



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5081

Name Walker Squires C.F.E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Walker Squires</u> |
| 2. What is your full Address? | 2. <u>S. Philips</u> <u>S. John West</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>Farmer</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? | 11. <u>Yes</u> |

I, Walker 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.

Walker Squires SIGNATURE OF RECRUIT.
J. W. Spittman Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Walker 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 on this 16 day of May 1918.

Signature of Attesting Officer Edwards, Lieut.

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date.....1911
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

5081

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

Name Walter Squires
 Apparent age 19 years 0 months Height 5 feet 4 1/2 inches
 Chest Measurement { Girth when fully expanded 34 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and address of next of kin St. Philips Splus West 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 L'epot | 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>16-5-18</u> | | | | | | | | | |
| Joined at <u>St. Philips</u> on <u>16-1-18</u> | | | | | | | | | |
| <u>Discharged August 11 1919</u> | | | | | | | | | |
| <u>Embarked St. Philips St. Helena to Halifax N.S. 22.7.18.</u> | | | | | | | | | |
| <u>Went proceed to join R.F.S. Toronto on 12.9.18 on one months probation</u> | | | | | | | | | |
| <u>to be enforced absent for demobilization 31.6.1919</u> | | | | | | | | | |
| <u>Arrived the enforced absent 1-7-1919</u> | | | | | | | | | |
| <u>Demobilization St. Philips 1-8-1919</u> | | | | | | | | | |
| Total Service forfeited as above..... | | | | | | | | | |

Total Service towards Engagement to 1-8-1919 [date of discharge] 0 years 78 days
 " " Pensions " " " " " " " " " " " "

C.R. 5081

extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated Aug. 7th 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date
1-8-19.

5081, Pte. W. Squires.

C.R. 5081

Extract from Daily Orders part II, unit the Royal Newfoundland
Regiment dated July 21st. 1919

The discharge of the undernoted on demobilization has been
APPROVED by G. C. Discharge Depot on noted date.

#5081 Pte. W. Squires.

18-7-19.

C.R. 5081

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
St. John's, July 2nd 1919.

5181 Pte. W. Squires.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June 1919.

C.R. 5081

Extract from Daily Orders By Major H.S. Sullivan
Commanding Newfoundland Forestry Company, 25-10-18.

The undermentioned man having rejoined their Unit is
struck off the strength from this date.

5081 Pte. W. Squires.

C.R. 5081

Extract from Orders by Lt. Col. R.J. Barton, R.S.O., Commanding
2nd Bn. Royal Newfoundland Regiment, dated 18/9/18.

The undermentioned will proceed to join the NEWFOUNDLAND FORESTRY
CORPS on one month's probation as from 18/9/18:-

5
5081 Pte. W. Squires.

C.R. 5081

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

The following man embarked for overseas on H.M.S
"Columbella" July 22, 1918.

#5081 Pte. Walter Squires.

C.R. 5081

Extract from Daily Orders part 11, from Unit The Royal Wfla.
Regt. St. John's, dated May 17th, 1918.

#5081 Pte. W. Squires.

Attested for General Service with the Royal Wfla. Regt.
from 16.5.18

W. Squires

C.R. 3081

Paid

Nº 4142 A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Squires, Regl. No. 5081
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz :

Allotment begins July 1/18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------|-------------|----------------------|
| 4820 | Father | Solomon Squires | St Phillips | 60 |
| | | | | |
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| | | | | |
| Total Allotment, \$ | | | | 60 |

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

Sig.) H. G. James / HR
 Officer Commanding
D Company
St Johns
18/6/18 191

(Sig.) Walter Squires
 (Rank) Pte

witness L. Parsons
4630

No. 2826/406.

From: NEWFOUNDLAND CONTINENT

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

To: Officer Commanding,

2nd/Bn. Ryl Nfld Regt.

Winchester.

19th February 1919

February 20th 1919

5081. Pte Squires. W.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (34)

[Signature] LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

"Pay to-5081. Squires.

