

William R. Spruce

2804

ROYA LNEV FOUNDLAND REGT.

Deceased 30-1-53

1914-1918



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2804 Name William Charles Squires Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>William Charles Squires</u> |
| 2. What is your full Address? | 2. <u>Blackhead Road</u>
<u>St. Johns</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>28</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Labourer</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 <u>Corps</u> |
| II. Are you willing to serve upon the conditions as embodied in the Roll of service to be signed by you if you are accepted? | II. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, William Charles 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.

Wm Charles Squires SIGNATURE OF RECRUIT.
Charles Ayr Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, William Charles 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 2nd day of May 1916
Charles Ayr Signature of Attesting Officer

†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 Regt
 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 William Charles Squiers
Apparent age 28 years 3 months. Height 5 feet 8 inches
Chest Measurement { Girth when fully expanded 40 inches
Range of expansion 3 1/2 inches
Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Benjamin Squiers Blackhead Road
St. John's | Relationship Father

Particulars as to Marriage

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
Total Service forfeited as above.....									
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days									
" " " Pension " _____ [" "] _____ " _____ "									

2804



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *2804*

Name *William Charles Squires* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. *William Charles Squires*
2. What is your full Address? 2. *Blackhead Road
St. Johns*
3. Are you a British Subject? 3. *Yes*
4. What is your age? 4. *28* Years *3* Months
5. What is your Trade or Calling? 5. *Labourer*
6. Are you Married? 6. *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. *No*
8. Are you willing to be vaccinated or re-vaccinated? 8. *Yes*
9. Are you willing to be enlisted for General Service? 9. *Yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... } 10. { Name
Corps *Yes*
11. Are you willing to serve upon the conditions as embodied in the roll of service } II. *Yes*
to be signed by you if you are accepted? }

I, *William Charles 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.

26 May 23rd/16. *William Charles Squires* SIGNATURE OF RECRUIT.
Charles H. Ayle Signature of Witness.

I, *William Charles 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 *27th* day of *May*, 191*6*.
Charles H. Ayle Signature of Attesting Officer

†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..... } Approving Officer.
Place..... }

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Charles Squires
 Apparent age 28 years 8 months. Height 5 feet 8 inches
 Chest Measurement { Girth when fully expanded 40 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Benjamin Squires 15 Blackhead Road, St. John's | Relationship Father

Particulars as to Marriage

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>23-5-16</u>									
Joined at <u>St John's</u> on <u>May 23rd 16</u>									
<u>Practiced St John's Oct. 9/1918</u>									
<u>Embarked St John's St. Lucia for No 28th Co</u>									
<u>Embarked St John's for No 28th Co</u>									
<u>Joined 1st Bn. Traws 5-2-17</u>									
<u>Admitted 13th Coy. Traws 12-22-17</u>									
<u>1st Bn. Traws 31-2-17</u>									
<u>Wounded 14-4-17</u>									
<u>Admitted 87th St. Traws to C.S. 21-4-17</u>									
<u>Invalided to England 20-4-17</u>									
<u>Admitted 3rd Lt. W. Wandsworth 21-4-17</u>									
<u>Invalided to England 20-4-17</u>									
<u>Admitted 27th Coy. Traws 27-7-18</u>									
<u>Wounded 12-6-17</u>									
<u>So Kempford Road for discharge 27-7-18</u>									
<u>Admitted 27th Coy. Traws 27-7-18</u>									
<u>Admitted 27th Coy. Traws 27-7-18</u>									
<u>Discharged Medically Unfit 9-10-18</u>									

Total Service forfeited as above.....

Total Service towards Engagement to 9-10-18 (date of discharge) 2 years 140 days
 Pension



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

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

Examination of *William Squires*
aged *25* conducted at *C. L. B.*

Date: *my 23/16* Recruiting Officer:

NO OF TEST FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no - no*
- 10 *+*
- 11 *+*
- 12 *+*
- 13 *Heart like all other 4 - ok. Sw. B. my 27/16.*
- 14 *+*
- 15 *+*
- 16 *+*
- 17 *+*
- 18 *+*
- 19 *1/9 left 6/18 right*
- 20 *+*
- 21 *+*
- 22 *+*
- 23 *+*
- 24 *+*
- 25 *+*
- 26 *5*
- 27 *3*
- 28 *2*
- 29 *+*
- 30 *+*
- 31 *+*
- 32 *+*
- 33 *yes once 12 years ago*
- 34 *5-8*
- 35 *148*
- 36 *36 1/2 / 40*
- 37 *150.0 per month*
- 38 *Parents Mr & Benjamin Squires south side Blackland Rd*
- 39 *Parents*

2804

7/11

Signature of Medical Examiner:

Sw. Burden
Lieut.

C.R. 2804

William C. Squires was attested for General service
with the NEWFOUNDLAND REGIMENT on
Regimental No 2804 was allotted to Pte. W.C. Squires³
May 23rd 1916

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

C.R. 2804

Extract from Nominal Roll of Hfld. Regt. Draft No.16
from 2nd Bn. Depot, to 1st Bn. B.E.F. Embarked South-
ampton, 30-12-16.

2804 Pte. W.C. Squires.

C.R. 2804/

Extract from Daily Orders, Part 11, UNIT: The Royal Newfoundland Regiment, dated October 17th 1918.

Strength Decreases.

2804 Pte. Wm. Squires.

Having been found Medically Unfit is struck off the strength from 9/10/18.

C.R. 2804

Extract from list of men of the Royal Newfoundland Regiment
discharged on various dates.

2804 Pte. aW. Squires,

Discharged 9-10-18, Medically unfit

C.R. 2804

Extract from Medical Board held Sept. 25th, 1918.

2804 Pte. Squires Wm.

Recommended Discharge- Permanently Unfit Out-patient for Massage.

C.R. 2804

Extract from Daily Orders Part 11 By. Lt. Col. Berners, D.S.O.
Commanding 2nd. Bn. Royal Nfld. Regt. dated 18-4-18.

Reference Part 11 Orders No 429 of 10-4-18, The Undermentioned
was married to Miss Mabel Korshaw, 20 Eastgate Street, Winchester,
with effect from Apl. 10th, 1918.

2804 Pte. W.C. Squires.

CR 2804

Extract of Orders Part 11 by Lt. Col., R.A. Berners, D.S.O., Commanding
2nd Bn., Royal Newfoundland Regiment, dated 10/4/18.

The undermentioned is hereby granted permission to marry:

2804 Pte. W. Squires.

C.R. 2804

Extract of casualty List received from PARD, London Dated
April 29th. 1917.

The following s/b O.C. Unit as "Wounded" 14.4.17. Report
dated 15.4.17. ~~Report~~ No previous reports.

2804 Pte. W. Squires.

1st. Newfoundland Regiment.

April 23, 1917.

Dear Sir,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 2804, Private William C. Squires, has now been admitted to Wandsworth.

Yours faithfully,

Colonial Secretary.

Mr. Benjamin Squires,
Blackhead Rd.

April 21, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2804, Private William C. Squires, was admitted to Sixth Stationary Hospital, Frevent, and transferred to train ambulance April 15th, suffering from mild gunshot wound in the right elbow. I trust that later reports will bring news of his convalescence.

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

Yours faithfully,

Colonial Secretary.

Mr. Benjamin Squires,
Blackhead Road.

C.R. 2804

Extract from Nominal Roll Drafts (All Ranks) to 1st Bn.
BdE.F. Embarked Southampton.

2804 Pte. W.C.Squires.

30-12-16.

C.R. 2804

Extract from Nominal Roll Embarked St. John's for Overseas,
28/8/16.

2804 Pte. W.C. Squires.

2804

Sept. 26th 1918

From Assistant Adjutant - Headquarters
To Paymaster & Officer i/c Records.

2804, Private Wm. Squires.

Above noted man has been recommended for discharge
& out-patient for Massage.
as permanently unfit by Medical Board, held on Wed-
nesday, September 25th. I am sending him herewith
for your attention and necessary action please, and
have given him verbal instructions to report to the
D. M. S. after he has finished his business with you.

Copy to D.M.S.

CCD/WFC

St John's, Newfoundland,

October 16th, 1918.

Officer Commanding,
Royal Newfoundland Regiment,
Headquarters.

Sir ,-

The undermentioned men have been discharged on the dates given. Kindly note and post in Daily Orders Part II.

(SGD). J.M.HOWLEY.
CAPT.
PAYMASTER & OFFICER i/c RECORDS.

