



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2622 Name R. L. Stevens Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. R. L. Stevens
2. What is your full Address? 2. St. John's, Nfld.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 7 Months
5. What is your Trade or Calling? 5. Soldier
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? } II. No

I,, 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.

2.4.16

R. L. Stevens SIGNATURE OF RECRUIT.
..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,, 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

on this day of 1916

Signature of Attesting Officer H. G. [Signature]

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 1916 }
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)



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 2622 Name R. L. Stevenson Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>R. L. Stevenson</u> |
| 2. What is your full Address? | 2. <u>Ship Head, St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>18</u> Years <u>7</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Sailor</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>Yes</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, R. L. Stevenson 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.

S. of. 28/16

R. L. Stevenson SIGNATURE OF RECRUIT.

H. D. M. Bridge Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I.....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.....

on this..... day of..... 1916

Signature of Attesting Officer H. D. M. Bridge

†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).....

2622



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2622 Name R. L. Stevenson Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. R. L. Stevenson
- 2. What is your full Address? 2. Ship Head
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 18 Years 7 Months
- 5. What is your Trade or Calling? 5. Sailor
- 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. Yes
- 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, R. L. Stevenson 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.

S. of. 26/16

R. L. Stevenson SIGNATURE OF RECRUIT.
H. D. M. Bridge Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, 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 Ship Head on this 22 day of Apr 1916

Signature of Attesting Officer H. D. M. Bridge

†CERTIFICATE OF APPROVING OFFICER.

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

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

Date 191
Place } Approving Officer.

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

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



This Form is to be used in connection with Pamph. M. E. (2)
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

R. L. Stevenson

J. M. W.

aged

19

conducted at

C. L. B.

Date:

Apr 27/16

Recruiting Officer:

NO OF TEST

FINDING

- 1 *no*
- 2 *no*
- 3 *no*
- 4 *no*
- 5 *no*
- 6 *no*
- 7 *yes*
- 8 *yes*
- 9 *no*
- 10 *no*
- 11 *no*
- 12 *no*
- 13 *no*
- 14 *no*
- 15 *no*
- 16 *no*
- 17 *no*
- 18 *no*
- 19 *of Bath*
- 20 *no*
- 21 *no*
- 22 *no*
- 23 *no*
- 24 *no*
- 25 *no*
- 26 *no*
- 27 *no*
- 28 *no*
- 29 *no*
- 30 *no*
- 31 *no*
- 32 *no*
- 33 *yes 17 lbs*
- 34 *5-6*
- 35 *1-3 lbs*
- 36 *34-36*
- 37 *\$20*
- 38 *parent for Robert Stevenson Harbour Grace*
- 39 *none*

26 22

Signature of Medical Examiner:

William Roberts

25 Spencey Street
City 30.7.19

C.R. 2622

Dear Sirs:

I beg to apply
for one month's war service
gratuity pay for the
purpose of getting clothes
and other necessities,
which thirteen dollars
minus eight for board,
per week, won't allow.

of ours in Anticipation

Yours
W. J. Stevenson

P.M.

Under C.R. Com. P has he rec'd
his one pay. please? R

Yes payment
but allow further R

C.F. 2622

Extract from Daily Orders part II, Unit
St. John's dated May 5th., 1919.

The discharge of the unernotedcon demobilisation
has been CONFIRMED by Officer i/c Records on 1-5-19.

#2622 Pte. R.L. Stevenson.

C.R. 2622

Nominal Roll
Extract from/Mfld. Regt. from 2nd Bn. Depot, to 1st Bn.
B.E.F. Embarked Southampton, Draft No.12, 11-10-16.

2622 Pte. R. Stevenson.

C.R. 2622

Extract from Daily Orders Part 11 Unit The Royal Newfound-
land Regt. St. John's, April 21st, 1919.

The discharge of the undernoted on demobilization has been
APPROVED O.C. DISCHARGE DEPOT from noted date.

2622 Pte. R.L. Stevenson

18-4-19.

