



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *5079*

Name *William R. Squires* Corps *Co F E.*

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

1. What is your name? ..... *William R. Squires*
2. What is your full Address? ..... *S. Phillips  
S. Phoenix West*
3. Are you a British Subject? ..... *yes*
4. What is your age? ..... *22* Years ..... Months
5. What is your Trade or Calling? ..... *Conductor*
6. Are you Married? ..... *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? ..... *no*
8. Are you willing to be vaccinated or re-vaccinated? ..... *yes*
9. Are you willing to be enlisted for General Service? ..... *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... (Name) ..... (Corps) ..... *yes*
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? ..... *yes*

I, *William R. 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.

*William R. Squires* SIGNATURE OF RECRUIT.

*Jack P. Moran* Signature of Witness.

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

I, *William R. 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 *S. Phoenix* on this *16* day of *May* 191*8*.

Signature of Attesting Officer *C. A. Dicks*

### CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been compiled with. I accordingly approve, and appoint him to the ..... If enlisted by special authority, such will be attached to the original attestation.

Date ..... 191*8* ..... } 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) .....





# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. *2079*

Name *Wm. R. Squires*

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

1. What is your name? ..... 1. *William R. Squires*
2. What is your full Address? ..... 2. *S. Phillips*
3. Are you a British Subject? ..... 3. *yes*
4. What is your age? ..... 4. *27* years ..... Months
5. What is your Trade or Calling? ..... 5. *Conductor*
6. Are you Married? ..... 6. *no*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so, which? ..... 7. *no*
8. Are you willing to be vaccinated or re-vaccinated? ..... 8. *yes*
9. Are you willing to be enlisted for General Service? ..... 9. *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? ..... 10. Name ..... Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... 11. *yes*

I, *William R. 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.

*William R. Squires* SIGNATURE OF RECRUIT.  
*Jas. W. Pittman* Signature of Witness.

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

I, *William R. 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 *16* day of *May*, 191*8*.  
 Signature of Attesting Officer *C. S. Dicks 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 ..... 191*8*  
 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

5079

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

Name William A. Squires  
 Apparent age 22 years 0 months. Height 5 feet 8 1/2 inches  
 Chest Measurement { Girth when fully expanded 36 inches  
 Range of expansion 5 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Caleb Squires & Philip Squires 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.  
 (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 Co.	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 lighter engagement reckons from <u>16-5-18</u>									
Joined at <u>W. Mass</u> on <u>May 16-1918</u>									
<u>(Discharged April 1-1918)</u>									
<u>Special duty at Camp Grant 2-9-18</u>									
<u>Returned to depot 9-9-18</u>									
<u>Special duty at Camp Grant 8-10-18</u>									
<u>Returned to depot 10-10-18</u>									
<u>Discharged Medically unfit 1-11-18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 1-11-1918 (date of discharge) \_\_\_\_\_ years 170 days  
 Pensions \_\_\_\_\_

C.R.

5079

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

5079 L/C W.R.Squires,

Discharged 1-11-18, medically unfit

C.R. 5079

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, Nov16th, 1918.

5079 L/C. W.R. Squires.

Having been found Medically Unfit is discharged from.

1-11-18.

MM.

C.R. 5079

Extract from Daily Orders, Part 11, USIF: The Royal Newfoundland  
Regiment, dated October 18th 1918.

SPECIAL DUTY.

\*\*\*\*\*

THE UNDERMENTIONED RETURNED FROM SPECIAL DUTY AT HIS BEARL 10/10/18.

5079 L/C. W. Squires.

C.R. 5079

Extract from Daily Orders part 11

Dept St. John's dated March Oct. 9th 1918.

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5079 L/C W. SQUIRES.

Proceeded Sepcl. Duty to Mt. Pearl 8-10-18.



C.R. 5079

*Preliminary Report*

Extract from List to O.C. Depot from The Director of Medical Services,  
dated October 16th 1918.

At a Medical Board held on ~~Wednesday~~ Friday, October 18th., the following  
was a finding:-

5079 L/C. W.R. Squires.

Recommended Discharge - Permanently Unfit.

