|



106

C.R.

2343

Extract of Casualty received from Pay & Record Office,
London, dated January 2, 1918.

#2343 Pte. J. Squires. ✓

Gunshot wound left thigh.

Admitted 3 Con. Dep. Let Report December 27, 1917.

C.R. 2343

Extract of Casualties received from Pay & Record
Office, London, dated Decembr 16, 1917.

#2343 Pte. J. Squires. ✓

Wounded 3/12/17.

C.R. 2343

#2343 Pte. John Squires.

Extract of Casualty list received December 11, 1917.

Gunshot wound left thigh, mild.

At 2nd Casualty Clearing Station, LeTreport Dec 2nd.

December 11, 1917.

Sir,

191

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2343, Private John Squires, was at 2nd Casualty Clearing Station, Lefreport, December second, suffering from mild gunshot wound in the left thigh.

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Benjamin Squires,
Blackhead Rd.,
South Side.

Colonial Secretary.

C.R. 2343.

Extract of Casualties received from Pay & Record
Office, London, dated December 10, 1917.

#2343 Pte. J. Squires. ✓

Gunshot wound left thigh mild.

Admitted 2 Canadian General Hospital, Le Treport
2nd December 1917.

C.R. 2343

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Sicilian" July 19, 1916.

2343 Pte. Squires J.

C.R. 2343

John Squires. was attested for General
Service with the NEWFOUNDLAND REGIMENT ON Mar. 28th 1916.
Regimental No. 2343 was allotted to Ptes. J. Squires.

AUTHORITY:

Rec'd Ledger;

Dept. of Militia.

March 25th 1919



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

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

Examination of *John Squires*
aged *18 yrs* conducted at *Lab B*
Date: *March 27-16* Recruiting Officer:

NO OF TEST FINDING

- 1 *No.*
- 2 *No*
- 3 *No.*
- 4 *No*
- 5 *No.*
- 6 *No.*
- 7 *Yes.*
- 8 *Yes*
- 9 *No.*
- 10 *u*
- 11 *u*
- 12 *u*
- 13 *u*
- 14 *u*
- 15 *u*
- 16 *u*
- 17 *u*
- 18 *u*
- 19 *6/18 Back*
- 20 *u*
- 21 *u*
- 22 *u*
- 23 *u*
- 24 *u*
- 25 *u*
- 26 *u*
- 27 *u*
- 28 *u*
- 29 *u*
- 30 *u*
- 31 *u*
- 32 *u*

2343

33 *Yes. 1 scar left arm 6 yrs*
34 *5/8"*
35 *24 yrs*
36 *33/35*
37 *900 weeks.*
38 *Parents*
39 *None*

Mr. Benjamin Squires, Southerland Bkham

Signature of Medical Examiners: *A. Peterson*

J. Squires

2348

R. P. W.

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

MEDICAL HISTORY

OF

Surname SquiresChristian Name John

Table I.—GENERAL TABLE.


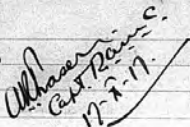


Birthplace:—Parish

County

| | | SPECIAL RESERVE. | | REGULAR ARMY. | |
|---|---|------------------|----------|---------------|------------------|
| Examined | on <u>27th</u> day of <u>March</u> 191 <u>6</u> | on | day of | 191 | |
| | at <u>St John's Rd</u> | at | | | |
| Declared Age | <u>18</u> years — days | | years | days | |
| Trade or Occupation | | | | | |
| Height | <u>5</u> feet <u>8</u> inches | | feet | inches | |
| Weight | <u>124</u> lbs. | | | lbs. | |
| Chest Measurement | Girth when fully expanded... <u>35</u> inches | | | inches | |
| | Range of expansion... <u>2</u> inches | | | inches | |
| Physical Development | | | | | |
| Vaccination Marks | Arm | Right | Left | Right | Left |
| | Number | | <u>1</u> | | |
| When Vaccinated | <u>6 7/8 yrs. ago</u> | | | | |
| Vision | R.E.—V= <u>6/18</u> | | R.E.—V= | | |
| | L.E.—V= <u>6/18</u> | | L.E.—V= | | |
| (a) Marks indicating congenital peculiarities or previous disease | | (a) | | | |
| (b) Slight defects but not sufficient to cause rejection | | (b) | | | |
| Approved by (Signature) | <u>Lammie Paterson</u> | | | | |
| (Rank) | | | | | |
| | <u>Capt</u> Medical Officer. | | | | Medical Officer. |
| Enlisted | at <u>St John's</u> | at | | | |
| | on <u>27th</u> day of <u>March</u> 191 <u>6</u> | on | day of | 191 | |
| | Corps. | Regtl. No. | Corps. | Regtl. No. | |
| Joined on Enlistment | <u>1st Nfeary</u> | | | | |
| | <u>2343</u> | | | | |
| Transferred to | | | | | |
| Became non-effective by | | | | | |
| | on day of 191 | on | day of | 191 | |
| (Signature) | | | | | |
| (Rank) | | | | | |