C.R. 2622

Extract
~~Extract~~ of Preliminary Report of a Medical Board held on
Thursday Evening April 10th/19. The following was the find-
ing.

Recommended Discharge from the Army.

#2622 Pte. R. Stephenson.

C.R. 2622

Extract of Telegram from Syn., London, to Military
March 15th/19.

Following has embarked "Baltic" Liverpool for Halifax
March 12th.
Under A.F.B. 179.

#2622 Stevenson.

"C.R. 2622

Extract from Daily Orders part II. Depot "Inchester
dated 24-12-18. by Lieut. Col., B. J. Barton, BSO.
Officer Commanding 2nd., Battalion of the Royal
New Zealand Regiment

The undermentioned returned from the 1st., Battalion
and reported at the depot and was posted to "H" Co.,
from 23-12-18.

#2622 Pte. R. Stevenson.

C.R. 2622

Extract of Casualties from Pay & Record Office London, dated Dec.
23/12/18.

The undermentioned was struck off the strength of the P. & R.O., London
and proceeded to join the 2/Bn., Winchester, 23/12/18.

2622 Pte. Stevenson, R. *L.L.*

O. 1/o Records Nfld, Contgt.

CR. 2622

Extract from Daily Orders By. Lt. Col. B.J. Barton, D.S.O.
Commanding 2nd Bn. Royal Nfld. Regt. 29-8-18.

The undermentioned man is struck off the strength as from
date mentioned below.

2622 Pte. Stephenson.

6-8-18.

C.R. 2622

Extract of Casualty List received from Pay and record Office
London dated Mar. 5th. 1918.

From 3rd. London General Hospital Wandsworth S.W., with furlough
from 4th. to 13th. of March 1918. Fit for Command Depot 11.

2622 Pte. R.L. Stevenson ✓

1st. Nfld. Regt. Auth: A.F. W. 3016.

C.R. 2622

Extract from Casualties received from Pay and Record
Office, London dated January 4th., 1918.

The u/m men of the 1/1st Newfoundland Regt. have
been discharged from the 3rd., London General
Hospital, Wandsworth, on the 3/1/17, and have been
granted furlough during the period stated below.

2622 Pte. R. L. Stephenson.

3-1-17. -12-1-17

C.R. 2622

Extract from Daily Orders Part 11, UNIT: The Royal
Newfoundland Regiment, dated 29th. Dec. 1918.

STRENGTH.

2622 Pte. R.L. Stevenson.

Invalided to U. K. 21/11/17. Wdet.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender *Mr. Albert Stevenson* Address _____

Line Number	Rcd	By	Sent	by	Check

Dated November 27, 1917.

To Mr. Albert Stevenson,

Ship Head, Harbor Grace.

Regret to inform you that Record Office

London, officially reports No. 2622, Private

R. L. Stevenson, has been admitted to Wandsworth

suffering from synovitis right knee.

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

~~John A. Squires~~ R.A. SQUIRES

Colonial Secretary.

FOR TYPEWRITER

C.R. 2622

Extract from Nominal Roll of Draft. No.29: 51 Other Ranks from 2/1st
Newfoundland Regt., to 1/1st Newfoundland Regt., B.S.F. Embarked
Southampton 7/9/17.

2622 Pte. Stevenson, R.L.

MP

C.R.

2622

Extract of Casualty List received from P. & R. O.
January 4th. 1917.

2622, Pte R. L. Stevenson. ✓

The following man of the 1/1 Nfld Regiment has been discharged from the 3rd London General Hospital Wandsworth on 3/1/17, and have been granted furlough from 3/1/17 to 12/1/18. Fit for 1 Duty.

C.R. 2622

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & R. O. December 19th 1916.

2622 Pte R. L. Stevenson.

1/Newfoundland Trench Feet. Slt to Eng. ex 10 Gen. H. 11th Dec. 1916.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World****All Messages Sent are Subject to the Following Conditions:**

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender

Frederick M. Steveson

Address

Line Number	Red	By	Sent	by	Check

Dated

December 15, 1916.