#				
3953.	Pte.	Knight, E.H.	Sept. 23rd. 18.	Med Unfit.
2077.	"	Fisher, H.J.W.	30th	do
3521.	"	Pellett, John.	do	do
5605.	"	Delaney, Wm.	Oct. 5th.	do
5166.	"	Quinton, Wm.	do	do
2757.	L/C.	Burge, Wm.G.	do	do
1214.	Pte.	Reid, D.S.	do	do
2385.	"	Gillis, Neil.A.	do	do
2027.	"	Ellis, Chas.A.	9th.	do
3792.	"	Young, Isaac.	do	do
2804.	"	Squires, Wm.G.	do	do
3214.	"	O'Brien, J.J.	12th.	do
2397.	"	Norris, Donald.	do	do
2421.	"	Kennedy, Jas F.	15th.	do
3807.	"	Haggood, G. es.	do	do
3609.	A/Sgt.	Gover, Henry.	do	do
2736.	Pte.	King, Thomas.	do	do
2176.	"	Pennell, Geo.M.F.	do	do
1811.	"	Ash, John.	do	do
1775.	"	O'Donnell, Ed.V.	do	do
1411.	"	Gosse, Solomon.	do	do
1271.	"	Guy, Mark.	do	do
772.	"	Stone, George.	do	do
3304.	"	Quinlan, Michael.	do	do
3947.	"	Pritchett, Pearce.	do	do
3271.	"	Cannors, John.	do	do

²⁴
D. C. Squires

C.R. 2804

11/10

Originals

This space to be left blank for the Chelsea Number.

Army Form B. 268.

Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 2804 Army Rank Private
 Name Squires William C
 (The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps _____
 Battalion, Battery, Company, Depot, &c. _____
 (If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge _____

Place of discharge _____

1. Description at the time of discharge.

Age <u>30</u> years _____ months	Descriptive marks.
Height _____ feet _____ inches	
Chest measure- ment { girth when fully expanded _____ ins. range of expansion _____ ins.	
Complexion _____	
Eyes _____	
Hair _____	
Trade _____	
Intended place of residence _____	
(To be given as fully as practicable) _____	

COPIES SENT		
To	No	DATE
M. OF M.	<u>12042/110</u>	<u>27 JUL 1918</u>
O.C. 1st. En.	<u>[Signature]</u>	
O.C. 2nd. En.		

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of _____

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— _____

4. Character awarded in accordance with King's Regulations:— _____

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to* _____

Medical Report on an Invalid.

Station Bagley Down Camp
 Date 3-7-18

- 1. Unit 2nd Batt Royal Newfoundland
- 2. Regimental No. 2804
- 3. Rank Private
- 4. Name SQUIRES WILLIAM.
- 5. Age last birthday 30 yrs
- 6. Enlisted on May 1916
at St. John's, Newfoundland
- 7. Former Trade or Occupation } Labourer
- 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)

Left Right Elbow

COPIES SENT		
To	No.	DATE
M. of M.		27 JUL 19
G. C. 1st. Bn.		
" 2nd Bn.		

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. 14 April 1917.
- 10. Place of origin of disability. Munchy Texas.
- 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 during the advance he was struck in Elbow by a rifle bullet. He was admitted to 3rd London General, where by front blunt injury to ulnar nerve. Discharged to private after 42 days.
Vide AF B. 128.
- 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). wounded in active service
 - (b) constitutional or hereditary, and not aggravated by service during the present war. na.
 - (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c. na.

The arm has full movement at elbow joint. There are three scars to inner side of elbow joint; no wound of muscles of forearm. No power of forearm; feeling all over hand, loss of sensibility to pain on inner side of hand. Wasting of hypotenous eminence.

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.

no.
 no.
 no.
 no.
 no.

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

Discharge as permanently unfit for active service

D.P.C.

 Officer in medical charge of case.

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

Station *Magley House Camp* _____
 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.

No. 2804 Name *Squires, William* Sq., Batty., } *C* Corps *2/1 Wfld Regt.* Date of enlistment } *3/7/16* G.C. } Service or Proficiency Pay } *Good*
or Company } Badges }

Date of last entry in Company Conduct Sheet } *Clear* No. and date of last drunk } Period not reckoning towards } Sheet No. } Signature O.C. } Character }
freedom from extra fine } Company, etc. } *Birmingham Capt*

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

1.4.17
14-417
Army Form B. 199
Transferred to England
1.4.17

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

MEDICAL HISTORY

Surname Squire Christian Name William

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____


	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 23 day of May, 1916 at St Johns 27		on _____ day of _____ 191____	
Declared Age	28 years 3 mos days		_____ years _____ days	
Trade or Occupation	Labourer			
Height	5 feet 8 inches			
Weight	148 lbs			
Chest Measurement	Girth when fully expanded... 40 inches			
	Range of expansion... 3 1/2 inches			
Physical Development				
Vaccination Marks	Arm _____		Arm _____	
	Number _____		Number _____	
When Vaccinated				
Vision	R.E.—V= 4/18 L.E.—V= 6/9		R.E.—V= _____ L.E.—V= _____	
	(a) _____		(a) _____	
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	Major			
	Medical Officer.		Medical Officer.	
Enlisted	at St Johns		at _____	
	on 28 day of May, 1916		on _____ day of _____ 191____	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st Welsh 2804			
Transferred to	Regt. Newfoundlead			
Became non-effective by				
	on _____ day of _____ 191____		on _____ day of _____ 191____	
(Signature)				
(Rank)				

COPIES SENT

TO	No	DATE
OF M.	12042/10	27 JUL 1918
O.C.		
IST. BN.		
ND BN.		



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case-sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	26	4	17	26	6	17	C. S. W. VIII, Rt. Elbow	42	Wounds in France 14. 4. 17. wound from R. elbow again. with slight injury to blue nerve. Furlough.	St. Dingley Capt. R. S. M. C.
 MILITARY HOSPITAL 23 SEP 1917 A.Y.R.	20	9	17	25	9	17	Indigestion	5	History of vomiting of most of food for past month: vomited twice after admission: nothing definite made out — all symptoms rapidly disappeared — returned diet	W. Sturminster Capt. R. S. M. C.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regt No. 2904 Rank Pt Name Squires W.B. Unit Royal Newfoundland Regt who was Reformed
to Newfoundland on 27/7/18 Authority A. 7. 93. 179 Cause Class 'A'

DR. STATEMENT OF ACCOUNT

	PARTICULARS					PARTICULARS				
	£	s	d	£	s	d	£	s	d	
PERIOD: From 6-7-18 To 2-8-18	Balance Dr. from					Balance Cr. from				
	Allotment 28 days @ .50¢					Pay 28 days @ \$1.00				
	Cash Payments:					Field Allowance 28 days @ \$.10				
	12. 7. 18.									
	19. 7. 18					Other Allowances days @ \$				
	Other Debits:					Other Credits:				
	Barrack Damages									
	Misc. Stoppage									
	Total Debits					Total Credits				
	Balance due by Paymaster					Balance due to Paymaster				

COPY SENT TO
M.G.
H.Q.
ST. JOHNS, N.F.L.D.
N.F.P. No. 14122/141
DATED 3/9/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) London (Date) 1918

Made up/Checked in accordance with information received in the Pay & Record Office London to 2/9/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

2nd Sept 1918

Chief Paymaster & Officer i/c Records.

No. 984

ANGLO-AMERICAN

WESTERN UNION DIRECT UNITED STATES CABLEGRAM



Prefix		Code		SENT		FOR STAMPS	
WORDS		CHARGE		To _____ By _____		THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.	
23 ✓				VIA ANGLO.			

16/10/17 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **EFM** MRS B SQUIRES
 SOUTHSIDE
 BLACKHEAD ROAD
 STJOHNS (Newfoundland)

PLEASE CABLE FIVE POUNDS SOON AS POSSIBLE THROUGH MINISTER OF MILITIA

2804 PTE W SQUIRES

CHECKED
A.C.R.O.

NOTIFIED PER N.F.P. 54	
LC
2ND. BN.	285
By. EFM	CKD.

Charge to
2804 Pte W.S. Squires

23 1/2
 22 1/2

 46 1/2
 11 1/2

 57 3/4
 4/9 1/2

(Authorised)

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address **58 Victoria St. S.W. I.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

No. 10863/658

NEWFOUNDLAND CONTINGENT

N.F.P./79.

From: Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2/1st Newfoundland Regt.
Ayr. N. B.

15 JAN 1918

19th, October 1917

Subject: 2804, Pte. W. C. Squires.

With reference to the following telegram from the Hon. the Minister of Militia, (5979) received 18/10/17,-

"Pay to 2804 Squires £5. 0. 0.