Table II.—Only for admission to hospital or to the sick list in 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 further use. In cases of syphilis, admissions and readmissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfusion, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|--|----------------------|-------|------|--------------------------|-------|------|-----------------------------------|-------------------------|---|---|
| | Day | Month | Year | Day | Month | Year | | | | |
|  | 30 | 9 | 17 | 17 | 8 | 17 | Gonorrhoea (20) Syphilis (42). | 19 | Gonococcus not demonstrated since 12-8-17. WASSERMANN NEGATIVE. 8-8-17. Had 9 pus Salyt and showed WASSERMANN POSITIVE. 24-8-17. Then Had 2-4 pus Salyt and WASSERMANN NEGATIVE. 12-8-17. Next blood test due 12-8-18. |  |
| | | | | | | | | | | |

SYPHILIS CASE-SHEET.

Regtl. No. *2343* Rank and Name *Pte Squires J* Corps *4th New York Band*Placed on Syphilis Register at *Aberdeen* on *24. 8. 17* No. in Register *127.*Disease contracted at *Ayr.* Primary sore appeared on (date) *12th July 1917.*

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Three small ulcers on prepuce. Five on glans penis*Lymphatic glands *General glandular enlargement. ^{size small pea.}*Skin (nature and distribution of rash) *ait.*Mucous membranes *Throat, capsted & inflamed.*Other symptoms *Gonorrhoea.*Examination of exudate from sore—Spirochaeta Pallida (present or absent) *Not done*Examination of blood serum—(Method employed (original or modification) *M*Wassermann reaction (Result' (positive or negative) *Positive +*Station *Aberdeen.* Date *24. 8. 17* Signature of M.O. *Artraser Capt Rame*

Struck off Syphilis Register at _____ on _____

Cause of being struck off Register

| |
|---------------------------------|
| (a) Recovered |
| (b) Transferred to Army Reserve |
| (c) Discharged from Army |

Station _____ Date _____ Signature of M.O. _____

ORIGINAL.

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT (OR CORPS) Royal Newfoundland. Squadron, Troop, Battery or Company) A.C.O. 7Regimental No. 2343. Rank Private.Surname Squires. Christian Name J.Date 12-4-18. Place France or Belgium.Cause of Death* Killed in Action.Nature and Date of Report B 213 d/22/4/18.By whom made O.C. Unit.

COPY SENT
 O.C. H.Q.
 ST. JOHN'S, N.F.P.
 N.F.P. 36, No. 815/10/16
 DATED 21 MAY 1918

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

(a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.

(c) as a separate document None received.

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

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

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

Station and Date G.H.Q., 3rd Echelon, 29-4-18. Signature of Officer in charge of Section Lieut. for MAJOR

O. I/c No. 1 Infantry Section
G.H.Q., 3rd Echelon

OFFICE COPY.

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 2343

Rank

Private

Name

Squires, J

Died (a) *Julietate* at *France*.on the 12th of *April*.

1918.