Received the sum of one pound

£1.0.0.

Cheque £ 1.0.0. is enclosed
for payment to this Soldier.

Kindly obtain his receipt
hereon.

_____ in respect of
telegraphic remittance from the
Minister of Militia.

[Signature]
Chief Paymaster & O. i/c Records.

W. Squires his mark
No. 5081 Rank Private

Witness W. Rockett



P.D. 067463
19/2/19

B

Squires, W

5081

May Dept.

August 1st 1919.

#5081, Pte. W. Squires,
St. Phillip's. S. J. John's. W.

Dear Sir:

Enclosed please find Discharge Certificate # 3464.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5081 Rank P6 Name Squire W.
 Intended place of residence ST. John's

2. Occupation Farmer
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of

DEMOBILIZATION Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place, ST. JOHN'S

Date JUL 18 1919

Musoff
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.

Place, ST. JOHN'S

Date JUL 17 1919

Walter Squire
 Signature of soldier
M. M. M. M.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.

Place, ST. JOHN'S

Date JUL 17 1919

Walter Squire
 Signature of soldier
James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13-5-18 No. of days on Military
 Discharged from service JUL 18 1919 Plus 14 days Service 443

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge, The Royal Newfoundland Regiment, twenty ~~eight~~ ^{fourteen} days from date.

Place, ST. JOHN'S

Date JUL 18 1919

R. R. Cooper Capt.
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed

Place, ST. JOHN'S

Date August 1/1919

W. Bowley Capt.
 Officer in Charge
 The Royal Newfoundland Regiment

209915464

16
20
31
1
78

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

July 16/19

Regimental No.

5081

Name

Squires Walter

Address

St Phillips

Present Medical Category

A 1

Recommended for:— (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

NR Cooper Capt
O. C. Discharge Depot.

Robinson
Senior Medical Officer

Geo Burden
-M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5081 Rank PLC Name Squire W
 Date of Enlistment 13 5 18 Address St. John's District S. J. 10
 Occupation Laminator Classification for Discharge 16 Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

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

Date July 16/19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation. Yes
Walter X Squire
Int. J. Newman

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$600
- (b) ~~Clothing~~ Supplied Ambleton

Date 17-7-19 O. i.c. Re-clothing _____

3. **Transportation and Release Certificate.**

The above named has been provided with Travelling Warrant No. 9934 to his home at A Phillips and Release Certificate No. 3709 issued.

Date 18-7-19

A. M. Colchester
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 18-8-19

Date 18-7-19

A. M. Colchester
Depot Paymaster.

Discharge approved for 18-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. P36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| F 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 | | |

2 Form B

Date 18-7-19

A. M. Colchester
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

JUL 18 1919

Date

L. R. COOPER, CAPT.

O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former Occupation.

Squires W

Signature of Man.

Ambloush

Signature of the Vocational Officer or his Representative.

Reg. No. 3081

Place **ST. JOHN'S.**

Date **18-7-19.**

191

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

MEDICAL HISTORY

OF

Surname Squires

Christian Name Walker

Table I.—GENERAL TABLE.