Postal Draft

Cheque £5.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Major,
Chief Paymaster & O. i/c Records.

191

ANSWER

Receipt hereunder.

W. C. Squires
Officer Comdg. Battn.
1st Newfoundland Regiment

Received the sum of Five
pounds on account of
cable remittance, from Newfoundland.

W. C. Squires
No. 2804 Rank Pte

Witness
Photo

NEW FOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No 2504 rank Plt

Name Squires H. L.

Pay	P. Allow	Working	Total
1-	10		110
Less Allotment			50
Net Rate			60

Date	DEBITS	£	s	d	CREDITS	£	s	d
1917	Balance				Balance			
	P.M. ADVANCES:							
	A.B. 64.							
	Acquittance rolls	4	6	0	20/11/17 to 2/6/17 = 134 days.			
	Hospital Advances	1	18	9	@ 60 = \$ 80.40			
	STOPPAGES:							
	hospital dys =				2/6/17 to 11/6/17 = 10 days			
	Forfeited Pay <u>1</u> dys = 110	4	6		@ 4 = \$ R. Allow			
	Miscellaneous							
	Cables							
	P.&R.O. PAYMENTS:				1/1 to 1/1 = days			
	Sundry Bills	6	9	1				
	Cash							
	Cash <u>2/1/17</u>	13	10	0				

29/11/17 2164

16105

1000

2069

Handwritten signature/initials

172804 Squires.

allotment paid from 1/5/18.

Separation Allowance from 10/4/18

W.P.M.

BRANCH

Rds.

Glenburn School
Prestwick

14/10/17

NOTED UPON
Nfld Pay & Record Office:-

BY
Date:-

J. R.

Please send a cable
to my Mother.
The address is:- Cable sent
984 sent

1ST Nfld

PAY

W. Squires,,

Ref. No.

South side,

Pay'd. 16

Blackhead Road,

Acct.

St. John's Nfld.

Am't

Please send five pounds

File #

as soon as possible by cable."

2804

add "Pte. W. Squires,,

"P.S. Please
let me know
when message is
cabled."

1/1 Nfld Regt.

Glenburn School,
Prestwick,
Ayrshire,
Scotland

SUSPENSE

6171/1/P&A

CLERK & OFFICER IN CHARGE RECORDS,
NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND

Mrs. M. Squires,
C/O Mrs. Ware,
20, Eastgate Street,
Winchester.

20th April

8

2804, Pte. W. G. Squires,
Royal Newfoundland Regiment.

A claim for Separation Allowance in your favour has been made by the above named Soldier, which in order to decide whether admissible, it is necessary that you have the enclosed Statutory Declaration N.F.P.87a completed before a Magistrate and signed by two responsible persons as indicated.

Marriage and Character Certificates have been received, together with permission of Officer Commanding.

R. A. Mitchell
Major,
Chief Paymaster & O.i/c Records,

FM/S



NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

To be Used in the Case of Men Requesting Permission to Marry

To the Officer Commanding 2nd Bn Royal Newfoundland Regt.
Sir,

I have the honour to request permission to marry and your recommendation for the issue of Separation Allowance to my intended wife:-

✓ My intended wife's name is Miss. Matel Kershaw
Address Belvidere Hospital Glasgow
Occupation Nurse
Name and address of parents or guardian Agnes W. Lindsay
Belvidere Hospital, Glasgow.

✓ I attach herewith certificate as to my intended wife's character and general worthiness from Agnes W. Lindsay

I am not in receipt of a salary from the Newfoundland Government in addition to my Military Pay.

I have the honour to be, Sir,
Your obedient Servant,

W. C. Squires
(Regtl No.) 2804 (Rank) Pte

I hereby approve of the marriage of the above named soldier, and recommend that separation allowance be granted to his wife.

I have personally investigated the above application and am satisfied as to the intended wife's good character and consider her worthy to receive the benefits of separation allowance.

The soldier has assigned at least 50% of his pay in favour of the above-mentioned lady.

*CERTIFIED COPY EXTRACT FROM PART II ORDERS No. 429 Dated 10/4/18

PERMISSION TO MARRY. The marginally named is granted permission to marry with effect 10th Apr. 1918
2804 Pte. W. C. Squires * (Auth. _____)

The written evidence upon which my decision is based is enclosed for your disposal together with the marriage certificate.

Signature [Signature] RANK LIEUT. COLONEL
Dated 10 Apr 1918 COMMANDING 2nd Bn ROYAL NEWFOUNDLAND REGT.

This document must be signed personally by the Officer Commanding the Unit.

APPLICATION FORM MUST ACCOMPANY THE ABOVE.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. Each statement is considered to be made on Oath and the form is to be signed before a magistrate of your District, and returned to

Chief Paymaster & Officer i/c Records,
Newfoundland Contingent,
58, Victoria Street,
London, S.W. 1.

1. Name in full of Soldier <i>William Squires</i>	Rank <i>Pte.</i>	Regiment or Unit <i>Royal Wfla.</i>	Regtl No. <i>2804.</i>
2. Age of Soldier: <i>28 yrs.</i>	Married or Single: <i>Married</i>		
3. Name in full of Dependent <i>Maabel Squires</i>	Relationship: <i>Wife</i>		
4. Address in full	<i>No 20s Ware 20 Eastgate St Winchester</i>		
5. Date of Marriage	<i>April 10th 1918</i>		
6. Place of Marriage	<i>Winchester</i>		
7. Did marriage take place since Soldier's enlistment?	<i>Yes</i>		
8. Was Commanding Officer's permission obtained? if not, why?	<i>Yes</i>		
9. If not married, how long have you been dependent on the Soldier for your maintenance, and supported regularly by him on a bona fide domestic basis?	_____		
10. Were you living with your husband immediately prior to his enlistment? If not, how long have you been separated?	_____		
11. Is Separation a legal one?	_____		
12. If legal are you in receipt of Alimony? If so, state amount.	_____		
13. If not legal, how long since your husband contributed to your support? <u>Explain fully.</u>	_____		
14. State amount of Allotment received by you from Soldier.	<i>50c. per day.</i>		
15. From what date have you received Allotment?	<i>No allotment at present</i>		
16. Names of Children (Male)	Age last Birthday	Names of Children (Female)	Age last Birthday
_____	_____	_____	_____

17. Are you already in receipt of Separation Allowance from any source? If so, state amount.	
18. Are you in receipt of payment from any Patriotic Fund? If so, how much?	
19. Have you made a previous claim for Separation Allowance? If not, why? Give particulars.	No. Being just married this is the first claim
20. Was your husband at the time of his enlistment an employee of the Newfoundland Government?	No
21. In what capacity and in what place?	
22. Is he in receipt of a salary as such while serving in The Royal Newfoundland Regiment? If so, how much?	

I herewith make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Acts 5 & 6, Will. IV., c. 62.

Signature Charles Squires
 Place of Residence 40 Gros. Ware
20 Eastgate St. Winchester

Declared and subscribed before me at Winchester
 this 25th day of April 1912

Signature of the Magistrate Thomas Lupton
 Place or County for which he acts a Justice of the Peace
for the City of Winchester

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Soldiers & Sailors Families Association or other recognised Society, certifying that to the best of their knowledge, after careful enquiry, the above statements are correct.

Signature of Clergyman Edward Alger - Rector St. Peter Church Winchester.
 Signature of representative In Newfoundland Home
 State name of Society 1077 Soldiers & Sailors Association } J.S.

N.B. Marriage Certificate must accompany this application, and will be returned after perusal. If marriage is after enlistment, Commanding Officer's permission in writing must be forwarded.



I beg to state that Miss Mabel Kershaw has been personally known to me for some years. She comes of a well known family in the North of Scotland, and is an honest, respectable girl.

I wish her all happiness in her marriage.

Agnes D. Lindsay

BELVIDERE HOSPITAL,
GLASGOW - 6th April, 1918.

A large, dark, handwritten mark or signature, possibly initials, located at the bottom left of the page.

NEWFOUNDLAND CONTINGENT.

LAST PAY CERTIFICATE.

ALLOTMENT & SEPARATION ALLOWANCE.

PAYABLE ON ACCOUNT OF:-

2804. Pte. W. Squires,
TO:- Mrs. W. Squires, Wife.

LAST ADDRESS,-

C/o, Mrs. Russell,
2a, Foundry Lane,
Colebrook Street,
Winchester. Eng;

Allotment	£ .50 ⁶	per day
Sep. Allow.	\$20.00.	" Month.

Paid in full up to and including 30/8/18.

Major,
Chief Paymaster & O i/c. Records.