C.R. 5079

Extract from Daily Orders Part 11 Depot St. John's September 12th 1918.

#5079 L/C. W. Squires.

THE ABOVE MENTIONED SOLDIER ~~RECORDED~~ RETURNED FROM SPECIAL DUTY  
AT R. N. CO'S DEY DOCK 9-9-18.

C.R. 5079

Extract from Daily Orders Part 11 Unit The Royal Nfld.  
Regt. St. John's, dated Sept.5th, 1918.

The undernoted man proceeded on Special Duty at R.N.Coy. Dry  
Dock. St. John's, 2-9-18.

5079 B/cpl. W. Squires.

C.R.

C.I. 5079

Extract from Daily Orders part 11, from Unit The Royal  
Hild. Regt. St. John's dated July 13, 1918.

#5079 Pte. W. Squires.

To be Lance-Corporal from July 13, 1918.

C.R. 5079

Extract from Daily Orders part 11, from UnitnThe Royal  
Hfld.Regt.St.John's,dated May 17,1918

#5079 Pte. W.R. Squires.

Attested for General Service with the Royal Hfld.Regt.  
from 16.5.18 to report 1.6.18

W. R. Squires of Broad Cove  
C. B. Consultation with  
reference to his eyes on  
July 19/1918.

His vision without glasses  
 $\frac{1}{7}$  in either eye  
with a correction of -3. in  
either eye his vision is  
improved to OD  $\frac{4}{4}$   
OS  $\frac{1}{2}$

This (without glasses) is well  
below the standard for  
military service.



7d / Service  
Suburban

G. N. [unclear]  
Sept. 17/1918

201  
This man was taken off  
last draft by Major Peterson.  
He brings this report from  
St. Murphy. Will you please  
say if he is fit for  
service or not?

W. Murphy Ass't Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld.

SEP 19 1918

Squires, J<sup>ca</sup>

5079

Ray Sept.



## Proceedings on Discharge.

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

No. <u>5079</u>	Army Rank <u>Lance Corporal</u>
Name <u>William R. Squires</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>	
Corps <u>The Royal Newfoundland Regt.</u>	
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &amp;c., or to General Staff of the Army, it should be so stated.)</small>	
Date of discharge <u>November 1st 1918</u>	
Place of discharge <u>St. John's Nfld.</u>	
1. <u>Description at the time of discharge.</u>	
Age <u>22</u> years <u>5</u> months Height <u>5</u> feet <u>8 1/2</u> inches Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins. Complexion <u>fair</u> Eyes <u>gray</u> Hair <u>brown</u> Trade <u>conductor</u> Intended place of residence <u>St. Phillips</u> (To be given as fully as practicable)	Descriptive marks.          <div style="text-align: right; font-family: cursive;">                     16 70 37 51 20 27 170                 </div>
2. The above-named man is discharged in consequence of <u>being no longer physically fit for war service.</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. Military character :- <u>OK</u>	
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* _____	

To be filled in on the soldier quitting the Colours.

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 \_\_\_\_\_ Battn. \_\_\_\_\_ 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) \_\_\_\_\_

*W R Squires* (Signature of Soldier.)

(Date) \_\_\_\_\_

\_\_\_\_\_ (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.)

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No Reservations.  
W R Squires

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

## MEDICAL HISTORY

OF

Surname SquiresChristian Name William R.

## Table I.—GENERAL TABLE

Birthplace: Parish St. Philips & St. Johns County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May		191
at	St. Johns		at	
Declared Age	27	years		days
Traile or Occupation	Conductor			
Height	5	feet	5	feet
		8 1/2		inches
Weight	139	lbs.		lbs.
Chest Measure	Girth when fully expanded		36	inches
	Range of Expansion		5	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	1 scar			
When Vaccinated	10th ago			
Vision	R.E.—V <sub>m</sub>	6/24	R.E.—V <sub>m</sub>	
	L.E.—V <sub>m</sub>	6/24	L.E.—V <sub>m</sub>	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	Lammert Peterson			
(Rank)				
Enlisted	at St. Johns		at	
	on	16 day of May	on	day of 191
Joined on Enlistment	Corps	Regtl. No.	Corps	Regtl. No.
	The Royal 5079			
Transferred to	Nfld Regt			
Became non-effective by				
(Signature)	on	day of	on	day of
(Rank)				