Deserted at

on the _____ of _____

191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ s. d. | | | Cr. | £ s. d. | | |
|------|--|---------|----|----|--|------------------------------------|----|----|
| | | £ | s. | d. | | £ | s. | d. |
| | Balance Dr. last month | | | | Balance Cr. last month 12.4.18 | 7 | 16 | 11 |
| | Cash issues (Date of each issue to be stated) | £ s. d. | | | Pay days at _____ from _____ to _____ | | | |
| | | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | |
| | | | | | Messing allowance _____ days at from _____ to _____ | | | |
| | | | | | Kit allowance | | | |
| | | | | | Amount produced by the sale of Effects from Form 2 | | | |
| | | | | | Amount of Savings Bank balance, including interest (if no balance, to be so stated) | | | |
| | | | | | Deferred Pay or Gratuity | | | |
| | Consolidated stoppage | | | | | | | |
| | | | | | | | | |
| | Balance due by the Paymaster | | 7 | 16 | 11 | Balance due to the Paymaster | | |
| | | £ | 7 | 16 | 11 | | £ | 7 |
| | | | | | | | | 16 |
| | | | | | | | | 11 |

I hereby Certify that the above account is correct in every particular, and that the
debtor balance of _____ is correctly chargeable against the Public (b).

Dated at

this

day of

20. MAR 1919

191 .

Paymaster.

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

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

BRANCH
 ACTED UPON
 BY *L.*
 DATE *13/2/18*

Rejoined unit West
 13/1/18
 115 Wallace St.
 Oys.
 Scotland
 10th 2. 15?

DEPARTMENT *205*
 Reference No. *11/11*
 Date Rec'd. *11 FEB 1918*
 Ack'd.
 Dist.

Let me know by return
 anything concerning the con-
 -dition and the whereabouts
 of Pte. John Squires.
 2343

1st Royal Newfoundland Regt.
 Last heard of in Hospital
 and was coming out to rest
 camp.

A Reply to this anxious
 note will be thankfully received
 Yours Respectfully.

P. O. Van-Hollway.

Savines. f.

2343

Pay Dept

DUPLICATE
to
MAIL COPY

PAY LIST.

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland Regiment.
 No. 2343 Rank Private Name Squires J.
 Died^(a) Intestate at France on the 12th of April 1918.
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.)

STATEMENT OF ACCOUNT.

[Form 1.]


| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. | |
|------|--|---|----|----|---|---|----|----|----|
| | Balance Dr. last month | | | | Balance Cr. last month <u>12/4/18</u> | 7 | 16 | 11 | |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at _____ from _____ to _____ | | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | | |
| | 191 | | | | Messing allowance _____ days at _____ | | | | |
| | " | | | | from _____ to _____ | | | | |
| | " | | | | Kit allowance | | | | |
| | " | | | | | | | | |
| | Consolidated stoppage | | | | | | | | |
| | Balance due by the Paymaster | 7 | 16 | 11 | Balance due to the Paymaster | | | | |
| | | £ | 7 | 16 | 11 | £ | 7 | 16 | 11 |

This account is in accordance with advices received at the Pay & Record Office to 19 MAR 1919 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
P.S.A.
19 MAR 1919

I hereby Certify that the above account is correct in every particular, and that the ~~debtor balance of £~~ a VICTORIA is correctly chargeable against the PAY & RECORD CONTINGENT.
London, W.C.

Dated at _____ this _____ day of 19 MAR 1919

1918 
 CHIEF PAYMASTER & OFFICER PAYROLLS

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be appended hereto, if not already sent to War Office with Army Form D, 1010 or Army Form O, 1615.
 (b) Words in Italic to be struck out when there is no debtor balance.

DUPLICATE
to COPY

PAY LIST.

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland Regiment.
 No. 2343 Rank Private Name Squires J.
 Died^(a) Intestate at France on the 12th of April 1918.
 Deserted at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | | Cr. | £ | s. | d. | | | | | | | | | | | | |
|------|--|-----|----|----|---|-----|----|----|----|--|---|--|--|--|--|--|---------------------------------------|--|--|--|--|
| | Balance Dr. last month | | | | Balance Cr. last month <u>12/4/18</u> | 7 | 16 | 11 | | | | | | | | | | | | | |
| | Cash issues (Date of each issue to be stated) <div style="display: flex; justify-content: space-between;"> £ s. d. <table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px;">191</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="text-align: center;">"</td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">"</td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">"</td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table> </div> | 191 | | | " | | | " | | | " | | | | | | Pay days at _____ from _____ to _____ | | | | |
| 191 | | | | | | | | | | | | | | | | | | | | | |
| " | | | | | | | | | | | | | | | | | | | | | |
| " | | | | | | | | | | | | | | | | | | | | | |
| " | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Proficiency, Service or good conduct pay days at _____ from _____ to _____ | | | | | | | | | | | | | | | | |
| | | | | | Messing allowance _____ days at from _____ to _____ | | | | | | | | | | | | | | | | |
| | | | | | Kit allowance | | | | | | | | | | | | | | | | |
| | Consolidated stoppage | | | | | | | | | | | | | | | | | | | | |
| | Balance due by the Paymaster | 7 | 16 | 11 | Balance due to the Paymaster | | | | | | | | | | | | | | | | |
| | | £ | 7 | 16 | | £ | 7 | 16 | 11 | | | | | | | | | | | | |