PAY & RECORD OFFICE,
58, VICTORIA STREET,
LONDON. S.W.(1).

July 29th. 1918.

COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.

N.F.P.38. No. 1216/114

DATED

~~30 JUL 1918~~
30 JUL 1918

June 10th 1918

~~2804~~
2108 Squires?

Dear Sir,

Kindly forward
next allotment to Mrs
William Squires 40 Post-
Office, Winchester.

I should be obliged if
~~you would return marriage~~
~~papers as soon as convenient~~
to same address.

NEWFOUNDLAND CONTINGENT,
PAY & RECORD OFFICE.

Ref. Nos. 19 5305

Rec'd 12 JUN 1918.

Ref. Nos. 001

Yours sincerely

Walter Squires

EL.A. G.	
Comd	
P & R. ✓	
R. & C	
B & E	
P. S.	

Allotments. W.S. 12/6/18.
Ngn. Roll. W.S. 12/6/18.
Records W.S.

~~Worth WRM 12/6/18.~~

~~Miss Biere KB 12/6/18.~~

~~Records~~
— Regt number
please.

Records

ORIGINAL

N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No.) 2804 (Rank) Pi (Name) W. B. Squire
hereby apply for cancellation of Allotment made by me on N.F.P/11
No. 2420 dated 1/9/16. in favour of
Mrs B. Squire

for \$ 50. cts 50. per diem Thirty First
Such cancellation to take effect on the 25 day of
April - May 1918 Authority 11-17-12-2
June 19/18

2. I agree to accept all risks and consequences of this applica-
tion failing to reach Headquarters, St. John's, in time to become
operative at above nominated cancelling date; and that in the
event of such non-delivery, and thereby the allotment continuing
to be paid to the Allottee, I also agree to such further stoppage
in the Pay Books as may be necessary, or otherwise to refund such
overpaid amount or amounts.

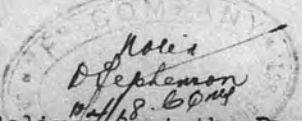
Dated at
Hazelton Camp

April 12th 1918.

W. B. Squire Pk
Allotter.

Approved and Witnessed:
B. Squire Pk
O.C. "7" Company.

Stephenson
Stephenson



To be made out in TRIPPLICATE and delivered at the Pay & Record
Office not later than date of cancellation, in accordance with
P. & R.O. C.L./10, 9/12/16.

NOTED
M. Martin
Date 25/4/18

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 2804 (Rank) Pte (Name) W.C. Squire
hereby agree, until further notification by me, and in required form,
to make an allotment of _____ dollars and Fifty cents
per diem, from my pay, to and for the benefit of the undermentioned
Person and/or Persons. Such payments to be made on proof of identity
of the Person and/or Persons concerned, viz.,

Whether Wife Child, other Relative, or Friend	NAME (In Full.)	ADDRESS	AMOUNT (Each Person)	
			\$	¢
Wife	Mrs W.C. Squire	C/o Mrs Ware 20 Eastgate St. Winchester		50
				50

This Allotment to take effect from and including ~~March 1st~~ June 19th 18 1918.
Authority No. - 17-12-2.

NOTE:- This Form must be completed and Signed by the Soldier, counter-
signed by the Officer Commanding his Company, and forwarded to the
C/Paymaster in accordance with P.&R.O. C.L./10, 9/12/16.

(Sig.) [Signature]
Officer Commanding,
"Z" Company.



Dated at
Laxley Down
April 12 1918.

(Sig.) W.C. Squire Pte



Allotter.
[Signature]
D. Stephenson
C/M



3 1st. NEWFOUNDLAND REGIMENT 10

ALLOTMENTS

I, *Wm C. Squires*, Regl. No. *2804*

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 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 1st 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>2407</i>	<i>mother</i>	<i>William Squires</i>	<i>South Side Blackhead Road opp Browns Bakery</i>	<i>50</i>
		<i>Commencing 1/9/16</i>		
		<i>Cancelled 31/5/18.</i>		
		<i>30/4/17 Authority, 11-17-12-2.</i>		
		<i>June 19th 18.</i>		
Total Allotment, \$				

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.) *Charles Aye Capt.*
 Officer Commanding
 Company

John
 June 17 1916

(Sig.) *William C. Squires*
 (Rank) *private*

11526/1/P&A

CHIEF PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET,
LONDON, S.W. 1.

17th, July 1918


Mrs. Wm. Squires,
c/o Mrs. Russell,
2a, Foundry Lane,
Colbrooke St,
Winchester.

** 2804, PTE. W. SQUIRES.

✓ With reference to your letter 16/7/18
(6429): Separation Allowance and Allotment
are payable in arrears every four weeks and
advances are not admissable, please.

Major,
Chief Paymaster & O i/c Records.

FM/WF



NEWFOUNDLAND CONTINGENT.
 PAY & RECORD OFFICE.
 Ref. Nos in 6429
 Rec'd 17 JUL 1918
 Ack'd Ans'd
 Ref. Nos. UOI
 11526/1 17/7/18

To Mrs. Russell
 2^a Fairway Lane
 Colebrooke St
 Winchester

July 16th 1918

Dear Sir,
 I received your letter contain-
 ing marriage papers for which I
 thank you.

I should be obliged if you
 could let me know if I could draw
 two pounds in advance of my
 money.

Thanking you

I remain

Yours truly

Mabel Sauris

(Mrs. Wm Sauris)

2804 Squires

26th July,

8.

This is to certify that bearer is Mrs. M. Squires, who is returning to Newfoundland, via United States and Canada with her husband, who is a soldier about to be discharged. Mrs. Squires is embarking on H.M. Transport at Southampton on 26/7/18.

Chief Paymaster & O. i/c Records.

HA/NV

POST OFFICE



TELEGRAPHS.

Office Stamp.

Handed in at

Office of Origin and Service Instructions

Words

Charges to pay

OH7 SOUTHAMPTON 12 =



THIS FORM MUST ACCOMPANY ANY ENQUIRY RESPECTING THIS TELEGRAM.

Received here at

TO

SYNOPTREAL 58 VICTORIA ST LONDON =

PASSPORT

VISAED WILL SAIL SATURDAY
SQUIRES WINCHESTER



to Mrs Russell
2^a Foundry Lane
Colebrook St.
Winchester

July 23rd.

wife of

2804 Squires

Dear Sir

I received a letter
of instructions to-day from
the Commissioner of Emi-
gration for Canada.

I should like to know as
soon as possible if the
wives of Newfoundland
settlers travelling to New-
foundland by the boat
which leaves Southampton
on the 27th inst. are expected

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos IN	6675
Rec'd	24 JUL 1918
Ack'd	Ans'd
Ref. Nos. UUI	
AC.	
BRA. CH.	
Comd	
P & A.	
R. & G.	
B & E	
P. S.	

to pay their own fares or
if their passage will be
provided.

I enclose if to pay for
an answer by telegram as
I have to send a definite
reply to the Commissioner
of Canada by Thursday
If I have to pay my
passage I shall not be able
to go.

Yours truly
Charles Saurer

P. W. Saurer 2812

Appn. form.
Sent to Col
Good Smith
19 7/18

W.F.P/74
2 Mpls.
Cent
Formus
16 7/18

OK.
[Signature]

PAY & RECORD OFFICE.	
Ref. Nos. Ex.	6394
Rec'd	16 JUL 1916
Ack'd	22
Ref. Nos. UOI	
ERA	
Comd	
P & C	
R & C	✓
B & F	
P.S.	

Mrs. Russell.
22 Foundry Lane
Calebroke Stn

Winchester
July 14th

Dear Sir

I am writing to you for a pass port for myself & one baby as I intend to travel with my husband W. C. Squires 2804 to Newfoundland by the first boat which I believe leaves about the 22nd of this month

Will you kindly let
me have particulars as
soon as possible & will
you also forward my
marriage certificate which
was sent to you three
months ago.

I remain

Yours Truly

Charles Jauris

Marriage Certificate
Rec'd of P.O. Underwriter
on 4-7-18.
-678

SEE NOTICE AT BACK.

POST OFFICE TELEGRAPHS.

No. of Telegram

A.

Prefix Code

(Inland Telegrams.)

For Postage Stamps.

To be affixed by the Sender.

Any Stamp for which there is no room here should be affixed at the back of this form.

Office of Origin and Service Instructions.

Words.

Sent

At _____ M.

Charge.

To _____

By _____

A Receipt for the Charges on this Telegram can be obtained, price One Penny.

When a reply is to be prepaid, write the words "Reply Paid" in the space below. These words are not charged for.