## 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 R.*  
 Regiment from which discharged *1st. Newfoundland*  
 Regimental number *5079*  
 Intended address *St Phillips CR*  
 Height on discharge *5 Feet 8 1/2 in*  
 Color of hair on discharge *Brown*  
 Complexion *Fair*  
 Color of eyes *Grey*  
 Descriptive Marks  
 Figure on discharge *medium*  
 Christian name of Father *Calah*  
 Christian name of Mother *Jane*  
 Wife's maiden name in full  
 Date and place of marriage  
 Christian names of children  
 Place and date of soldier's birth. *St Phillips CR 26<sup>th</sup> April 1896*  
 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) *William R Squires*

Station *St Johns* Date *L/corp 5<sup>th</sup> Oct 1918* (Rank)

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.

*Robert Giff*  
 Medical Officer, Hospital,  
 Unit, or Command Depot.

Station *St Johns* Date *5<sup>th</sup> Oct 1918*



Department of Militia, Newfoundland.  
Medical Department.

*Medical Report on an Invalid.*

NOTES:—

- (a) This report is solely concerned with Pensions.  
 (b) A single copy only is required.  
 (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.  
 (d) Be as brief as possible compatible with lucidity.  
 (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.  
 (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station *St. John's*  
 Date *Oct. 15/18*

1. Unit *1st. Newfoundland*  
 2. Regimental No. *5079*  
 3. Rank. *L/Cpl* at *St. John's*  
 4. Name. *Squires W.R.*  
 5. Age last birthday. *22 yrs*  
 6. Enlisted on *16<sup>th</sup> May 1918*  
 7. Former trade or occupation *Street Car Conductor*

8. Disability

*myopia*

9. History: *Since Childhood has had great difficulty in making out objects, improved of him which were any distance in abdomen. Everything seemed dull and muddy looking. Had treatment until three yrs. ago. when he secured glasses.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

*General health good at present  
suffering from myopia attached  
statement given by Dr. Murphy.*

11. Was sanatorium operation advised and refused? \_\_\_\_\_

12. Do you recommend discharge as permanently unfit? \_\_\_\_\_

Signature

*J.B. Keilly Capt*

Rank or Qualification

*P.A.M.C.*

Remarks if any by Officer i/c Hospital.

Place

.....

Signature

.....

Date

.....

Rank

.....



## Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x  
Erase inapplicable words.

13. For pension purposes, the disability x *Cannot* be considered as aggravated by:—  
due to  
(a) Service during this war. (b) Climate. (c) Ordinary Military Service  
Remarks if any:—
14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings. *Yes*

15. At present his capacity for earning a full livelihood in the general labor market is lessened by:—  
(Here the president should write in Total, 4-5, 3-5, 2-5, 1-5).

Remarks if any:— *nil*

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance. (b) Misconduct.

18. The refusal of operation sanatorium is:— (a) Reasonable. (b) Unreasonable.

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to  
General Hospital,  
Naval and Military Con-  
valescent Hospital,  
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army *Permanently unfit*

Remarks if any:—

Signatures.

*M. S. Fraser* ..... President  
*J. Sinclair Lead* .....  
*L. Paterson, major* .....

Place *St. John's* .....

Date *Oct. 18/18* .....

APPROVED

Station .....

Date .....



*Cluny Macpherson*  
D. W. F. NEWFOUNDLAND  
Administrative Medical Officer.

## ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at

the quarters May 16/18

1. Name William R. Squires Age (a) Declared 22  
(b) Apparent
2. Do you know of anything wrong with you? no

What severe illnesses have you had?

none

3. Height 5ft 8 1/2 in Weight 139 lbs
4. Eyesight (a) Left 2/24 (b) Right 2/4
5. Physical Defects (Examine after strenuous exercise)

6. Examination of Lungs h
- Measurement

(a) Expiration

31

(b) Inspiration

36

7. Examination of Heart h

8. Examination of Urine

9. Examination of Mouth—(Defective Speech)

Teeth

Throat

Nose

Ears—(Otorrhea)

(Deafness)

10. Have you been successfully vaccinated, and when? yes 1st & 2nd / 1st & 2nd

11. Name and address of next of kin Father Caleb S. Phillips, St. John's

REMARKS—

All

W. Burdett  
Archibald





# The Royal Newfoundland Regiment

## REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 5<sup>th</sup> Oct 1918

Regimental No. 5079

Name Senius, H R.

Address \_\_\_\_\_

Disease or Disability

Severe Erythema

*Myers*  
Chief Medical Officer  
Newfoundland Regt.

Finding of last Standing Medical Board,

held on \_\_\_\_\_ 19\_\_\_\_

Present Condition

Not due to military service

Recommendation

Discharge - Standing med. Bd for  
discharge

Category \_\_\_\_\_

Members  
of  
Board

W. H. [Signature] Asst Adjutant  
Depot The Royal Newfoundland Regiment  
St. John's, Nfld. C. Depot

[Signature] Gov. D. D. M. S.

[Signature] Capt  
[Signature] M. O. Depot

To be Noted

This is to certify that on June 18  
I examined W. R. Spence's eyes &  
found the following:

Without glasses C/D  $\frac{4}{120} = \frac{6}{40}$   
G/S  $\frac{16}{120} = \frac{6}{40}$

With glasses C/D  $\frac{4}{60} = \frac{6}{20}$   
G/S  $\frac{4}{32} = \frac{6}{12}$

He is myopic.

E. N. Murphy

July 3/18

Result of examination of Mr. R.  
Squint eyes  
Examination made with Aphthel-  
omoculor, Aphthelomocope,  
Kutinocopy & trial lenses

OD Vision  $\frac{H}{121}$

OS  $\frac{H}{121}$

Patient has compound myopic  
astigmatism of at least

2. D

G. N. Murphy  
June 18 / 1918

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.

1. Christian name *Wm. Keith* 2. Surname *Squires*

3. Rank *1st Lieut.* 4. Regt. No. *5099*

5. Address in full to which future payments of gratuity are to be forwarded *St. Phillips St. John's*

6. Date of enlistment in the Regiment *May 1918*

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

8. Relationship of such dependents *mother*

9. Address in full of such dependent *St. Phillips St. John's*

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 *in Nfld. only*

12. Give total length of time which you served on active service whether in Nfld. or Overseas *May 1918 to Dec 1918*

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.....

*£50 on discharge*

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

*yes*

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. ....

*No*

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

*No*

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

*not applicable*

19. Are you now serving in the Regt.? *No* ... If not give:- (a) Date of discharge. *Nov. 9/18* ... (b) Reason for discharge. ....

*War Service*

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

*No*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.? *No*

(b). If so, are you in receipt of full pay and allowances from that Committee.....

*No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.



Signature of Applicant: *William Richard Simpson*

Place of Residence: *St Phillips St. Johns N.S.*

Declared before me at: *St Johns*  
This *19* day of *April* 19*19*.

*William R. Simpson*  
*Esq.*

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

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified Correct.			<i>W.R.S.</i>	Pryster.





# THE ROYAL NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, William R Squires, Regl. No. 5079

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 <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz :

Allotment begins July 1st

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	Address	AMOUNT (each person)
<u>5079</u> <u>4619</u>	<u>Mother</u>	<u>Mrs Capel Ward Squires</u>	<u>St Phillips St John's</u>	<u>60</u>
Total Allotment, \$				<u>60</u>

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.) [Signature]  
 Officer Commanding  
 Company  
[Signature]  
June 27 1918

(Sig.) W R Squires  
 (Rank) Co.



## DEPARTMENT OF MILITIA

ADDRESS REPLY TO  
DEPARTMENT OF MILITIA  
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND.

22m, Oct. 1918.

