



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3928 Name Leonel Squires Corps C of C

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Leonel Squires</u>              |
| 2. What is your full Address? .....  | 2. <u>Chamblains C.B.</u>             |
| 3. Are you a British Subject? .....  | 3. ....                               |
| 4. What is your age? .....   | 4. <u>35</u> Years ..... Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                   |
| 6. Are you Married? .....  | 6. ....                               |
| 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>no</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 <u>yes</u><br>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. <u>yes</u>                        |

I, Leonel 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.

.....SIGNATURE OF RECRUIT.

Brandon Smith Signature of Witness.

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

I, Leonel 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 2-8-17 day of Aug 1917.

Signature of Attesting Officer W. H. Bailey

### †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 1st .....  
If enlisted by special authority, such will be attached to the original attestation.

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

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

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



3928

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3928 Name Lionel Squires Corps C & A

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

- |  |                                       |
|--|---------------------------------------|
| 1. What is your name? .....  | 1. <u>Lionel Squires</u> .....        |
| 2. What is your full Address? .....  | 2. <u>Chamblain P. B.</u> .....       |
| 3. Are you a British Subject? .....  | 3. <u>yes</u> .....                   |
| 4. What is your age? .....   | 4. <u>19</u> Years ..... Months ..... |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</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 .....<br>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. <u>yes</u> .....                  |

I Lionel 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.

Lionel Squires.....SIGNATURE OF RECRUIT.  
Brandan Summitt.....Signature of Witness.

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

I Lionel 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. Johns on this 2 day of Aug.....1917

Signature of Attesting Officer W. H. [Signature]

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the:.....

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

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

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

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

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Lionel Squires  
 Apparent age 19 years — months. Height 6 feet 1 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Alex Squires  
Chamblain St. R. 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.	
(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 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>2-8-17</u>									
Joined at <u>St. John's</u> on <u>August 2-17</u>									
<u>Discharged July 9, 1919</u>									
		<u>Embarked St. John's St. Honoré to Halifax N.S.</u>		<u>3<sup>10</sup>/<sub>17</sub></u>				<u>Embarked for N.S. 27-3-18</u>	
		<u>Wounded 12-4-18</u>		<u>Admitted 57th Hospital</u>				<u>Joined Bathn. 4<sup>18</sup>/<sub>18</sub></u>	
		<u>Invalided to long land 16-4-18</u>		<u>Admitted St. John's by Bathn.</u>				<u>12-4-18</u>	
		<u>Transferred then posted to the 1st Canadian Depot</u>		<u>Halifax</u>				<u>13-7-18</u>	
		<u>Transferred then posted to the 1st Canadian Depot</u>		<u>Halifax</u>				<u>to N.S. for demobilization 22-5-19</u>	
		<u>Arrived Newfoundland</u>		<u>1-6-19</u>					
		<u>Demobilized at St. John's</u>		<u>9-7-19</u>					

Total Service forfeited as above.....  
 Total Service towards Engagement to 9-7-19 [date of discharge] 1 years 342 days  
 " " Pensions " " " " " " " " " " " "

Medical Report on an Invalid.

Station Hazeley A. Camp  
Date 1 5 19

- 1. Unit Royal New Fed
- 2. Regimental No. 3938
- 3. Rank Pte
- 4. Name House F.
- 5. Age last birthday 21
- 6. Enlisted { on 15. 8. 17  
at St John

- 7. Former Trade } Operator  
or Occupation }
- 7A. If with previous service in Army, state—  
(a) Former Unit;  
(b) Regimental No.;  
(c) Date of Discharge;  
(d) Cause of Discharge.

8. Disability in respect of which invaliding is Proposed.  
(Other disabilities should be reported upon in answer to question No. 19).

nil

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. nil
- 10. Place of origin of disability. nil
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. He states that he contracted Diphtheria April 1918 & Influenza twice.

- 12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
(a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3). Yes  
(b) constitutional or hereditary, and not aggravated by service during the present war.  
(c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance.

13. What is his present condition?

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

*He complains of no disability*

14. If the disability is an injury, was it caused—

*na.*

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

*na.*

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

*na.*

17. If not, was an operation advised and declined?

*na.*

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

*na.*

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*na.*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

*Repatriation*

*M. K. J.*  
*Major J. J. J.*

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station *J. A. Camp*

Officer in charge of Hospital.