TO { ~~Mr~~ Squires
of care ~~Mr~~ Russell
2a Foundry Lane Colebrook Street.
Winchester.

12 words, including the words in the address,

9^d.

Every additional word,

1^d.
2

this office will pay passage
be here Friday morning

FROM { SYNOPTICAL

Copy

The Name and Address of the Sender, IF NOT TO BE TELEGRAPHED, must be written in the Space provided at the Back of the Form.

15081/

510

The Hon. the Minister of Militia,
St. John's,
Newfoundland.

ALLOTMENT.

~~Pay & Record Office, London, S. W. 1.~~

2804 Pte Squires, W ... Not charged with
allotment for the
period 1-31/5/18 = .. 15 '50'
31 days @ 50 cents .. 15 '50'

*Notice given previous to effect
upon acquisition carried as made
Ref your memo No M 17.12.2 19/6/18*

CHECKED
C.T.
20/9/18

15 50

20th, September '18.

Headquarters

and credited to Pay & Record Office, London, S. W. 1.

9. Name and address of your last Employer.	<i>Mr Butler Hamilton Avenue St Johns</i>
10. The amount of your salary or wages immediately prior to Enlistment.	<i>\$ 1.00 per day</i>
11. Are your wages or any portion being paid by your employer during your absence?	<i>No</i>
12. If paid, what is the amount per month?	<i>Nil.</i>
13. Name of Corps prior to Enlistment in the Newfoundland Contingent.	<i>None</i>

I CERTIFY that the above is a true statement

W.C. Squires ^{to Wm. R. H. Gordon} _x _{mark}

Signature of Officer forwarding this Application.

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

Unit _____

Date 10 APR 1918

FOR COMPLETION AT THE PAY & RECORD OFFICE.

Date marriage Certificate examined April 19th/18.

Date Birth Certificates (in case of children) examined _____

If Soldier is sole support, does Statutory Declaration accompany this Application? Yes.

NEWFOUNDLAND CONTINGENT

SEPARATION ALLOWANCE

✓ 1. Regimental No. and Rank	2804 Pte
✓ Name (in full)	W.C. Squires
Date of Enlistment	23-5-16
✓ Unit	Royal Newfoundland
✓ 2. Name(s) of Dependent(s) (in full)	Mrs W.C. Squires
Relationship	Wife
Address (If allowance is claimed for children, name and address of person with whom they reside should be stated)	60 Mrs Ware 20 Eastgate Street Winchester
3. Ages of Children: Girls under 17 years Boys " 16 "	Nil.
4. Children's Guardian Address	Nil.
✓ 5. Particulars of Allotment Allottee Address Date effective from	\$ 50 cents per day in favour of Mrs W.C. Squires 60 Mrs Ware 20 Eastgate Street 1/5/18. Winchester
✓ 6. Date of Marriage	April 10 th 1918
7. Have you made previous claim, for Separation Allowance? If so, state particulars.	No
✓ 8. Is Separation Allowance being paid on your account to anyone in Newfoundland or elsewhere?	No

Squires, W. C.

2807

Sept. 1897

Copy

This space to be left blank for the Chelsea Number.

[Blank box for Chelsea Number]

COPY.

Proceedings on Discharge.

Army Form B. 208



(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No.	<u>2804.</u>	Army Rank	<u>Private</u>
Name	<u>Squires William Charles</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>		
Corps	<u>ROYAL NEWFOUNDLAND REGIMENT.</u>		
Battalion, Battery, Company, Depot, &c.	<u>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</u>		
Date of discharge	<u>October 9th 1918</u>		
Place of discharge	<u>St. John's, Nfld</u>		
1.	<u>Description at the time of discharge.</u>		
Age	<u>29</u> years		months
Height	<u>5</u> feet	<u>10</u> inches	
Chest measurement	girth when fully expanded		ins.
	range of expansion		ins.
Complexion	<u>dark</u>		
Eyes	<u>brown</u>		
Hair	<u>black</u>		
Trade	<u>labourer</u>		
Intended place of residence	<u>Black Head Road</u>		
(To be given as fully as practicable)	<u>St. John's Nfld.</u>		
<small>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</small>			
2.	<u>The above-named man is discharged in consequence of being no longer physically fit for war service on account of wounds received in action.</u>		
<small>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</small>			
3.	<u>Military character:—</u> <u>D. G.</u>		
4.	<u>Character awarded in accordance with King's Regulations:—</u>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">To be filled in on the soldier quitting the Colours.</p> <p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 489 was awarded in this case.</p> <p style="text-align: right;">Initials of Commanding Officer.</p>			

9
30
31
31
30
9
140
(

Army Form B. 2088 has been issued to*

* Strike out if not applicable.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).
 Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

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

(Place) _____

(Date) _____ Commanding _____ Batta. _____ Regiment.

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) St. John W. S. Squire (Signature of Soldier)

(Date) 12/10/10 W. Newberry Col. (Signature of Witness)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

_____ (Signature of Soldier)

10. *Statement of service.*

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.

Further service " " _____ (the date of confirmation of discharge) " " "

Total " " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for _____ (date)

(Place) _____ Signature _____

(Date) _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated and signed by the soldier.)

No Reservations

W.C. ^{the} ~~Mark~~ Squier

Witness Wrenbury Corp

Army Form B. 103.

Regimental Number 2804

Casualty Form—Active Service.

Regiment or Corps ROYAL NEWFOUNDLAND REGIMENT

Rank Pte Surname Squires Christian Name Wm C

Religion C of E Age on Enlistment 28 years 3 months

Enlisted (a) St Johns Terms of Service (a) Duration Service reckons from (a) 23/5/16

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

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

Occupation Signature of Officer



Date	Report From whom received	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.
		Embarked	<u>Stampton</u>	<u>30/2/16</u>	
		Disembarked...	<u>Rouen</u>	<u>31/2/16</u>	
		<u>Joined Battalion</u>		<u>5/2/17</u>	
	<u>43 Sty Hosp</u>	<u>Ad Myalgia</u>	<u>Amiens</u>	<u>12/2/17</u>	<u>AA 6751</u>
	<u>3 Sty Hosp</u>	<u>Ad Pneumonia</u>	<u>Rouen</u>	<u>18/2/17</u>	<u>AA 6892</u>
	<u>29 LHD</u>	<u>Joined Base Dep.</u>	<u>Rouen</u>	<u>28/2/17</u>	<u>Hom Roll</u>
<u>31/3/17</u>	<u>Unit</u>	<u>Rejoined Battalion</u>	<u>In the Field</u>	<u>31/3/17</u>	<u>B213</u>
<u>15/4/17</u>	<u>do</u>	<u>Wounded in Action</u>	<u>France</u>	<u>14/4/17</u>	<u>B213</u>
<u>16/4/17</u>	<u>87 FA</u>	<u>Ad+trans GSW R Elbow</u>	<u>CEB</u>	<u>14/4/17</u>	<u>ED 3085</u>
<u>4/5/17</u>	<u>18 G Hosp</u>	<u>Ad do</u>	<u>Dannes Camiers</u>	<u>18/4/17</u>	<u>AA 8633</u>
	<u>"Panama"</u>	<u>Invalided to England</u>		<u>20/4/17</u>	<u>W 3083</u>
		<u>(sgt) E Iovine Lt Jnr</u>			
		<u>O/C No 1 Reg Infy Section</u>			

(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.



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Squires William C.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *2804*
 Intended address *South Side St. John's*
 Height on discharge *5* Feet *10'*
 Color of hair on discharge *Black*
 Complexion *Dark*
 Color of eyes *Brown*
 Descriptive Marks *✓ G. S. W. Rt. Elbow.*
 Figure on discharge *Medium*
 Christian name of Father *✓*
 Christian name of Mother *Emily*
 Wife's maiden name in full *Mable Newsom*
 Date and place of marriage *W. Chester. April 10th 1918.*
 Christian names of children *Mable*
 Place and date of soldier's birth. *St. John's 1889*
 Nature and locality of civil employment required

Witness 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) *W. C. Squires* (Rank) *Pte*
Mark

Station *St. John's* Date *Sept 25th 1918*

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.

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

Station *St. John's* Date *Sept 25th 1918*



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

Sept. 26th 1918 191

From Assistant Adjutant - Headquarters
To Paymaster & Officer i/c Records.

2804, Private Wm. Squires.

Above noted man has been recommended for discharge
& out-patient for Massage.
as permanently unfit by Medical Board, held on Wed-
nesday, September 25th. I am sending him herewith
for your attention and necessary action please, and
have given him verbal instructions to report to the
D. M. S. after he has finished his business with you.