This account is in accordance with advices received at the Pay & Record Office to 19/3/1919 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED
P.S.A.
19 MAR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public^(b) CONTINGENT.

Dated at _____ day of 19 MAR 1919

1919 
CHIEF PAYMASTER & OFFICER PAYMASTERS

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

ORIGINAL.

Army Form O. 1815

PAY LIST

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland Regiment.

No. 2343

Rank Private

Name Squires J.

Died (a) Intestate at France

on the 12th of April

191 8

Deserted at

on the of

191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

Form 1.

| Date | Dr. | £ | s. | d. | Cr. | £ | s. | d. | |
|------|--|---|----|----|---|---|----|----|----|
| | Balance Dr. last month | | | | Balance Cr. last month 12/4/18 | 7 | 16 | 11 | |
| | Cash issues (Date of each issue to be stated) | | | | Pay days at from to | | | | |
| | | £ | s. | d. | Proficiency, Service or good conduct pay days at from to | | | | |
| | 101 | | | | Messing allowance days at from to | | | | |
| | " | | | | Kit allowance | | | | |
| | " | | | | | | | | |
| | " | | | | | | | | |
| | Consolidated stoppage | | | | | | | | |
| | Balance due by the Paymaster | 7 | 16 | 11 | Balance due to the Paymaster | | | | |
| | | £ | 7 | 16 | 11 | | | | |
| | | | | | | £ | 7 | 16 | 11 |

This account is in accordance with advices received at the Pay & Record Office to 19/MAR 1919 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED. P.S.A. 19 MAR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 7 16 11 is correctly chargeable against the Public (a) Chest (b) of the Newfoundland Regiment.

Dated at this day of 19 MAR 1919

Signature of Paymaster

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

ORIGINAL.

Army Form O. 1625.

PAY LIST. to 191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps Royal Newfoundland Regiment.

No. 2343 Rank Private Name Squires J.

Died (a) Intestate at France on the 12th of April 1918

Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Table with columns: Date, Dr., £, s., d., Cr., £, s., d. Rows include Balance Dr. last month, Cash issues, Consolidated stoppage, and Balance due by the Paymaster.

This account is in accordance with advices received at the Pay & Record Office to 1/11/19 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED P.D.A. 19 MAR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 7 16 11 is correctly chargeable against the Public (b).

Dated at this day of 19 MAR 1919

Signature of Paymaster: J. H. ...

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

I hereby certify that
Benjamin Sejines of St Johns
died Nov 31/17 of Gangrene
of Leg. He had been ailing
for several years with his death
he was unable to
G. Seely

May 31/18

SEPARATION ALLOWANCE.

Claimant... *Squires Emily (mother, widow)*

On account of *John Squires* No. *2343* Rank. *Pte*

Decision... *Approved*
payable from 1/4/17 to 31/8/17

A. E. Hulman M. J. M.
W. F. Russell Capt. C.
M. D. Dudley Maj.

Date *Sept. 13/1919*

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

Allotment of *60⁴* per *day* payable to *Emily Squires*
his *mother* from *1/7/16* to *still current*
Discontinued on account of

L. P. K. E. J.

Annuel married 14/6/03.
Certificate presented 31/5/19.

[Signature]

2073
2481

May 13, 1919

Mrs. Emily Squires,
Blackhead Rd.,
City.

Dear Madam:-

I return, herewith, your application for Separation Allowance, with a request that you take it back to Mr. McCarthy and have it completed in full, particularly giving direct answers to question Eleven (11) and Twenty-four (24).

It is also desired that you have the enclosed Medical Certificate completed by your Doctor, showing your husband's condition previous to his death on March 31, 1917. AS soon as the Form is returned, your application will have further consideration.