Date *1.5.19*

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

† Delete this word if no exceptions are to be made.

C.R. 3928

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 demobilization has been  
CONFIRMED by Officer i/s Records from noted date 9-7-19.

3928, Pte. L. Squires.

C.R. 3928

Extract from Daily Orders Part 11 Unit The Royal Field  
Regt., St. John's, Aug. 2nd, 1917.

9  
3828 Pte. L. Squires.

Attested August 2nd, 1917.



NEWFOUNDLAND CONTINGENT.

CR. 3928

Extract of Nominal Roll of Draft No. 40; 80 Other Rank from  
2nd. Bn., Royal Newfoundland Regiment, Winchester, to 1st. Bn.,  
Royal Newfoundland Regiment, E. E. F.

Embarked Southampton, 27/3/18.

3928 Pte. L. Squires.

C.R. 3928

Extract from Nominal Roll ~~XXXXXXXXXX~~ Embarked St. John's,  
for Overseas, per S.S. FABRIEL, Oct. 3, 1917.

3928 Pte. L. Squires.

C.R. 3928

Extract from Daily Orders Part 11 Unit The Royal  
Hfld. Regt. St. John's, June 27th, 1919.

The Discharge of the undernoted on demobilization has been  
APPROVED by O.C. Discharge Depot with effect from 25-6-19

3928 Pte. L. Squires.

C.R. 3928

Extract from Police Orders Part 11 Depot. St. John's,

Date June 18th 1919.

3928, Pte. L. Squires.

Reported at Headquarters 1/6/19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 3928

Extract from Casualties received from Pay and Record Office, London  
dated 19th August 1918.

3928 Pte. L. Squires

The above mentioned, ex Southern Command Depot on 17/8/18 in accordance  
with A. C. 1 819 of 1918.

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C.R. 3928

Extract from Orders By Lt. Col. Barton, D.S.M. Commanding  
2nd Battalion Royal Wfld. Regt. 24-8-18.

The following having reported back from the 1st Battn is  
taken on the strength and posted to "H" Company:-

3928 Pte. R. Squires. from 23-8-18

C.R. 3928

Extract of Casualties from Pay and Record Office London, dated 4th. July 1918.

3928 PTE. L. SQUIRES

was discharged from the 4th. London General Hospital on 4/7/18, and granted furlough to 13/7/18. Fit for 11 Command Depot.

Authority: A.F. W.3016 from 4th. L.G.H.

C.F. 3928

Extract of Telegram to Synoptical London dated June 13th. 1918.

Pay to as follows:-

3928 Squires 3 pounds.



Country No. \_\_\_\_\_

# NEWFOUNDLAND POSTAL TELEGRAPHS.



C.R. 3928

## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_

Address \_\_\_\_\_

Dept of Militia

Line Number	Rcd	By	Sent	by	Check
-------------	-----	----	------	----	-------

Dated

April 19th, 1916

To

Alex Squires, Chamberlains, C.B.

Regret to inform you that Record Office, London,  
officially reports **No. 3033 Daniel Squires**  
**at St. James Informary Balham G.S.W. left arm slight**

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Acting

Minister of Militia.

FOR TYPEWRITER

Reg. No. 3938 Rank Plt Name Lynnie L.

Attested 2-8-17 Address Chamberlaine C. B.

Allotment 60¢ Allotee Mrs Alex (Jane) Lynnie Mother

Date of Allotment Oct. 1/17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas 3. 10. 17 Cause \_\_\_\_\_

Left 25<sup>th</sup> in row 24 - 29<sup>th</sup>

L. Squires

8928

P. P. U.

**Medical Report on an Invalid.**

Station Hazelton Camp,  
 Date 3-12-18

1. Unit Royal Newfoundland. 7. Former Trade }  
 or Occupation }  
 2. Regimental No. 5922  
 3. Rank Plt  
 4. Name SQUIRES  
 5. Age last birthday  
 6. Enlisted { on  
 at
- 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**

(Other disabilities should be reported upon in answer to question No. 19).