Copy to D.M.S.

CGD/WFC

A. D. Squires
Ass't Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2804 Rank Private Name Squires, W.C. Unit R. Newfoundland Rgt. who was repatriated
to Newfoundland on 27/7/18 Authority A.F. B.179. Cause Class "A".

DUPLICATE
MAILED COPY
Posted

STATEMENT OF ACCOUNT

DR.		STATEMENT OF ACCOUNT						CR.					
PARTICULARS		\$	¢	£	s	d	PARTICULARS		\$	¢	£	s	d
PERIOD: From 6/7/18 To 2/8/18	Balance Dr. from	12.00					Balance Cr. from						
	Allotment 28 days @ 50¢	14.00		2	17	6	Pay 28 days @ \$ 1.00	28.00					
	Cash Payments:						Field Alice 28 days @ \$ 0.10.	<u>2.80</u>					
	12/7/18,				15	0	Other Allces days @ \$	30.80			6	6	7
	19/7/18,			3	0	0	Other Credits:						
	Other Debits:												
	Barracke Damages					6							
	Misc. Stoppages					5							
	Total Debits				6	13	5	Total Credits			6	6	7
	Balance due by Paymaster							Balance due to Paymaster			6	10	
				£6	13	5				£6	13	5	

CHECKED
EP
3/9/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 1918 O.C. " " Company.
Made up/Checked in accordance with information received in the Pay & Record Office London to 2/9/18
and is therefore subject to amendment if and as may be found necessary.
Pay & Record Office, London,
2nd September, 1918
Chief Paymaster & Officer i/c Records.

COPY.

N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT.

1. I, (No) 2804 (Rank) 76 (Name) W.C. Squire
 hereby apply for cancellation of Allotment made by me on N.F.P/11
 No. 2420 dated 1/9/16 in favour of
Mr B Squire
 for \$ cts 50 per diem.

Such cancellation to take effect on the 30th day of
April 1918.

2. I agree to accept all risks and consequences of this applica-
 tion failing to reach Headquarters, St. John's, in time to become
 operative at above nominated cancelling date; and that in the
 event of such non-delivery, and thereby the allotment continuing
 to be paid to the Allottee, I also agree to such further stoppage
 in the Pay Books as may be necessary, or otherwise to refund such
 overpaid amount or amounts.

Dated at

Fazleydown

April 12th 1918

*S. Mcowan
 Cancellation
 per 31/18
 Allotment
 as
 W.C.S.*

W.C. Squire ✓
 Allotter.

Approved and Witnessed:

S. Squire
 O.C. "7" Company

W.M. Martins
 Sgt.
 Etd. 25/4/18

W.C. Squire
 by W.C.S.
W.C. Squire
 O.C. "7" Co.
 Notes
W.C. Squire
 10/1/18
 COMPANIES
 ROYAL NEWFOUNDLAND

To be made out in TRIPPLICATE and delivered at the Pay & Record
 Office not later than date of cancellation, in accordance with
 P. & R.O. C.L./10, 9/12/16.

ORIGINAL.

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 2804 Rank Private Name Squires, W.C. Unit R. Newfoundland Rgt. who was repatriated
to Newfoundland on 27/7/18 Authority A.F. B.179. Cause Class "A".

STATEMENT OF ACCOUNT

	PARTICULARS	\$	¢	£	s	d	PARTICULARS	\$	¢	£	s	d	
From 6/7/18 To 2/8/18	Balance Dr. from	14.00					Balance Cr. from						
	Allotment 28 days @ 50¢	14.00		2	17	6	Pay 28 days @ \$ 1.00	28.00					
	Cash Payments:						Field Allce 28 days @ \$ 0.10.	2.80					
	12/7/18,				15	0	Other Allces days @ \$	30.80		6	6	7	
	19/7/18,			3	0	0	Other Credits:						
	Other Debits:												
	Barracke Damages					6							
	Misc. Stoppages					5							
	Total Debits				6	13	5	Total Credits			6	6	7
	Balance due by Paymaster							Balance due to Paymaster				6	10
				£6	13	5				£6	13	5	

CHECKED: E.P.
PERIOD: 2/9/18

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

(Place) _____ (Date) 1918 O.C. " " Company.
Made up, Checked in accordance with information received in the Pay & Record Office London to 2/9/18
and is therefore subject to amendment if and as may be found necessary.
Pay & Record-Office, London,
2nd September, 1918

OK
W.C.

A.D. [Signature]
Chief Paymaster & Officer i/c Records.

DUPLICATE.
ORIGINAL

N.F.P./12.

NEWFOUNDLAND CONTINGENT

CANCELLATION of ALLOTMENT.

1. I, (No) 2804 (Rank) Pvt (Name) W. B. Squire

hereby apply for cancellation of Allotment made by me on N.F.P/11
No. 2420 dated 1/9/16 in favour of

Mrs B. Squire
for £ 50 per diem

Such cancellation to take effect on the 30th day of
April 1918.

2. I agree to accept all risks and consequences of this applica-
tion failing to reach Headquarters, St. John's, in time to become
operative at above nominated cancelling date; and that in the
event of such non-delivery, and thereby the allotment continuing
to be paid to the Allottee, I also agree to such further stoppage
in the Pay Books as may be necessary, or otherwise to refund such
overpaid amount or amounts.

Dated at
Hazelton

Noted
[Signature]

April 13th 1918

W. B. Squire

Allotter.
has mark

Approved and Witnessed:

[Signature]

[Signature]

O.C. "7" Company.

NOTED
[Signature]
25/4/18 P.M.



To be made out in TRIPPLICATE and delivered to the Pay & Record
Office not later than date of cancellation, in accordance with
P. & R.O. C.L./10, 9/12/16.

ORIGINAL.

No. 15061/

N.F.P./54

NEWFOUNDLAND CONTINGENT

No. 510

To: The Hon. the Minister of Militia,
St. John's,
Newfoundland.

" " Company.

MEMORANDUM OF STOPPAGES/~~CREDITS~~ on Account of
ALLOTMENT.

NOTE: - Charge under *Allotments* Column
Credit ~~Pay & Record Office, London, S. W. 1.~~

Regtl No.	Rank & Name	Particulars and Authority	AMOUNT				
			£	s	d	e	c
2804	Pte Squires, W	Not charged with allotment for the period 1-31/5/18 = 31 days @ 50 cents	15	50			
		<i>Ref. your memo to Mr 17.12.2 19/1/18 this soldier proceeded to be before adjustment could be made</i>					
		<i>Discharged</i>					
			15	50			

CHECKED.
C.S.
25/9/18.

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,
20th, September 1918

A.R. Mansel May
Chief Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/~~Credits~~ have been made
in the Pay Book ^{Headquarters} Company for period / / to / /
~~and credited to Pay & Record Office, London, S. W. 1.~~

Dated at _____

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records,
Newfoundland Contingent, 58 Victoria Street, London, S.W. 1.
DUPLICATE to accompany PAY BOOK as VOUCHER.

DUPLICATE. ORIGINAL

No. 15081/

NEWFOUNDLAND CONTINGENT

N.F.P./54

No. 510

To: **The Hon. the Minister of Militia,
St. John's,
Newfoundland.**

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on Account of

ALLOTMENT.

NOTE:- Charge under *allotments* Column

Credit ~~Pay & Record Office, London, S. W. 1.~~

Regtl No.	Rank & Name	Particulars and Authority	AMOUNT					
			£	s	d	e	c	
2804	Pte Squires, W	Not charged with allotment for the period 1-31/5/18 = 31 days @ 50 cents	15	50				
		Ref your memo to me 17.12.2, 1916/18. This holdin proceeded to be paid before adjustment could be made						
			15	50				

CHECKED
C.T.
20/9/18

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

20th, September 1918

A.S. [Signature]
Chief Paymaster & Officer i/c Records.

CERTIFIED that the above Stoppages/CREDITS have been made in the Pay Book ~~Headquarters~~ Company for period / / to / / and credited to ~~Pay & Record Office, London, S. W. 1.~~

Dated at _____

191

O.C. " " Company,

Battalion.

ORIGINAL of this FORM to be COMPLETED and RETURNED INTACT to Chief Paymaster & Officer i/c Records, Newfoundland Contingent, 58 Victoria Street, London, S.W. 1. DUPLICATE to accompany PAY BOOK as VOUCHER.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim 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 question 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. *William* 2. Surname. *Squires*

3. Rank. *Private* 4. Regtl. No. *2804*

5. Address in full to which future payments of gratuity are to be forwarded. *Williams Squires*

South Side, Blackhead Rd. St. Johns.