Yours truly

Captain,
Paymaster & O.i/c Records

May 13, 1919

W. J. Martin, Esq.,

Registrar of Vital Statistics,
City.

Dear Sir:-

Will you kindly inform me dates of
Marriages of the following sons of Emily and the late
Benjamin Squires, of Black Head Road, namely:

| | |
|------------------|--------|
| Benjamin Squires | Age 39 |
| Samuel Squires | Age 35 |
| William Squires | Age 33 |

Thanking you in advance

Yours truly

Paymaster & O.i/c Records Captain.

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.
(Separation Allowance Branch)

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. Rank. Reg't. or Unit. Regt. No.

Johan Aguires Pte 100th Regt 2363

2. Age of soldier. Married or Single.

21 July Single

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

Emily Aguires 56 South side Black Head rd

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

Benjamin Aguires 63 years Dead

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

Husband died year 31st 1917

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.

Died march 31 1917

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.

| | | | | | |
|-----------------|----------------|-------------------------|-----------|----------------|----------------|
| <u>Benjamin</u> | <u>25/1/11</u> | <u>Wain street west</u> | <u>39</u> | <u>Laborer</u> | <u>married</u> |
| <u>Suzanna</u> | | <u>Water well west</u> | <u>37</u> | | <u>married</u> |
| <u>Daniel</u> | | | <u>35</u> | | <u>married</u> |
| <u>William</u> | <u>5/11/10</u> | <u>South side</u> | <u>33</u> | | <u>married</u> |
| <u>Emily</u> | | <u>South side</u> | <u>30</u> | | <u>married</u> |
| <u>ada may</u> | | <u>London</u> | <u>25</u> | | <u>married</u> |

10. State amount earned by (a) Yourself *Nothing*
(b) Your husband. *—*

11. State amount and source of any other income. *None*

12. State value of real property belonging to you and your husband. *None*

13. State value of personal property belonging to you and your husband. *None*

14. If husband is dead state value of real and personal property left by him. *Nothing left.*

15. Actual amount contributed by soldier during the year prior to enlistment.
Nine Dollars weekly

16. Was this amount contributed weekly or monthly.
weekly

17. Did this amount include payment of son's board etc.
yes

18. State your son's trade or occupation prior to enlistment.
Harbour Labourer

19. State amount of his wages per week.
Was at no regular employment so cannot state wages.

20. State name and address of his last employer. *Mr. McLean*
Gannor ~~at~~ ~~the~~ ~~way~~ ~~beside~~ ~~St.~~

21. State amount of monthly support from son since enlistment. *\$ 18 per month.*

22. State amount of allotment received by you from son since enlistment.
.60 cts day.

23. State from what date did you receive allotment?
August 1916.

24. Actual amount contributed by other children. Weekly Monthly.
Nothing contributed

25. Are any of these children in the employ of you or your husband?
No.

26. If not receiving support from other children, state cause. Explain Fully. *Son & daughter married with families to support*

27. With whom are you residing at present? *With no one*
South side Beach Head road

28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *no*

29. Are you already in receipt of Separation Allowance from any source? If so, how much? *Not certain from which source.*
Received separation allowance 1 month before son was killed & 3 months after death at \$28 per mth. ? Not certain from

30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No*

32. In what capacity and in what place? _____

33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *NO*

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... *Emily X Squires*
Place of Residence... *South Side Blackhead Rd. St. John's*
Declared and subscribed before me at... *St. John's, Nfld.*
this... *24th* ...day of... *April* ...191*9*

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

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

Signature of Clergyman... *Edgar H. Mitchel*

Signature of member of the Patriotic Fund Committee. *Florence L. Peterson*

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number) *2343 - Plt John Squires*
of soldier in respect of whom)
Separation Allowance is claimed)

2. Name and age of said soldier's)
father or other relative.)

3. Is said ~~father or other relative~~ a chronic)
invalid and totally incapacita-)
ted.)

4. Of what nature is disability ?)

5. From what date has this total)
incapacity been existent ?)

6. How long is total incapacity)
likely to continue and what will)
be the effect on earning power.)

7. If not totally incapacitated by)
what per cent in your opinion is)
capacity for work reduced and)
from what date.)

8. Are you the regular attending)
physician ?)

9. Relationship to soldier of)
applicant ?)

I certify that the above statements are correct.