L. S. W. Left arm.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.  
 10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
L. S. W. Lt arm uncomplicated treated 4<sup>th</sup> L. G. H. & discharged with incomplete flexion of elbow. Regained Depot 23-8-18. A Category

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to, or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

*Two scars each size 20 cents  
about front of insertion Deltoid  
muscles Complete flexion at elbow  
Joint now!*

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

15. Was a Court of Inquiry held on the injury?

- If so—
- (a) When?
  - (b) Where?
  - (c) Opinion?

16. Was an operation performed? If so, what?

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

20. Do you recommend—

- (a) Discharge as permanently unfit, or
- (b) Change to England?

*Reputation  
MRC 21  
Major D. S. D. S.*

\_\_\_\_\_  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except †

Station \_\_\_\_\_

\_\_\_\_\_  
Officer in charge of Hospital.

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.

† Delete this word if no exceptions are to be made.









**PAY**

please Remit to 3928 pt L Squines  
Royal Newfoundland Regt  
the sum of 2 pounds  
on account of any balance that  
may be Due Me

Regt No 3928 Rank. pt

Lionel Squines  
St James Infirmary

May 18<sup>th</sup>/18

8043 / 11 / 2.0.0 21/5/18  
JAH

Approved... Wm. MacCormac

M.O.I/ C  
St. James Infirmary,  
Balham. S.W.12.  
18. 5. 18.

NEWFOUNDLAND GOVERNMENT, PAY & RECORDS OFFICE.	
REF. NOS IN	✓ 4680
Rec'd	20 MAY 1918
Ack'd	
REF. NOS. OUT	8043/16
BRANCH	
Comd	20/5/18
P & A	
R & C	
B & E	

8043/16

St. James Infirmary  
Balham, S.W.

22nd May 8

L. Squires

3928

Pte

2:0:0

8115.

6276/8

St. James Infirmary,  
Balham.

25th April

8

3928, Pte. L. Squires,

3658

24 4 18

pay to 3928 Squires £3:0:0

*See No 27*

*BC*



3928.

PTE. L. Squires.

1. ST. Newfoundland Regt.

4. TH. London General Hospital.

Sir.

Please remitt credit due to me. (L. 2) and oblige.

*Handwritten scribble*

3928. PTE. L. Squires.

1. ST. Newfoundland Regt.

4. TH. London General Hospital



*Handwritten scribbles and numbers*

17/6/18  
7758

Receipt No

25. 6. 18.

PTE. L. Squires 3928.  
1<sup>ST</sup> Newfoundland Reg<sup>t</sup>.  
4<sup>TH</sup> London General.  
Denmark Hill

Will you please remitt me £1 off  
credit. And oblige

~~PTE L. Squires 3928.~~  
~~1<sup>ST</sup> Newfoundland Reg<sup>t</sup>.~~  
~~4<sup>TH</sup> London General.~~  
~~Denmark Hill.~~

O.K.

E 1-0-0

25/6/18

JMB

Receipt No. 7885

Eusheed Capt. KB/14  
INITIALS

ORDERLY ROOM  
4th LONDON GEN.  
HOSPITAL.  
25.6.18  
DENMARK HILL, S.E. 6.

NEWFOUNDLAND CONTINGENT  
68, VICTORIA ST.  
LONDON, S.W.

*[Handwritten scribbles]*

25. 6. 18.

PTE L. Squires 3928.  
1<sup>ST</sup> Newfoundland Regt  
4<sup>TH</sup> London General  
Denmark Hill

Will you please remitt me £1 off  
credit. And oblige

~~PTE L. Squires 3928  
1<sup>ST</sup> Newfoundland Regt  
4<sup>TH</sup> London General  
Denmark Hill~~

O.K.  
E1-0-0  
JMM 25/6/18

Receipt No. 7885

Eusheed Capt. NB 26/6/18  
BRANCH INITIALS

ORDERLY ROOM  
\* 4th LONDON GEN. HOSPITAL. \*  
DENMARK HILL, S.E. 6.  
25.6.18

NEWFOUNDLAND CONTINGENT  
68, VICTORIA ST.  
LONDON, S.W. 1  
25 JUN 1918  
\* PAY & RECORD OFFICE \*

11/11

25. 6. 18.