6. Date of enlistment in the Regiment. *May 23rd 1916.*

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

8. Relationship of such dependents. *Wife*

9. Address in full of such dependent. *South Side*

Blackhead Rd. St. Johns.

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service. *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *2 years + 110 days.*

✓
5

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

Not applicable

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.....

No

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

Yes

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.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

Oct. 9th 1918

No no longer fit for active service on account of wounds received in action

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.....

Yes Fought at Monchy Village Vimy Ridge April 14th 1917

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 *In receipt of pension of \$32 increased Jan 1st to \$210 per month from Oct 15 April*

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: *William C. Squires +*
 Place of Residence: *South Side, Blackhead Rd.*
 Declared before me at: *St. John's Nfld.*
 This *3rd* day of *March* 19*19*.

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

POST DISCHARGE PAY.					Net amount due
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		
			<i>5 mos</i>		<i>500.00</i>

Certified Correct.

Prymaster.

**DUPLICATE
MAIL COPY**

9 - OCT 1918

No. 18081/ NEWFOUNDLAND CONTINGENT N.F.P./54

No. 510

To: **The Hon. the Minister of Militia,
St. John's,
Newfoundland.**

" " Company.

MEMORANDUM OF STOPPAGES/CREDITS on ⁵⁸Account of
ALLOTMENT.
NOTE:-- Charge under *allotments*



Credit ~~Pay & Record Office, London, S. W. 1.~~

ORIGINAL OF THIS FORM TO BE COMPLETED AND RETURNED INTACT TO CHIEF PAYMASTER & OFFICER I/C RECORDS, NEWFOUNDLAND CONTINGENT, 58 VICTORIA STREET, LONDON, S.W. 1.
DUPLICATE TO ACCOMPANY PAY BOOK AS VOUCHER.

Regtl No.	Rank & Name	Particulars and Authority	AMOUNT			
			£	s	d	c
2804	Pte Squires, W	Not charged with allotment for the period 1-31/5/18 = 31 days @ 50 cents <i>Ref your memo dt 17.12.2. 1916/18. This holds precedence to be used before adjustment could be made</i>	15	50		
			15	50		

Pay & Record Office,
58, Victoria Street,
London, S.W. 1,

A. C. ...
Chief Paymaster & Officer i/c Records.

20th, September 1918

CERTIFIED that the above Stoppages/Credits have been made
in the Pay Book ~~Headquarters~~ ^{Headquarters} for period / / to / /
~~and credited to Pay & Record Office, London, S. W. 1.~~
Dated at _____

191

O.C. " " Company,
Battalion.

NEWFOUNDLAND CONTINGENT.

LAST PAY CERTIFICATE.

ALLOTMENT & SEPARATION ALLOWANCE.

PAYABLE ON ACCOUNT OF:-

2804. Pte. W. Squires,
TO:- Mrs. W. Squires, Wife.

LAST ADDRESS,-

C/o, Mrs. Russell,
2a, Foundry Lane,
Colebrook Street,
Winchester. Eng;

Allotment	£ .50 ⁰	per day
Sep. Allow.	£20.00.	" Month.

Paid in full up to and including 30/8/18.

O.K.

F. H. W. [Signature] ^{Capt} Major,
Chief Paymaster & O i/c. Records.

PAY & RECORD OFFICE,
58, VICTORIA STREET,
LONDON. S.W.(1).

July 29th. 1918.

no. 4276.

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 2804 (Rank) Plt. (Name) W. C. Squires
 hereby agree, until further notification by me, and in required form,
 to make an Allotment of _____ dollars and fifty cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relatives or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person)	
			\$	c
<u>Wife</u>	<u>Mrs W C Squires</u>	<u>40 Mrs Russell 2^a Foundry Lane Colebrook St. Winchester Eng.</u>		<u>50</u>
				<u>50</u>

This Allotment to take effect from and including May 1st 1918
~~Payable in Newfoundland from (inc) 3/8/18~~

NOTE:- This Form must be completed and signed by the Soldier, counter-
 signed by the Officer Commanding his Company, and forwarded to the
 Chief Paymaster in accordance with P. & R.O. C.L. 10, 9/12/16.

(Sig.)

G. Truse A.
 Officer Commanding,
 "7" Company.

Dated at

Winchester
April 12 1918

(Sig.)

W. C. Squires
 Allotter.

NEWFOUNDLAND CONTINGENT

DUPLICATE
MAIL COPY.

LAST PAY CERTIFICATE Posted.....

ALLOTMENT & SEPARATION ALLOWANCE.

PAYABLE ON ACCOUNT OF:-

2804. Pte. W. Squires,

TO:- Mrs. W. Squires, Wife.

LAST ADDRESS,-

C/o, Mrs. Russell,
2a, Foundry Lane,
Colebrook Street,
Winchester. Eng;

Allotment	£ .50/6	per day
Sep. Allow.	£20.00.	" Month.

Paid in full up to and including 30/8/18.

F. H. M.
Major,
Chief Paymaster & O 1/c. Records.

PAY & RECORD OFFICE,
58, VICTORIA STREET,
LONDON. S.W.(1).

July 29th. 1918.

NR

No. 4276.

N.F.P./11.

NEWFOUNDLAND CONTINGENT

DUPLICATE
MAIL COPY.

ALLOTMENT

I, (No.) 2804 (Rank) Plt. (Name) W.C. Squires

hereby agree, until further notification by me, and in required form, to make an Allotment of dollars and fifty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person)	
			\$	c.
<u>Wife</u>	<u>Mrs W.C. Squires</u>	<u>of Mrs Russell 2a Foundry Lane Colebrook St. Winchester Coorg.</u>		<u>50</u>
				<u>50</u>

This Allotment to take effect from and including May 1st 1918
Payable in Newfoundland from (inc) 3/8/18
NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L. 10, 9/12/16.

(Sig.) G. Trease Lt.
Officer Commanding,
" " Company.

Dated at

Winchester
Apr. 12 1918.

(Sig.) W.C. Squires
Allotter.

N.B.



3

1ST. NEWFOUNDLAND REGIMENT

10

ALLOTMENTS

I, Wm C. Squires, Regl. No. 2804

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 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 21 1916

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2407	not	Ms Emily Squires	South Side Blackhead Road opp. Beacomys Bakery	50
Total Allotment, \$				

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.) Chas H. Ayle Capt.
Officer Commanding
C Company

(Sig.) William C. Squires
rank of Charles
(Rank) pte

St John's
June 17 1916.

FIRST NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch.)

Notice.

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

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

THE PAYMASTER
Separation Allowance Branch,
St. John's Nfld.

1.

Name in full of Soldier. Rank. Reg't. or Unit. Reg't. No.
William Charles Squires Private Royal Arty. 28.04

2. Age of Soldier

29 years

Married or Single.

Single

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

Emily Squires

56

Occupation

Permanent Address.

*South Side
Blackhead Road.*

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

Benjamin Squires

Dead

Occupation

Where employed.

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

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue)

7. If you are a widow, state date and place of death of your husband.

March 21st, 1917 at St. John's, N.F.

8. Have you married again since death of above mentioned husband?

No.

9. Names of your other Children. Address in Full. Age. Occupation. Married or Single.

<i>Benjamin Squires</i>	<i>Water St. W.</i>	<i>39</i>	<i>Fireman,</i>	<i>Married</i>
<i>Subannah Sullivan</i>	<i>Plant Rd.</i>	<i>36</i>	<i>Fireman</i>	<i>Do.</i>
<i>Samuel Squires</i>	<i>Cuddihy St.</i>	<i>34</i>	<i>Fireman</i>	<i>Do.</i>
<i>Emily Thompson</i>	<i>Lower South Side</i>	<i>27</i>	<i>—</i>	<i>Do.</i>
<i>Ada May Holloway</i>	<i>Scotland</i>	<i>23</i>	<i>—</i>	<i>Do.</i>
<i>Lillian Westcott</i>	<i>Wesley St.</i>	<i>21</i>	<i>—</i>	<i>Do.</i>
<i>John Squires</i>	<i>1st Reg. (Prince)</i>	<i>30</i>	<i>Soldier</i>	<i>Single</i>