Birthplace:—Parish S. Philips S. John Dist County Nfld

| | SPECIAL RESERVE | | REGULAR ARMY | |
|---|---------------------------|-------------------|--------------|------------------|
| | on | day of | on | day of |
| Examined | 16 | May | | 191 |
| | at <u>S. Johns</u> | | at | |
| Declared Age | 19 | years | | days |
| Trade or Occupation | <u>Farmer</u> | | | |
| Height | 5 | feet | | inches |
| | | <u>4 1/2</u> | | |
| Weight | | <u>126</u> | | lbs |
| Chest Measurement | Girth when fully expanded | | <u>34</u> | inches |
| | Range of Expansion | | <u>3 1/4</u> | inches |
| | | | | |
| Physical Development | | | | |
| Vaccination Marks | Right | Left | Right | Left |
| | <u>None</u> | | <u>None</u> | |
| When Vaccinated | <u>5 Nov 1910</u> | | | |
| Vision | R.E.—V= | <u>6/6</u> | R.E.—V= | |
| | L.E.—V= | <u>6/6</u> | L.E.—V= | |
| (a) Marks indicating congenital peculiarities or previous disease | (a) | | (a) | |
| (b) Slight defects but not sufficient to cause rejection | (b) | | (b) | |
| Approved by (Signature) | <u>Samuel Peterson</u> | | | |
| (Rank) | <u>Major</u> | | | |
| | Medical Officer. | | | Medical Officer. |
| Enlisted | at <u>S. Johns</u> | | at | |
| | on <u>15</u> | day of <u>May</u> | on | day of |
| | | 19 <u>18</u> | | 19 <u>1</u> |
| | Corps. | Regtl. No. | Corps | Regtl. No. |
| Joined on Enlistment | <u>2nd Regt 5081</u> | | | |
| | <u>Nfld Regt</u> | | | |
| Transferred to | | | | |
| Became non-effective by | | | | |
| (Signature) | on | day of | on | day of |
| (Rank) | | 19 <u>1</u> | | 19 <u>1</u> |

Nfld

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

| Name of Hospital | Admitted to Hospital | | | Discharged from Hospital | | | Disease | Number Days in Hospital | Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospitals will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet. | Signature of Medical Officer |
|------------------|----------------------|-------|------|--------------------------|-------|------|------------------|-------------------------|--|---|
| | Day | Month | Year | Day | Month | Year | | | | |
| Hazley Down | 31 | 10 | 18 | 8 | 11 | 18 | <i>Relapsing</i> | 8 | <i>Improved. Discharged to duty.</i> | <i>R. A. M. O.</i> CAPT. R. A. M. O. |
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Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Walter Squires*

Regiment from which discharged **Royal Newfoundland**

Regimental number *5081*

Intended address *St Phillips.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father *Solomon*

Christian name of Mother _____

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St Phillips, April 16th, 1899*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Walter Squires*

mark
Witness *W. H. Underhay.*

Pte
(Rank)

Station **ST. JOHN'S.**

Date *14-7-19*

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



Medical Officer in Hospital, Unit, or Command Depot.

Station

Date

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

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

1. Unit and Corps. *Royal Newfound Land* Former Trade or Occupation } *Farmer*
2. Regt. No. *5981* 3. Rank. *Plat.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Squires Walter* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regt. Nos.
5. Age last birthday *20*
6. Posted for duty on *16 May/18* at *St. Johns* in category (or grade) *.....*
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*

12. Place of origin of disability.

13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

*joined Sept ang/18
complained of pain in
right side and spasms
sent to Forestry Battalion to recuperate on
return was put in Hospital down with Hepatitis
on discharge was put on light duty and
was examined so ever since with consequent
very good improvement in health*

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

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

15. What is his present condition?

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

*no now complains of no
reusability decreasing
from mil services heart and lungs
normal*

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds; injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Rehabilitated
m r
Medical Officer in charge of
Royal Artillery

Station ... *Hazelbury Down*

Date ... *5.4.19*

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

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

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

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

- Christian name..... *Walter* 2. Surname..... *Squires*
3. Rank..... *Rte* 4. Regtl. No..... *5081*
5. Address in full to which future payments of gratuity are to be forwarded..... *St. Philips St. John's West*
6. Date of enlistment in the Regiment..... *May 16 / 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents..... *No*
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in Mfld. If so, give dates and particulars of such service..... *Overseas*
12. Give total length of time which you served on active service, whether in Mfld. or overseas..... *Fifteen months*

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

No

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

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

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

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

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

19. Are you now serving in the *No* Regt.? If not give - (a) date of discharge *Aug 6/19* (b) Reason for discharge

Demobilization

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

England

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.

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:

Walter S. Squire

Place of Residence:

St Philips, St Johns West.