PTE L. Squires 3928.  
1<sup>ST</sup> Newfoundland Regt.  
4<sup>TH</sup> London General.  
Denmark Hill

Will you please remitt me £1 off  
credit. And oblige

~~PTE L. Squires 3928.  
1<sup>ST</sup> Newfoundland Regt.  
4<sup>TH</sup> London General.  
Denmark Hill~~

O.K.  
E1-0-0

JMA 25/6/18

Receipt No. 7885

ORDERLY ROOM  
\* 4th LONDON GEN. HOSPITAL. \*  
DENMARK HILL, S.E. 5.  
25.6.18

NEWFOUNDLAND CONTINGENT  
68, VICTORIA ST.  
LONDON, S.W. 1  
25 JUN 1918  
\* PAY & RECORD OFFICE \*

Eusheed  
Capt. K.B. 26/6/18  
BRANCH INITIALS

11/11

9700/11

4th London Gen. Hospital,  
Denmark Hill. S. E.

18th June 8

3928, Pte. L. Squires

5405

Pay to 3928 Squires £3:0:0

*No Receipt*

RECEIVED	UTRANOM	R1321/6
DATE	ISSUED	



No. 3928 Rank LTJ

Name L. Squire

Pay	F.A.	Wkg	Total	N.F.P.
100	10		110	
Less Allotment			60	
Net Rate			50	

DEBITS	Date	£	s	d	CREDITS	Period		Days	Rate	£	s	d
						From	To					
Balance					Balance		12 <sup>4</sup> / <sub>8</sub>					2 5 2 ✓
Acquittance Rolls			7	4	Pay @ Net Rate	13 <sup>4</sup> / <sub>8</sub>	3 <sup>2</sup> / <sub>8</sub>	82	50	4	00	8 8 6 ✓
Hospital Advances		1	17	6	Rate allowance							1 0 10 ✓
A.B. 64.					10 days @ 7/11							
P.&.R.O. Payments		2	0	0								
V. wt.			3	12								
M.S.V. 4226				4								
Cash 7983	8/7/18	4	6	0								4 6 2 ✓

11-14-6 ✓

7-8-4 ✓

3/7/18



No. 4761/697

From:

NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,  
2/Bn. Royal Newfoundland Regiment,  
Hazeley Down Camp,  
Winchester.

26th March 1919

3928 Pte Squires L

With reference to the following telegram from the Minister of Militia / / ( 98 )

"Pay, to- 3928 Squires  
£5. 0. 0.

Cheque £ 5. 0. 0. is enclosed.  
for payment, to this Soldier.  
Kindly obtain his receipt  
hereon.

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

NEWFOUNDLAND C. N.F.P. /79.  
58 VICTORIA STREET  
LONDON S.W. 1

*March 27 1919*

Receipt hereunder.

*A. Minahan*  
LIEUT. COLONEL.  
OFFICER COMMANDING 2nd BATT'N.  
ROYAL NEWFOUNDLAND REGT.

Received the sum of Five

Pounds £ 5-0-0 in respect of  
telegraphic remittance from the  
Minister of Militia.

Squires L  
No. 9928 Rank pte

Witness

*J. M. Brown*

No. 19255/2143

*065551*

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.



25th November 1918

Subject: 3928, Pte. L. Squires X

With reference to the following telegram (10049) from the Hon. Minister of Militia, received

Pay to 3928 Squires £2:0:0

Draft £ 2:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

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

Chief Paymaster & O. i/c Records.

Dec 5 1918.

Receipt hereunder.

*M. Barton* LIEUT. COLONEL,  
COMMANDING 2ND BN ROYAL NEWFOUNDLAND REGT.  
Royal Newfoundland Regiment

Received the sum of Two  
Pounds on account of  
cable remittance from Newfoundland.

L. Squires  
No. 3928 Rank Pte

Witness. *J. R. Hopkins* & 2ms

Squires, L

3928

Key Sept.

July 9, 1919

#3928 Pte. Pte. Lionel Squires,

Manuel's, C.B.

Dear Sir:-

Please find enclosed Discharge Certificate  
No. 2865.