ACCOUNT	<i>Transportation</i>	
CH. NO.	<i>4384</i>	INITIALS <i>JS</i>
IND. LEDGER	INITIALS	
PAY LEDGER	INITIALS	
GEN. LEDGER	INITIALS	

The Transportation Party Concerned

Dear Sir:

Kindly provide

L/Corp. W.R. Squires, No. 5079, with First  
Class Passage, to St. Phillip's and charge  
to Royal Newfoundland Regiment.

Yours truly,

Lieut.  
For Paymaster

*Paid*  
*Hugh Bishop*  
*28/10/18*

*O.K. for \$7.00*  
*W. Rowley, Capt.*  
*Paymaster*

*W.R.*

*Hugh Bishop #151*  
*7.00*

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Number of Sheet one  
Signature of O. C. Company R. D. Drake Lieut

Regiment of Royal Newfound Land

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>Squads W.M.F.</u>	Age on <u>22</u> years <u>11</u> months	Trade	<u>Conductor</u>	<u>3-7-18 Promoted to Lance Corporal.</u>
Joined	Date	Place and Date of Enlistment	Religion	<u>C of E.</u>	
Joined	Date	} with Colours <u>70</u> years.	Place of Birth	<u>St Philips St John's West</u>	
Joined	Date	} with Reserve <u>36</u> years.			

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>Radically Drifted</u>	<u>1 11/18</u>				

To be carried over

Army Form B. 121.

Δ 5079

November. 15th. 1918.

The O..O.

Royal Newfoundland Regiment.

Depot.

Sir,-

I have the honour to inform you that the under-mentioned men have been discharged on the dates given.

Kindly note and post in Daily Orders Part 11.

I have the Honour to be. etc.,

Sgd.....J. M. Howley.  
Capt.

Paymaster & O. i/o/ Records.

No.	5254.	Private.	Taylor, Lemuel	Oct. 29th. 1918.	Med. Unfit.
"	3689.	Private.	Ryder, Donald	Oct. 30th. 1918.	Do
"	2361.	Private.	Hallerhan, Patrick.	Oct. 31st. 1918	do
"	3294.	Private.	Hillier, John.Wm.	Oct. 31st. 1918	do
"	2584.	Private.	Gillispie, Ptk.	Oct. 31st. 1918	do
"	4697.	Private.	Jackman. John J.	Nov. 1st. 1918	do
"	5079.	Lt. Cpl.	Squires. Wm.R.	Nov. 1st. 1918	do
"	8187.	do	Rideout, Dorman.	Nov. 1st. 1918	do.

October 22nd. 1918

From Assistant Adjutant  
Depot.

To Paymaster & Officer i/c Records.  
Militia Dept.

y 5079, L/Crpl. Squires, W.R.  
y 5457, Pte. J. Locke

Above noted men have been recommended for discharge as permanently unfit by Medical Board, held on Friday, October 18th. I am sending them herewith for your attention, and necessary action, please. L/Crpl. Squires has an allotment current of 60/ p. day. Pte. Locke has no allotment current. Their accounts on Company Pay Sheets have been squared up to and including October 22.d 1918.

WFC

Reg. No. 5049 Rank: Pte Name: Squires Wm G.  
Attested 16-5-18. Address: St. Phillips  
Allotment: Co 4 Allottee: Mrs Cabel Squires (Mother)  
Date of Allotment: 1-7-18. Returned from Overseas:  
Embarked for Overseas Cause:

Vacant 9-18. 1<sup>st</sup> Inco 20/6/18. 2<sup>nd</sup> 24/6/18. 3<sup>rd</sup> 4/7/18.  
4. leave 13/6/18 to 17/6/18. Returns 18/6/18.  
13/7/18. Promoted to C/O pl.  
2/9/18. Special Duty by boat. Returns 9/9/18.  
3/10/18. Special Duty Mounts Karl. Returns 10/10/18.  
5-10-18. Headquarters Travelling Board recommends S.M.B.  
for discharge  
18-10-18. Recommended discharge permanently unfit.  
DISCHARGED - MEDICALLY UNFIT 1-11-18 S/S 204