To

Mr. Albert Stevenson,
Ship Head,
Harbor Grace.

Regret to inform you that Record Office,
London, officially reports No. 2622, Private R. L.
Stevenson, is at Wandsworth suffering from trenchfoot.

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

J. R. BENNETT,

Colonial Secretary.

Extract of Cablegram received from London,
dated December 14, 1916.

2622 Pte. Stevenson.

Trench foot, at Wandsworth.

✓

C.R. 2622

Extract of Casualties received from Royal Record Office,
London, dated December 15, 1916.

2622 Pte. R.L. Stevenson.

Trench foot severe.

Admitted 10 General Hospital Rouen, 5th December 1916.

✓

C.R. 2622

Extract from Casualties List No. H. A. 4859.

2622 Pte. R.L. Stevenson.

Trench Feet Sev. Adm. 10 Gen Hosp. Rouen 5th Dec.16.

C.R. 2622

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

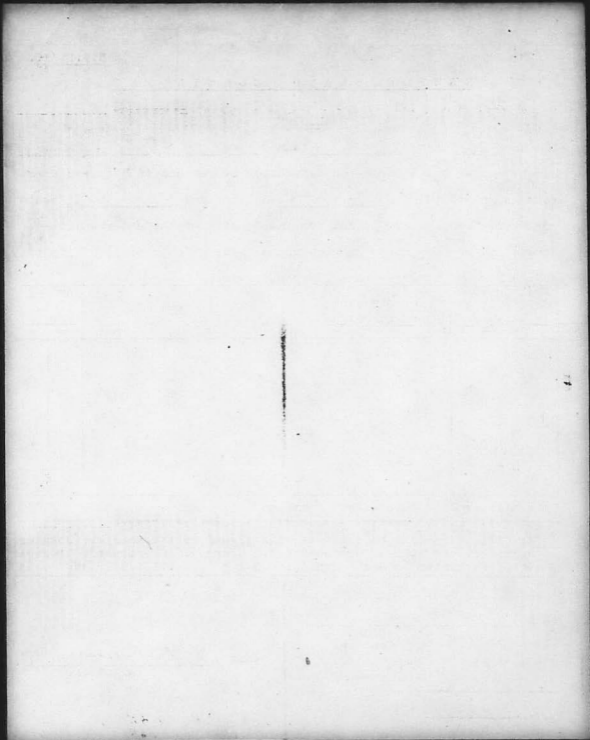
2622 Pte. Stevenson R.L.



R. L. Stevenson

2622'

P.R.O.



ORIGINAL.

PAID TO	M.P.F. /11.
NAME	
" RUCLES	
EXAMINED	

NEWFOUNDLAND CONTINGENT

No. 4353.

ALLOTMENT

I, (No.) 2622 (Rank) Plt. (Name) R. L. Stevenson

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
Mother	Mrs L. Stevenson	Harbor Grace Nfld.	50
			50

This Allotment to take effect from and including Sept 1st 1918

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.) [Signature]
Officer Commanding,
" " Company.

Dated at

London
Aug 12 1918

(Sig.) R. L. Stevenson
Allotter.

ORIGINAL.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT



1. I, (No) 2622 (Rank) Pli. (Name) R. L. Stevenson
hereby apply for cancellation of Allotment made by me on N.F.P./11
No. 2652 dated July 21/16 in favour of
Mother Mrs L. Stevenson
for 8 Scts 70 per diem.
Such cancellation to take effect on the thirty first day of
Aug. 1918.

2. I agree to accept all risks and consequences of this appli-
cation 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 London
August 12 1918 R. L. Stevenson
Allotter.

Approved and Witnessed:
NEWFOUNDLAND CONTINGENT.

J. H. Marshall
CHIEF PAYMASTER & RECORDS.

COPIES SENT		
TO	No	DATE
M. of M.	12979/126	10 AUG 1918
O.C. 1ST. BN.		
2nd. BN.		