Yours truly

Captain  
Raymaster & U.i/c Records

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3928 Rank Pte Name Squires L  
 Intended place of residence Manuel W. Main  
 2. Occupation Fisherman  
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of DEMOBILIZATION.  
Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.  
 Place ST. JOHN'S  
 Date JUN 24 1919  
*H. M. St.*  
 Comanding 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 and date ST. JOHN'S  
JUN 24 1919  
*Squires L*  
 Signature of soldier  
*J. A. Howley capt.*  
 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 and Date ST. JOHN'S  
JUN 24 1919  
*Squires L*  
 Signature of soldier  
*James Newman*  
 Signature of witness Sgt.

### STATEMENT OF SERVICE

7. Enlisted for service 2-8-17 No of days on Military  
 Discharged from service 2-5-6-19 PLUS 14 DAYS Service 707

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST. JOHN'S  
 Date JUN 25 1919  
*Ret. Capt Major*  
 Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment.

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.  
 Place St. John's, Nfld  
 Date July 9/1919  
*J. A. Howley capt.*  
 Officer in Charge of Records  
 The Royal Newfoundland Regiment

*A. F. Brogan / 2865*

# The Royal Newfoundland Regiment

Class for Demobilization:—  
E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 24-6-19

Regimental No 3928

Name Squires, Lionel

Rank Pte

Address Marmels

Present Medical Category A1

Recommended for:— (a) Immediate discharge  
(b) ~~Standard Medical Board~~

*R. H. Sait Capt.*

Members of Board

O.C. Discharge Depot,  
(sgnd) L. Paterson  
Senior Medical Officer  
" F. W. Burden  
M. O. Depot

Military Service: 707 days





# 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 24.6.19

Regimental No 3928

Name Squires Lionel Rank Pte

Address Manuels

Present Medical Category A1

Recommended for: — { (a) Immediate discharge  
(b) Standard Medical Board

Members of Board {

R. J. Last Major

O.C. Discharge Depot.

H. Brown  
Senior Medical Officer

H. W. Burden

M. O. Depot

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 5928 Rank CWO Name Squires, Laurel  
 Date of Enlistment 2-8-17 Address St. Mary's Bay District St. Mary's  
 Occupation Fisherman Classification for Discharge E1 Medical Category A1  
 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
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 24-6-19 O. C. Discharge Depot. H. News H.

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.  
 I am.....in a position to resume civilian occupation. Squires L  
 Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

2. Clothing.  
 Certified that Clothing Regulations have been complied with:—  
 (a) Clothing Allowance payable \$60.00  
 (b) ~~Clothing Supplied~~ Embroidered Lt

Date 24-6-19 O. C. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. R1927 to his home at Manuels and Release Certificate No. 2984 issued.

Date 24-6-19 *J. H. Crawford*  
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 9-7-19

Date 24-6-19 *J. H. Crawford*  
Depot Paymaster.

Discharge approved for 25-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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		

*2 Form B*

Date 24-6-19 *J. H. Crawford*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 25 1919 *R. H. [Signature]* MAJOR  
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 resumé former Occupation.

*Squires L*

Signature of Man.

Reg. No. 3928.

*J. A. Snowbapt*  
Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

24-6-19.

191

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

**MEDICAL HISTORY**

Surname Squire

Christian Name Leonel

Table I.—GENERAL TABLE.

Birthplace:—Parish Conception Bay County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>9</u> day of <u>Aug</u> 191 <u>7</u> at <u>Headquarters</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>19</u> years _____ days		_____ years _____ days	
Trade or Occupation	<u>Fisherman</u>		_____	
Height	<u>6</u> feet <u>1</u> inches		_____ feet _____ inches	
Weight	<u>135</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... <u>36</u> inches		_____ inches	
	Range of Expansion... <u>4 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	Arm	_____
	Number	_____	Number	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>6/6</u> L.E.—V= <u>6/6</u>		R.E.—V= <u>        </u> L.E.—V= <u>        </u>	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to cause rejection	(b) _____		(b) _____	
Approved by (Signature)	_____		_____	
(Rank)	_____		_____	
Enlisted	at <u>St Johns</u> on <u>2</u> day of <u>Aug</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
	Corps.	Regt. No.	Corps.	Regt. No.
Joined on Enlistment	<u>1st Lt. 3928</u>		_____	
Transferred to	<u>ROYAL NEWFOUNDLAND REGIMENT</u>		_____	
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
[Signature]	_____		_____	
[Rank]	_____		_____	

Table II.—Only for admission to hospital or to the sick list in case of Warrant Officers treated in quarters.



Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admission and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
The London Hospital St. James's Hospital Balham, London Sectional	16	4	19	4	6	18	New Arm (L)	17 19	Mucumfrentes. Reentered. Incomplete flexion at elbow. Discharged II. 10 days leave.	M. Macormas CMD R. R. P. G. (T.) Registrar, The London General Hospital







## 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 *Lionel Squires*  
 Regiment from which discharged *Royal Newfoundland*  
 Regimental number *3978*  
 Intended address *Manuels*  
 Height on discharge *5 Feet 11*  
 Color of hair on discharge *Brown*  
 Complexion *Ruddy*  
 Color of eyes *Blue*  
 Descriptive Marks  
 Figure on discharge *Tall*  
 Christian name of Father *alex*  
 Christian name of Mother *Jane*  
 Wife's maiden name in full *—*  
 Date and place of marriage *—*  
 Christian names of children *—*

Place and date of soldier's birth *Manuels 1898 Aug 29<sup>th</sup>*  
 Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full) *Squires L* (Rank) *PLC*

Station *S. John's* 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 \_\_\_\_\_

**Medical Report on an Invalid.**

Station Hazelby Down Camp  
 Date 3-12-18

1. Unit Royal Newfoundland Former Trade }  
 or Occupation }  
 2. Regimental No. 3928  
 3. Rank Pte  
 4. Name SQUIRES  
 5. Age last birthday  
 6. Enlisted { on  
 at
- 7A. If with previous service in Army, state—  
 (a) Former Unit;  
 (b) Regimental No.;  
 (c) Date of Discharge;  
 (d) Cause of Discharge.

**8. Disability in respect of which invaliding is Proposed.**

(Other disabilities should be reported upon in answer to question No. 19).

G. S. W. arm (left)

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.  
 10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.  
G. S. W. left arm uncompl-  
icated. Treated at L. G. H.  
and discharged with in complete  
flexion of elbow. Rejoined Depot  
23-8-18. A. Category.

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—  
 (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).  
 (b) constitutional or hereditary, and not aggravated by service during the present war.  
 (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

*Two scars, each size 20 cents  
about point of insertion  
Deltoid muscle, complete  
flexion at elbow joint  
now.*

13. What is his present condition?  
*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*
14. If the disability is an injury, was it caused—  
(a) In action?  
(b) On field service?  
(c) On duty?  
(d) Off duty?
15. Was a Court of Inquiry held on the injury?  
If so—(a) When?  
(b) Where?  
(c) Opinion?
16. Was an operation performed? If so, what?
17. If not, was an operation advised and declined?
18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

*Rehabilitation  
mic  
Majr D.A.S.*

20. Do you recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,  
*except †*

Station \_\_\_\_\_  
Date \_\_\_\_\_

Officer in charge of Hospital.

\*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the 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.**

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease 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.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. (a.) State whether the disability is clearly attributable to—  
(i.) Service during the present war;  
(ii.) Climate;  
(iii.) Ordinary military service;  
(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or  
(v.) Whether it is constitutional or hereditary.
- (b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?
22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?
23. Is the disability permanent?
24. If not permanent, how soon do the Board recommend re-examination?
25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?  
*Degree of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.*
26. If an operation was advised and declined, was the refusal unreasonable?
27. Do the Board recommend—  
(a) Discharge as permanently unfit, or  
(b) Change to England?
28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—  
(a) Sanatorium;  
(b) Hospital;  
(c) Convalescent home;  
(d) Asylum; or  
(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.
29. With reference to Army Council Instruction No. 1275 of 1917, is any surgical appliance recommended?
30. Does the man require the constant attendance of another person?

Signatures:—

Station \_\_\_\_\_  
Date \_\_\_\_\_

Approved.  
Station \_\_\_\_\_  
Date \_\_\_\_\_

President.  
Members.

Administrative Medical Officer.

*Temporary*

Army Form B. 103. OCCUPATION CARDS DISPATCHED 7.8.18. Regimental Number 3928.