Declared before me at:

St Johns West

This

31st

day of

August 1919

John W. Corthy

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

| POST DISCHARGE PAY. | | | War Service Gratuity. | Net amount due |
|---------------------|------------------|---------------------|--------------------------|-------------------|
| Date paid | Paid Soldier. | Paid Dependents. | | |
| | | | | |
| | | | | |
| Certified correct. | | | | |

Paymaster

Signature of Applicant:
Place of Residence:
Declared before me at:
This day of

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

No. *R 43*

TRAVELLING WARRANT

\$ 4 ⁸⁰/₁₀₀

Date *2-7-19* The Royal Newfoundland Regiment

Neuman
Please issue 1st Class Passage and Meals for

No. *5081* Rank *Private* Name *Quinn*

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

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

R. H. Sait MAJOR

SIGNATURE OF ISSUING OFFICER.

The Department of Militia:

The sum of *four Dollars* \$ $4.\frac{00}{100}$

Mr. *S. Squires St. Philips* *dividing*

Reg. No. *5081* Bank *Ple* Name *Squires*

from *St. Johns* No. *St. Philips*

Account for \$4.00/100

| | |
|----------|---------------|
| ACCOUNT | <i>Trans</i> |
| CH NO | <i>8891</i> |
| IND LEGB | <i>18 due</i> |
| PAY LEGB | |
| GCY LEGB | |

J. H. Snow Captain
 Demobilisation Officer

2-9-19
Solomon Squires

FORM K

N^o 4142



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Walter Squires, Regl. No. 5081

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

Allotment begins July 1/18

| Identity Certificate No. | Whether Wife, Child, other Relative or Friend | NAME (in full) | ADDRESS | AMOUNT (each person) |
|--------------------------|---|-----------------|---------------------|----------------------|
| 4820 | Father | Solomon Squires | St Phillips | 60 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Total Allotment, \$ | 60 |

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

Sig.) H G James ^{to/lt}
Officer Commanding
St Johns D Company
18/6/18 191

(Sig.) ^{his} Walter Squires
^{mark}
(Rank) Pte

witness L W Parsons
4630

ST. JOHN'S, JUL 18 1919

Royal Newfoundland Regiment.

Billeting Account,

To Pte. W. Squires

Billeting Soldiers as undermentioned

from July 1st 19 to July 18th 19

J. C. S.

5081 Pte. W. Squires 18 80

| | |
|---------|----------------------------------|
| ACCOUNT | <u>BY M</u> |
| CH NO | <u>3194</u> INITIALS <u>(EJ)</u> |
| IND L | --- |
| PAY L | --- |
| C. | <u>18 80</u> |

Certified correct for \$

R. J.

Billeting Officer.

W. Squires per SGR.

MEMO FROM REGISTRAR
Newfoundland
Military Service Act, 1918.

Frank
ACCOUNT _____
CN NO. *3512* _____
IND. LEDGER _____
ST JOHN'S NEWFOUNDLAND
GEN. LEDGER _____
July 19th 1919.

The Department of Militia

The sum of Ten dollars \$10.00 is due Mr N. Hussey
for driving #5081 Pte W. Squires To St Phillips.
Voucher attached.

Correct
for 10.50
M. B. [Signature]
District Officer
NEWFOUNDLAND
JUL 19 1919
COMMANDING
Discharge Depot - Newfoundland
Nathan Hussey

No. 934

TRAVELLING WARRANT

Date 18.7.75 The Royal Newfoundland Regiment

General.

Please issue 1st Class Passage and Meals for

No. 1081 Rank TG Name Squires Row

From - ST. JOHN'S - To at Kelly's

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

[Signature]

SIGNATURE OF ISSUING OFFICER.