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

CANADIAN PACIFIC-ALLAN LINES.

THE CANADIAN PACIFIC OCEAN SERVICES LTD.,
Managers and Agents.

To be surrendered when embarking on

Steamship _____ Date _____ 191

No. 2622 _____ Rank _____

Name _____

Res. Unit _____ ROYAL NEWFOUNDLAND REGT. Orig. Unit _____

Sign here _____

This Card must be given up when going on board ship.

Post

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

SENT

FOR STAMPS

Prefix U Code _____At _____
To _____ By _____WORDS 13 CHARGE 2 1/2

VIA WESTERN UNION

THIS FORM WILL BE ACCEPTED AT ALL
POST OFFICE TELEGRAPH STATIONS.

21/8/18 TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY.

To **EFM MISS STEVENSON****GENERAL HOSPITAL STJOHNS (Newfoundland)**

REFERENCE MY LETTER JULY CABLE TWENTY POUNDS OF

NAVY CREDIT CABLE ADVICE IF MONEY NOT RECEIVED

STEVENSON

CHARGE
PAY LEDGER *R.R.O.*
Date 29.8 by *W.W.*

23

2 1/2

46

11 1/2

57 1/2

49 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. 1.**

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.

14.3.18.

Dear Mother

I have
arrived at Ripon all
well I have not seen
the doctor yet - will
be seeing him tomorrow
morning. I am writing
now to give you the
proper address as
promised. So will
you kindly send on
my bit - I am as
soon as possible
else J. Harnett
Bartlett & O'Brian's
as we are all in
the same flat -
this is the address
2622, St. James # 19 Flat
7. Com. py. 24 Camp

W. C. T. Ripon
Yorkshire
England

Now I think all
ring off for the
present hope to hear
from you when not
too busy to write
Yours truly
R. F. Sturman



Received on 15/18

Sir Recd no 5113 O.K. M.D.

would you £2.
kindly advance
me the sum
of £2 (two pounds)
from my account.

approx 2022

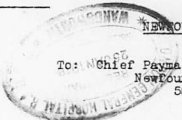
Schal
Capt W

Stamps Rd

N. F. S.

No. _____

N.F.P./45.



NEWFOUNDLAND CONTINGENT

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

Please remit to

Pte R. L. Stevenson
1st Newfoundland Regt

the sum of two pounds _____ shillings, on

account of any balance that may be due to me.

9w pnd
(£ 2.0.0)
Approved Sc Hall Capt

Regt No. 2622 Rank Pte.

Name R. L. Stevenson

Approved

Registrar, R.A.M.C.F.

London General Hospital
S.W. (1)

Approved _____

Officer i/c.,

Hospital.

Dated at 25.1.

1918

OK H.C.
£2-0-0 Receipt
25/1/14 5376

23rd September, 8

15097/318/R. & C.

Officer Commanding,
3rd London General Hospital,
Wandsworth, S.W. 18.

HA/JC

2622 PTE. R. L. STEVENSON.

The above-named Soldier complains of toothache.
Will you kindly give him necessary attention?

Major,
Chief Paymaster & O. 1/c Records.

26209 - 2/1, Affo. Recd.

France

Apr 29 - 17

H. 2.

Wfld of Forces
London

Gentlemen:

I have two nephews
in the Wfld forces & I would
like to get in touch with
them. Would you please
advise me what Battalion
they are with also nos.

Their names are

~~Mr Robert L Stevenson
& the brother I forget his
Christian name -~~

They are both young about
17 & 18 yrs. from Harbor
Grace Wfld -

You will greatly oblige me
with above information
address

O.C. 20 Coy Law Hy Corps
D. E. J. France

Yours Sincerely
S. Downes Cpt

RECORDED
INDEXED
PAY RECORD
Ref. No. 8477
Rec'd. MAY 18 1917
Acc'd.
Ans'd.
File No. 47311

4728/1

Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.
18th May,

7.