**Casualty Form—Active Service.**

Regiment or Corps R. Newfoundland Regt.


Rank Plt Surname Squires Christian Name L

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
or Corps Trade and Rate .....

Occupation Fisherman  Signature of Officer .....

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 ...		
			Disembarked...		
		<u>Joined</u>		<u>13.7.18.</u>	<u>1810.48.15.7.18.</u>
		<u>Occupation Card Dept</u>		<u>7.8.18.</u>	
		<u>Posted 2<sup>nd</sup> R. Newfoundland R</u>	<u>Winchester</u>		
		<u>Category A11</u>		<u>23.8.18.</u>	<u>1810.76.16.8.18.</u>
					<u>Atkinson</u>
					No. 1 Wing Southern Command Depot Perham Down Br. Andover Haunts.

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c. (17591.) W & W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) [P.T.O.]

July 11, 1919

#3988 Pte. Lionel Squires,  
Signals, C.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,  
Paymaster & C., 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. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no omissions. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Lionel* ..... 2. Surname *Squires* .....
3. Rank *pte* ..... 4. Regt. No. *3998* .....
5. Address in full to which future payments of gratuity are to be forwarded..... *Lionel Squires Manuels* .....
6. Date of enlistment in the Regiment. *August 1, 1917* .....
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 dependent..... *not applicable* .....
9. Address in full of such dependents..... *not applicable* .....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier..... *not applicable*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *over seas* .....
- ..... *1 year & 8 months* .....
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *1 year & 10 months* .....
- ..... *1 1/2* .....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

..... *no* .....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.....

..... *none* .....

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.....

..... *not applicable* .....

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?.....

..... *not applicable* .....

19. Are you now serving in the Regt.?..... *yes*. If not give? - (a) date of discharge.....

..... *not applicable* Reason for discharge..... *not applicable* .....

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....

..... *none April 1918* .....

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.....

..... ~~*not applicable*~~ *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:

*Lionel Squires*

Place of Residence:

*Manuels Conception Bay*

Declared before me at:

This

*20*

day of

*June* 19.19...

*N.H.S.D.*

*[Handwritten signature]*

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

POST DISCHARGE PAY.

Date paid

paid

paid

War Service  
Classify.

Net amount  
due

Soldier. Dependence.

.....  
.....

Certified correct.

Paymaster





Forms  
C. 348  
61

**MEMORANDUM.**

3928

From **ADJUTANT**

From

To **Paymaster.**

To

**ANSWER.**

Depot, St. John's

March 26th 191 8

191

Last paragraph of attached letter from J.C.Squires, Chamberlains, for your information and attention, please.

*noted  
J.M.M.*

*J.F. Ready*  
CAPT. & ADJUTANT

Chamberlain

March 23rd  
1918

Capt A Grady

Your note of  
yesterday asking me if  
I received the photograph  
mailed from St John St.  
B. of the draft of men I  
received it alright it  
is a beautiful picture  
I wish my two boys  
was there as well as  
the father, My Son  
920 Pte Lionel Squires  
I have not heard  
from him for nearly  
two months I would  
like to know where

~~2037~~  
he is gone to France  
of course the mails are  
very slow this time  
of the season it makes  
it very hard for me  
with so many away  
with

My Son Lionel's  
money comes to  
Topsail could you  
alter it & put  
Manuel insted  
at  
J C Squires

Mar 25/18

ST. JOHN'S, JUN 24 1919

# Royal Newfoundland Regiment.

Billeting Account,

To Pte L Squires

Billeting Soldiers as undermentioned

from June 1/19 to June 25/19

3928 Pte L Squires	25.00
--------------------	-------

ACCOUNT	B + m
CH NO	24859
IND LEDGER	INITIALS
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

Certified correct for \$ 25.00

*[Signature]*  
 Billeting Officer.  
 Squires L

*[Handwritten initials]*

**Casualty Form—Active Service.**

Regiment or Corps *Royal New South*  
 Rank *Pte* Surname *Squires* Christian Name .....  
 Religion *C* Age on Enlistment ..... months  
 Enlisted (a) *2.8.17* Terms of Service (a) *duration* Service reckons from (a) *2.8.17*  
 Date of promotion to present rank ..... Date of appointment to rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation *Fisherman* *L. F. Garland 2nd Lieut* Signature of Officer.