.....Place,
.....Date.

.....
Physician.

May 28, 1919

Mrs. Emily Squires,
Blackhead Road,
City.

Dear Madam:-

On the 13th May I wrote you asking to have Medical Certificate completed by your Doctor, showing your husband's condition previous to his death; I have not yet received this Certificate, and until I do so your case cannot be finalized. I shall, therefore, be obliged if you will let me have same at your earliest convenience. I have also to request that you obtain for me Certificate of Marriage of your son Samuel.

Yours truly

Captain,
Paymaster & O.i-c Records

Oct.14,1919

Mrs. Emily Squires,
Blackhead Rd.,
City

Dear Madam:-

Referring to your application for
separation allowance, I beg to state that same
has been granted, payable from the 1st April
1917 to 31st August 1917, and I enclose cheque
for One hundred dollars (\$100.00) in payment
of same;

Yours truly

Major
Paymaster.

March 16, 1920

From: The Paymaster
To: The Secretary
Board of Pension Commissioners, for W'ld.

Re #284³ Squires, John

The amount paid in continuation of
the above man's allotment is \$412.80.

Major
PAYMASTER

AJI/AM.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 47 ¹⁷/₁₀₀

May 3 1919

Received from the First Newfoundland Regiment
the sum of Forty Seven ¹⁷/₁₀₀ Dollars.
on ~~account~~ balance of Pay. Estab

Emily ^{de} Squier
MOR

Regtl. No. Rank

| | |
|------------------|---------------|
| Ch. No. 19814 | Initials. EEW |
| Pay Ledger. 142 | Initials. WR |
| Gen. Ledger..... | Initials..... |

W Newbury
Witness

DUPLICATE.

Army Form B. 2090A.

FIELD SERVICE

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

REGIMENT Royal Newfoundland.
OR CORPS }Squadron, Troop,
Battery or Company }

A. C. O.

Regimental No. 2343,

Rank

Private.Surname Squires.Christian Name J.Died { Date 12-4-18.Place France or Belgium.Cause of Death* Killed in Action.Nature and Date of Report B 213 d/22/4/18.By whom made O.C. Unit.

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

 State whether he leaves { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
 a Will or not { (c) as a separate document None received.

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

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

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

Station and Date G.H.Q., 3rd Echelon, Signature of Officer in charge of Section
Date 29-4-18. Adjutant-General's Office at the Base

Lieut. For

M.C.S.R.

1/c No. 1 Infantry Section

G.H.Q., 3rd Echelon

No. 2343.

Rank

Pt

Name

J. Squires

Southsea

Blackhead Rd

ON HIS MAJESTY'S SERVICE



To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,
St. John's.

.....1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services
the late No. 2343 Bank AB

Name John Squires

Royal Newfoundland Regt.

Emily Squires (Sgd.)

Brother Relationship.

Address South Side





Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Address

SEP 23 1921.

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

Mr. Benjamin Squires (Father)

in respect of his service as No. 2343 Rank Pte.

Name John Squires Royal Nfld. Regt.
Corps.

Receipt of the same should be acknowledged hereon.

Received Victory & British War
medals

Signature Emily Squires (Mother)

Date Oct 12th 1921

Address South Side Blackhol. Rd.

Casualty Form—Active Service.

Regiment or Corps *Newfoundland*

Rank *Pi* Surname *Squires* Christian Name *John*

Religion *C of E* Age on Enlistment *18* years *—* months

Enlisted (a) *28.1.16* Terms of Service (a) *duration* Service reckons from (a) *28.1.16*

Date of promotion to present rank *—* Date of appointment to lance rank *—*

Extended *Labourer* Re-engaged *—* Qualification (b) *—*
or Corps Trade and Rate. *—*