29th ult. (rec'd today)

No. 2622, Pte. R. L. Stevenson, is with the
2/1 Newfoundland Regiment, Racecourse, Ayr,
Scotland, but that there does not appear to be
a brother of his serving at the present time
either with the 1st Bn. in France or with the
2nd Bn. at the Depot in Scotland.

Capt. S. Downer,
O.C. 20 Coy. Can. Fty. Corps,
B. E. F.
France.

Major,
Paymaster & O. i/c Records.

2790
JUN 1917

France

May 27 17

4/6/17
5306/2
Paymaster
21, 26th Regiment

Dear Sir:

Re the Stevenson R. L.

2622

The above boy is the sole support of his mother, his father having died since he enlisted, I believe I am his uncle & know that his mother require all the aid she can get & he is justly entitled to Separation allowance would you kindly arrange this & greatly favor yours by trust
S. Brown

address Apt 5 - Downer
O.C. 30 Coy C. I. C.
Tribal Group B. I. C.
France

504th June 7

5308/2 Capt. S. Downer,
O.C. 20 Coy. C. F. C.,
Central Group, B. E. F.

Sir,

No. 2622, Pte. R.L. Stevenson

With reference to your letter 27/5/17 (2790): I beg to state that Separation Allowance is not payable by this Contingent under any circumstances.

Pte. Stevenson already makes a large allotment of his pay - 70c. per diem - to his mother, Mrs. Lydia Stevenson, Harbor Grace, and it is regretted that it does not appear that any further action can be taken in the matter.

I am,

Sir,

Your obedient servant,

Major,

HT/NW

Paymaster & O. i/c Records.

Steuenson, B.S.

2622

Pay Dept

May 2nd, 1919

#2682 Wm. Robert L. Stevenson,

Harbor Grace.

Dear Sir:-

Please find enclosed "Discharge Certificate

No. 2152."

Yours truly

Weyman,
Paymaster & A. I. C. Records

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 26th. 1919.

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

On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Robert Lewis* ... 2. Surname... *Lewis Stephenson*

3. Rank... *Private* 4. Reg't. No. *2622*

5. Address in full to which future payments of gratuity are to be forwarded... *Ship Head Harbor Grace*

6. Date of enlistment in the Regiment... *April 27th 1916*

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

not applicable

8. Relationship of such dependants... *not applicable*

9. Address in full of such dependants... *not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?

11. Were you on active service only in field, 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 field or overseas... *Three years*

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?

..... *no*

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.

..... *not applicable*

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

..... *not applicable*

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

..... *not applicable*

19. Are you now serving in the Post? If not give:- (a) Date of discharge *April 14th 1918* (b) Reason for discharge. *Demobilized*

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.

..... *Flanders, Somme, Belgium*

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. *A. no - B. 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.

WWB/ME

February 19. 1920

To:- Major Howley
O. I. C. Pay and Records
Captain Murphy
Employment Officer
G. Pomeroy)
(Accountants
C. McGrath)

From:- V. O.

R. L. Stevenson 2622

This is to certify that the man named in the margin will complete his course on February 28th. If any extension is, in the meantime, granted I will notify you.

W. W. Blackhall.
Vocational Officer.

SEPARATION ALLOWANCE.

Claimant *Lydia Stevenson (mother) Widow*

In account of *Robt L Stevenson* No. *2622* Rank. *Pte*

Decision. *Approved*
Payable from 1/8/16.