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>27 MAR 1918</i>		
			Disembarked... <i>29 MAR 1918</i>		
		<b>Wounded in Action</b>	<i>Joined 1st Bn 4/13/18</i>		<i>Buz 24/18</i>
	<i>577a</i>	<i>ad. B.W. Ave. Trans 3rd Bn CB</i>	<i>17/4/18</i>		<i>Ed 164 17/4/18</i>
	<i>24 Gen St</i>		<i>Etaples</i>	<i>14/4/18</i>	<i>1st 21005</i>
	<i>St. Urs de Liege</i>	<b>Transferred to England</b>	<i>16/4/18</i>		<i>W 3083</i>
		<i>N Z Filgate</i>			
		<i>MAJOR</i>			
		<i>Industry Section</i>			
		<i>3rd Echelon</i>			

*[Handwritten signature]*

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.  
 W. 11824—M1188 1000M 1/17 (27227) S P & Co, Ltd. Forms B./103/4 E./354. (P.T.O.)

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of 1st Newfoundland

Number of Sheet First  
Signature of O. C. Company W. White 2/11

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Squires. Lionel</u>	Age on	<u>19</u> years - months	<u>Sickerman.</u>	
Joined	Date	Place and Date of Enlistment	<u>St. John's</u>	Religion	
Joined	Date	Period of	<u>2-8-17</u>	<u>C. of C.</u>	
Joined	Date	with Colours <u>342</u> years.	<u>1</u> <u>365</u> years.	Place of Birth	

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>St Johns</u>	<u>20-9-17</u>	<u>Pte.</u>		<u>1 Spitting in the lavatory</u> <u>2 Insolence to the Lenting</u>	<u>Pte Lambert</u> <u>Sgt. Christian</u>	<u>One Extra Guard</u> <u>" " Piqueet</u>	<u>21-9-17</u>	<u>J J Brady Capt.</u>	<u>1</u>
<u>Hayley Down Camp.</u>	<u>31/1/18</u>	<u>Pte.</u>		<u>" Failing to comply with an order</u> <u>" Refusing to give name &amp; number</u> <u>" Insolence to an N. C. O.</u>	<u>Lt. Stein</u>	<u>14 days C.B.</u>	<u>2/4/18</u>	<u>Lieut. S. Emerson.</u>	<u>1</u>
<u>Hayley Down Camp</u>	<u>8-12-18</u>	<u>PM</u>		<u>Absent from Church Parade</u>	<u>Sgt. Tuffin</u>	<u>2 days' C.B.</u>	<u>9-12-18</u>	<u>Capt. Whitty</u>	<u>1</u>
<u>Demobilized Pte. Johns, 9<sup>7</sup>/<sub>19</sub></u>									

To be carried over

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3928 Rank Cpl Name Squires, Samuel  
 Date of Enlistment 2-8-17 Address St. Ann's Bay District St. John's  
 Occupation Tradesman Classification for Discharge E7 Medical Category A1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 24-6-19 for O. C. Discharge Depot. *[Signature]*

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

I am \_\_\_\_\_ in a position to resume civilian occupation. *Squires S*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 27-6-19 O. C. Re-clothing

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. *R1927* to his home at *Winnipeg* and Release Certificate No. *2984* issued.

Date *24-6-19*

*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

Date *24-6-19*

*J.A. Snowball*  
Depot Paymaster.

Discharge approved for *25-6-19*  
Forwarded with following documents to O.C. Discharge Depot.

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

*2 Form B*

Date *24-6-19*

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

**APPROVED.**

Documents as above forwarded to:—

Officer in Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 25 1919*

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

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

Date *July 1/19*

*James Smith*  
Port Trusts



Reg. No. *8928* Rank *Plt* Name *Squires L.*

Attested ..... Address *Chamberlain's*

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

Date of Allotment ..... Returned from Overseas *29-5-79*

Returned on S.S. *Corsican* Cause *Discharge*

*24 6 19* PASSED TO DEMOBILIZATION OFFICER  
*25 6 19* DISCHARGE APPROVED ON DEMOBILIZATION