Occupation *Labourer* Signature of Officer. *Donald S. King*



| Report | | Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case. | Place of Casualty | Date of Casualty | Remarks Taken from Army Form B.213, Army Form A.36, or other official documents. |
|--------------------|------------------------|---|----------------------------------|--------------------|--|
| Date | From whom received | | | | |
| | | | Embarked <i>St John's</i> | | <i>6/1/17</i> |
| | | | Disembarked. <i>Raven</i> | | <i>7/1/17</i> |
| | | | Joined Battalion <i>14-11-17</i> | | |
| <i>9/2/17</i> | <i>O.C.</i> | WOUNDED IN ACTION | <i>France</i> | <i>3/2/17</i> | <i>B213</i> |
| <i>9/2/17</i> | <i>55 CCL</i> | <i>Ad 9 W R High</i> | <i>ex 37 FA</i> | <i>1/2/17</i> | <i>E.D. 4466</i> |
| | <i>2 Com Gen Staff</i> | <i>" D</i> | <i>2 Report</i> | <i>2/2/17</i> | <i>HA 16999</i> |
| <i>10.1.18</i> | <i>D.P.A.D</i> | <i>Arrives</i> | <i>Raven</i> | <i>9.1.18</i> | <i>RAV</i> |
| | <i>3 Com Dep</i> | <i>Asst. 9.5.4. High L.</i> | <i>Le Turport</i> | <i>27.12.17</i> | <i>HA 17864</i> |
| <i>14-1-18</i> | <i>Platoon</i> | <i>Joined unit</i> | <i>France</i> | <i>13-1-18</i> | <i>B213</i> |
| | <i>"</i> | <i>Command 10 days FA 110-1</i> | <i>"</i> | <i>14/3/18</i> | <i>O 100 149</i> |
| 22 APR 1918 | <i>Platoon</i> | Killed in Action | <i>MAJOR</i> | 12 APR 1918 | <i>B213</i> |

[Handwritten signature]

(a) In the case of a man who has re-engaged for, or enlisted into Section No. 4 Army Reserve, such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 131.

W. P. Genth & Sons Ltd., Printers, Old Bailey, E.C. 4.
(Incorporated in England) No. 25254
Forms
B. 131.
22.Regiment of 1st. New ZealandNumber of Sheet 1stSignature of O. C. Company Chas. Aynsley

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service Pay or Proficiency Pay | | | | |
|----------------------------|-----------------|------------------------------|----------------------|--|---|--------------------|--|----------------------|-------------------|
| No. | | Age on | years - months | Labourer | | | | | |
| Joined | Date | Place and Date of Enlistment | | Religion | | | | | |
| Joined | Date | | (with Colours | Church of England | | | | | |
| Joined | Date | | with Reserve | Place of Birth | | | | | |
| Joined | Date | | 365 years. | St. John's | | | | | |
| 2343 | Squires, John | 18 | | Labourer | | | | | |
| 24701 | | 4/5/16 | | Church of England | | | | | |
| | | 25/5/16 | | St. John's | | | | | |
| | | | | St. John's | | | | | |
| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order depending on trial | By whom awarded | REMARKS |
| St John's | June 19/16 | Private | | Chasing tobacco on Parade | Sgt Harman | 3 days C.B. | | Chas. Aynsley | St J |
| Apr. | 4/8/16 | " | | Late for 6.30 A.M. Parade | Sergt Booth | 3 days C.B. | 7/8/16 | W. G. Rendell, Major | R.P.H. |
| " | 5/8/16 | " | | | " | | | | |
| " | 6/8/16 | " | | Absent from Church Parade | " | 7 days C.B. | 7/8/16 | W. G. Rendell, Major | R.P.H. |
| " | 7/8/16 | " | | Late for 10.15 A.M. Parade | Cpl McQuirk | 7 days C.B. | 7/8/16 | W. G. Rendell, Major | Target 1 days pay |
| " | 7/8/16 | " | | Inadherence to an N.C.O | Cpl Hodge | 7 days C.B. | 7/8/16 | W. G. Rendell, Major | R.P.H. |
| Apr. | 10/8/16 | " | | Absent from Repair Co | Serjt | 48 hours Detention | 11/8/16 | Major Rendell | Y.M.T. |
| | | | | calls from 5.30 PM to 9.30 PM | Whelan | | | | |
| Apr. | 26/8/16 | " | | Absent from 6.30 am. Parade until 9 am. | Cpl Crawford | 2 days C.B. | 26/8/16 | Capt. Fox | P.E.P. |
| Invine | 7/9/16 | " | | Absent from Parade 6.30 a.m. until 8 am. | Corp. McQuirk | 3 days C.B. | 7/9/16 | Captain Fox | Pa. 6. |
| Apr | 10/9/16 | " | | Absent from 8.15 Parade | Corp. Norman | 2 days C.B. | 11/9/16 | Capt. Ledingham | R.P.H. |
| | | | | To be carried over | | | | | |
| | | | | Killed in Action. 12/11/16 | | | | | |