Discharge Officer
Discharge Depot-Newfoundland

Mr. M. Hussey

\$10.00

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39-Number of Sheet 631

Regiment of

Royal Newfoundlands

Signature of O. C. Company

C. Drake Lieut.

| Regimental Number and Name | | Enlistment | | Trade | Good Conduct Badges, Service pay or proficiency pay | | |
|----------------------------|-----------------------|------------------------------|--------------------------------|----------------|---|--|--|
| No. | <u>Squires Walter</u> | Age on | <u>19</u> years <u></u> months | <u>Farmer</u> | | | |
| Joined | Date | Place and Date of Enlistment | <u>St John's</u> | Religion | | | |
| Joined | Date | | <u>16.5.18</u> | <u>CPA</u> | | | |
| Joined | Date | Period of | with Colours <u>8</u> years. | Place of Birth | <u>St. Phillips St John's Wat</u> | | |
| Joined | Date | | | | | | |

| Place | Date of Offence | Rank | Cases of Drunkenness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
|----------------------|-----------------|-----------|----------------------|------------------------------|--------------------|--------------------|---|---------------------|--------------|
| <u>Hogues D Camp</u> | <u>26.8.18</u> | <u>PA</u> | | <u>Inattention on Parade</u> | <u>C. M. White</u> | <u>3 days CB</u> | <u>27.8.18</u> | <u>Capt M. Long</u> | <u>M. Ho</u> |
| | | | | <u>Demobilized</u> | <u>St John's</u> | <u>1</u> | <u>19</u> | | |

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5081 Rank PLC Name Squires W
 Date of Enlistment 15.5.19 Address St. Philips District St. John's
 Occupation Farmer Classification for Discharge 1/6 Medical Category AI
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. F36 | B 268 | B 121 | N.F. Med. | R.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 July 16/19 O. C. Discharge Depot St. John's

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am in a position to resume civilian occupation. Yes
Walter X Squires
hit Ironman mark

Particulars passed to Vocational Officer for information and action.
~~UNITED STATES NAVY~~

Date

2. Clothing. LEAD RECORD 5
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable. \$6.00
 (b) Clothing Supplied Amalush

Date 17-7-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 2934 to his home at Phillips and Release Certificate No. 3709 issued.

Date 18-7-19 M. L. Johnston
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 1-2-21

Date 15-7-19 M. L. Johnston
Depot Paymaster.

Discharge approved for 18-7-19

Forwarded with following documents to O.C Discharge Depot.

| | | | | |
|----------|--------|--------|-----------|--------|
| N.F. P36 | B 268 | B 121 | N.F. Med. | D.F. 1 |
| F 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 15-7-19 M. L. Johnston
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Charge Records,
Board of Pension Commissioners.

with following additional documents:

Eligible for War Service Gratuity

Date JUL 18 1919

L. R. COOPER, CAPT

O. C. Discharge Depot.

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

Date Aug 11/19

Reg. No. *1081* Rank *Private* Name *Phillips W.*
Attested Address *St. Phillips*
Allotment Allottee
Date of Allotment *1* Returned from Overseas *JUL 1* 1919
Returned on S S *Cassandra* Cause *breach*

~~189 14~~
~~10 19~~
PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION.

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

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

- 1. Unit and Corps. *Royal Newfoundland*
- 2. Regt. No. *5081* 3. Rank. *Plt.*
- 4. Name *Aguirre* *Halter*
(Surname) (Christian Name)
- 5. Age last birthday. *20*
- 6. Posted for duty on *16 May 1918* at *St. John's* in category (or grade).....
- 7. Former Trade or Occupation } *Farmer*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps; with Regt. Nos.
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge; (c) Cause of Discharge.
- 9. If a Court of Inquiry was held on an injury state—
(a) When (b) Where (c) Opinion of Court
(d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

- 10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
nil
- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of the disability so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.
Joined Depot Aug 1918 Complained of Pain in right side and Anemia sent to Forestry Battalion to recuperate. On return was put in Hazley Down Military Hospital. On discharge was put on light duty and has remained so ever since with consequent very great improvement in health

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

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

15. What is his present condition

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

He now complains of no disability receiving from military service, heart and lungs normal.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

Repatriation
M.K.
Same
 Medical Officer in charge of cases
D.P. M.S.
Royal V.F.C.

Station *Lazely Down*

Date *S. 14.19*

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