10. State amount earned by (a) yourself (b) Your husband (a) Nothing (b)
11. State amount and source of any other income. *I get 60¢ per day from my son John with Royal H. Regulator*
12. State value of Real Property belonging to you and your husband. *No value*
13. State value of personal property belonging to you and your husband. *No value*
14. If husband is dead state value of Real and personal Property left by him. *No value*
15. Actual amount contributed by soldier during the year prior to enlistment. *An average of \$5.00 per week*
16. Was this amount contributed weekly or monthly. *Irregularly*
17. Did this amount include payment of son's Board etc. *Yes*
18. State your son's trade or occupation prior to enlistment. *House on street*
19. State amount of his wages per week. *I do not know*
20. State name and address of his last employer. *Red Cross Hampshire Coy*
21. State amount of support monthly from son since enlistment. *\$15.50 per month*
22. State amount of Allotment received by you from son monthly. *\$15.50 per month*
23. From what date did you receive Allotment? *August 1916*
24. Actual amount contributed by other children } *Weekly Monthly Nothing except as above from son John.*
25. Are any of these children in the employ of you or husband? *_____*
26. If not receiving support from other children state cause, Explain fully. *They are all married.*
27. With whom are you residing at present. *I live in a rented house Blackbird Road, South Side*
28. Have you made a previous claim for Separation Allowance,? If not, Why? Give particulars. *My youngest daughter lives with me. No.*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*

30. Are you in receipt of any payment from any Patriotic Fund? If so, How much.

No,

31. Was the Soldier at time of his enlistment an employee of the Newfoundland Government.

No,

32. In what capacity and in what place.

33. Is he in receipt of a salary as much while serving in the 1st. Nfld. Regt. If so, how much?

No,

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

Signature of Applicant..... Emily X Squires

Place of Residence Blackhead Road South Side

Declared and subscribed before me at..... St. John's Newfoundland

this 12th day of March 1918.

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

John McCarthy JP

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

Signature of Clergyman

Signature of Member of Patriotic Committee.....

Approved 28/3/18.

J. Proulx
Judge C. B. Coulter

W. J. R.
M. S.

J. R. L.

1918 - 1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 20⁰⁰

Sept 7th 19 18

Received from the First Newfoundland Regiment
the sum of Twenty 00 Dollars.
on account balance of Pay.

^{his}
W. L. Squires
mark.

Regtl. No. Rank Pte

Ch. No. <u>2293</u>	Initials <u>EW</u>
Pay Ledger <u>215</u>	Initials <u>W</u>
Gen. Ledger	Initials <u>J</u>

No. 2804

Rank

PL

Name

Lewis W.C.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15⁰⁰

Aug 8th 1912

Received from the First Newfoundland Regiment

the sum of fifteen Dollars.

on account of Pay.
~~balance~~

^{to}
W. C. Squires
~~mark~~

Ch. No. <u>877</u> ...	Initials <u>EW</u>
Pay Ledger <u>215⁵</u>	Initials <u>W</u>
Gen. Ledger.....	Initials.....

Regtl. No. Rank Pte

gc

No.

Rank

2804

Name

Squire

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 35⁰⁰/₁₀₀

Feb 24 1919

Received from the First Newfoundland Regiment

the sum of Thirty five 00 Dollars.
~~on account~~ of Pay. Clockroy
balance

W. X. Squires
Rank Pt

Regtl. No. 2804

Wit J. C. ...

Ch. No. 11678	Initials. EW
Pay Ledger 34	Initials. J
Gen. Ledger	Initials.

No. 2804

Rank

Pt-

Name

Squires - W

1918-1919

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 3⁰⁰

Aug 31 ^{St.} 19 18

Received from the First Newfoundland Regiment

the sum of Five ⁰⁰ Dollars.
on account of Pay.
balance

St
Squires W. E.
MORRIS

Regtl. No. Rank

Ch. No. <u>2003</u>	Initials
Pay Ledger .. <u>215</u>	Initials .. <u>W.M.</u>
Gen. Ledger	Initials .. <u>J</u>

No. 2804 Rank P6-

Name Squires, W. C.

Reg. No. 2204 Rank Pl Name Squires W

Attested Address

Allotment Allottee

Date of Allotment Returned from Overseas 8-8-18

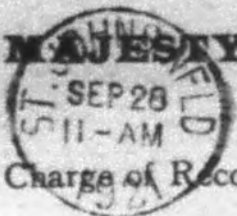
Embarked for Overseas Cause Discharge

8 leaves 9-8-18 to 24-8-18
Sept 25, 18 Rec - dis - Per - unfit + out Patient for Massage
UNFIT 9-10-18 Dis 163

DISCHARGED—MEDICALLY

Fold Here

ON HIS MAJESTY'S SERVICE



To the Officer in Charge of Records,

The Royal Nfld Regt.,

Dept of Militia,

St. John's Nfld.

Fold Here



July 5th. 1921. 1919.

The accompanying King's Certificate, on his discharge,

(No. 1009), is forwarded herewith to

William Squires,

in respect of his service as No. 2804 Rank Pvte.

Name Wm. Squires, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received Sept. 25th 1921 *certificate*

Signature W^m Squires *WJ.*

Date Sept. 25th

Address Post 1st Side.



Fold Here

ON HIS MAJESTY'S SERVICE



To the Officer in Charge of Records,



Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Postmark

Post

Address

10 10

SEP 21 1921.

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

is/are forwarded herewith to

William G. Squires

in respect of his service as No. 2804 Rank Pte.

Name W.C. Squires Royal Nfld. Regt.

Receipt of the same should be acknowledged hereon.

Received Victory & British War
Medals.

Signature William Squires

Date Oct-12th 1921

Address South Side Blackha. Ra

[P.T.O.]

Casualty Form—Active Service.

Regimental Number **2804**

Regiment or Corps 2/1 Newfoundland Regt
 Rank Pte Surname Squires W Christian Name W^m B.

Religion 69^e Age on Enlistment 28 years 3 months.

Enlisted (a) St John's Terms of Service (a) Duration Service reckons from (a) 23/5/16.

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

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

Signature of Officer i/c Records.

1917
 27 JUL 1918
 1 MAR 1917
 15.4.17
 16.4.17
 4.5.17

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 ... <u>Southampton</u>	<u>30/12/16</u>	
		Disembarked ... <u>Spou</u>	<u>31/12/16</u>	
		<u>Joined Battalion</u>	<u>1 FEB 1917</u>	
	<u>N. 2. Stg. Hosp.</u>	<u>Ad. Myalgia</u>	<u>Amiens</u>	<u>12.2.17 H.A. 6751</u>
	<u>3 Stg Hosp.</u>	<u>Ady. Pneumonia</u>	<u>Rouen</u>	<u>18/2/17. HA 6892.</u>
	<u>29 IWB</u>	<u>Joined Base Dep.</u>	<u>Rouen</u>	<u>28/2/17 Newfoundland</u>
<u>1 MAR 1917</u>	<u>Unit</u>	<u>Re-Joined Battalion</u>	<u>In the Field</u>	<u>3 1 MAR 1917 B 213</u>
<u>15.4.17</u>	<u>Do</u>	<u>Wounded in Action</u>	<u>France</u>	<u>14 APR 1917 B 213</u>
<u>16.4.17</u>	<u>87 FA</u>	<u>Ad. & trans E.W.R. & Mace</u>	<u>G.C.A.</u>	<u>14.4.17 G.D. 3085.</u>
<u>4.5.17</u>	<u>185 Hosp</u>	<u>Ad. Do</u>	<u>Barnesbairns</u>	<u>15.4.17 HA 8633.</u>
	<u>Panama</u>	<u>Invalided to England</u>		<u>20 4.17 W 3083.</u>

(a) In the case of a man who has re-engaged for, or called into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing Smith, &c.

G. I. No. 1 Reg. Infantry Section [P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Collett & Sons Ltd., Printers, Old Bailey, E.C. 4.
 Forms B. 121, 1000s 6/10s 33 50

Regiment of *Newfoundland*

Number of Sheet *First*
 Signature of O. C. Company *St. John's*

Regimental Number and Name <i>1st Squadron 200</i>		Enlistment Age on <i>28</i> years <i>3</i> months		Trade <i>Labourer</i>	Good Conduct Badges, Service Pay or Proficiency Pay
Joined <i>Sept</i> Date <i>5/9/16</i>	Place and Date of Enlistment <i>St. John's 27/5/16</i>	Religion <i>R.C.</i>			
Joined Date	Period of { with Colours <i>2</i> years. with Reserve <i>140</i> years.	Place of Birth <i>St. John's</i>			
Joined Date					



Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discontinuing with trial	By whom awarded	REMARKS
				<i>Medically Unfit</i>	<i>St. John's</i>	<i>9¹⁰/₁₈</i>			

To be carried over

COPIES SENT
 O.C. 1st BN
1917
 27 JUL 1918

Army Form B. 121.