Brought forward

| | | | | | | | | |
|-----------------------|----------|--------|--|---------------------------------|-------------------|---------------|-------------------|-----------------------|
| Racbaum | 29.9.16 | Pke. 1 | Drum public street | Sgt Whaley Pke. 1000 | Aborn linked | 2.10.16 | Lt. Col. Whitaker | J.F.B. |
| Ays | 1.10.16 | - | Absent 8 a.m. parade | Cpl. Norman | 2 days | C.B. 12.10.16 | Capt. Leighton | 28 |
| 2 days | 16.10.16 | - | from 12 noon until 12 noon 17.10.16 | Cpl. Peter | 3 days | C.B. 17.10.16 | - | 28 for full 1 day for |
| Newton Park School | 5-11-16 | " | Absent from dinner parade | Lt. Parsons | 3 days | L.B. | 6-11-16 | " |
| do | 29/17 | " | Duty rifle mounting guard. | Lt. Green | 3 days | L.B. | 30/17 | Capt. Robertson |
| do | 5/1.17 | - | Absent from Sick parade | Sgt. Braithwaite | 2 days | C.B. | 5/1/17 | Lt. B. Parson 2nd Lt. |
| do. | 8.1.17 | " | In bed after Revueille. | " | 2 days | C.B. | 9.1.17 | Lt. Barland 2nd Lt. |
| do. | 29.2.17 | " | Insolence to an N.Co. | Sergeant Braithwaite | | | | |
| Racourse | 9/3/17 | " | omissions 3.30 parade | Capt. Whaley 168 N.M. 21 Nov | 3 days | L.B. | 29.3.17 | Lt. Col. Whitaker |
| " | 14/4/17 | " | Absent from 12.20 | Cpl. Birch | 3 days | L.B. | 10/4/17 | Capt. Robertson |
| " | 17/4/17 | " | Absent from 6.30 A.M. Parade | " | 3 days | L.B. | 16/4/17 | 2nd Lt. S. S. Byrne |
| " | 27/17 | " | Absent from parade 8.30 am | Lt. Whiting | 3 days | L.B. | 17/4/17 | 2nd Lt. S. S. Byrne |
| " | 1.5.17 | " | Absent from parade from 6.30 am to 6.50 am | Sgt Braithwaite | 3 days | L.B. | 27/4/17 | Capt. Robertson |
| do | 6-5-17 | " | Absent from tattoo | Sgt | 3 days | L.B. | 7-5-17 | Capt. Robertson |
| do | 23-6-17 | " | Swill call until 11.30 am | Capt. Birch | 168 hrs detention | 23/6 | Lt. Col. Whitaker | Capt. Robertson |
| | | | Absent from 6.30 am parade until 8.30 am | Capt. Birch | | | | |

FIELD SERVICE.

C.R. 2343
Army Form B 2000

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 86, or from other official documentary sources.

REGIMENT Royal Newfoundland. Squadron, Troop, } A.CO.
OR CORPS } Battery or Company }

Regimental No. 2343, Rank Private.

Surname Squires. Christian Name J.

Died { Date 12-4-18. Place France or Belgium.

Cause of Death Killed in action.

Nature and Date of Report B 213 d/22/12/18.

By whom made G.W. Unit.

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

State whether he leaves a Will or not { (a) in Pay Book (Army Book Not received.) (b) in Small Book (if at Base) Not received.
(c) as a separate document None received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.
Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

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

Station and Date G.H.Q., 3rd. Echelon, Signature of Officer in charge of Section Lieut. For
Date 22-4-18. Adjutant-General's Office at the Base

LM-

May 4, 1920

From: Paymaster
To: Board of Pension Commissioners for Mfld.

Re No. 343, John Squires

I have been directed to acknowledge receipt of your letter of April 23, (2221), enclosing cheque for \$412.80 refund of amount paid in continuance of the above man's allotment, and to thank you for same.

Capt.
For Paymaster.