Date. *Sept. 1/1919*
A E Shekman Min of Militia
W F Russell Genl C of
Mr Howley Capt

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

Allotment of *70* per day payable to *Mrs L Stevenson*
his mother from *Aug 31st 1916* to *Aug 31st 1918*
Discontinued on account of *Being discharged* *1/5/19*

L B Hefferton. Sgt

2622
4253

FEDERAL EMPLOYMENT SERVICE
(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 Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:

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

1. Name in full of soldier. Rank. Reg't or Unit. Reg't. No.
Robert Louis Stevenson Private 2622

2. Age of soldier. Married or single.
20 years Single

3. Name in full of mother. Age. Occupation. Permanent address.
Lydra Stevenson 40 yrs Housewife St. John's Nfld

4. Give name of your husband. Age. Occupation. Where employed
Robert Stevenson deceased

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

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.) Deceased

7. If you are a widow, state date and place of death of your husband. 1916
July 2nd St. John's

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.
Lily Miss 22 yrs Housewife Single
Ronald Sidney at home 19 yrs Employed with Single
William Henry at home 16 Sanitary Dept Single
May " 14 " "
Louisa " 10 " going to school
Harold " 11 " "
Charles Belle " 7 " "

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

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

- 12. State value of real property belonging to you and your husband. *Small Estate unsettled*

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

- 14. If husband is dead state value of real and personal property left by him. *none*

- 15. Actual amount contributed by soldier during the year prior to enlistment *none*
About \$130

- 16. Was this amount contributed weekly or monthly. *monthly*

- 17. Did this amount include payment of son's board, etc. *No*

- 18. State your son's trade or occupation prior to enlistment. *R. P. C. Served one year in office. In office of James Ryan, Insurance then went to school, after discharged*

- 19. State amount of his wages per week. *average of \$2.50 & 2.60*

- 20. State name and address of his last employer. *James Ryan, Boracay, was employed on Boracay Beach Office, London.*

- 21. State amount of monthly support from son since enlistment *He has been away from \$9 to \$11 in the month*
\$ 21.70

- 22. State amount of allotment received by you from son since enlistment. *somewhere about \$78 1/2 not including dep. allow.*
\$21.70 a month.

- 23. State from what date did you receive allotment. *May 19 16*

24. Actual amount contributed by other children. *weekly* *monthly.*
from one \$2 another from 25 to 30 cents from 1-50
25. Are any of these children in the employ of you or your husband. *no*
26. If not receiving support from other children, state cause. Explain fully. *no support*
27. With whom are you residing at present. *In my own home with children*
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *yes*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *\$20. the last one \$15.00*
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much? *no - only Sep. Allowance \$20*
31. Was the soldier at the time of his enlistment an employee of the Bfld. Government? *no*
32. In what capacity and in what place. *none*
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *no*
34. 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. *Lynna Stevenson*
- Place of residence. *Phil. Mar. St. Gall*
- Declared and subscribed before me at. *St. John's, Newfoundland*
- this. *23rd* day of. *July* 1917
- Signature of Registrar of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. *William A. Mc...*

This application must be signed by the 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 my knowledge and belief, after careful investigation, the above statements are correct and the soldier first above mentioned is alone the sole support of the applicant

Signature of Clergyman..... *W H Bronson*

Signature of member of the Patriotic } *John Trappell*
Fund Committee. }

Sept.20,1919

Mrs. Lydia Stevenson,
Ship's Head,
Harbor Grace.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been granted you, and I enclose cheque for Two hundred and sixty dollars (\$260.00), in payment of same.

I enclose, herewith, two Baptism Certificates.

Yours truly

Major
Caymaster.

FIRST NEWFOUNDLAND REGIMENT
(Separation Allowance Branch.)

MOTHER.

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, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to:

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

1. Name in full of Soldier. Rank Reg't. or Unit Reg't. No.

Robert Louis Stevenson Private 1st 2622

2. Age of Soldier

19 yrs 4 mos

Married or Single.

Single

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

Lytia Stevenson 88 yrs 9 mos Ship's Hd St Grace

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

Albert Stevenson - deceased.

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.

July 2nd 1916 St Grace

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>Lily</i>	<i>Finner Home St. John's</i>	<i>20 yrs</i>	<i>Training for Nurse</i>	<i>Single</i>
<i>Donald Sidney</i>	<i>R. F. H. Halifax</i>	<i>17 yrs</i>	<i>Working in Carriage Shop</i>	
<i>William Perry</i>	<i>Ship's Hd St Grace</i>	<i>14 yrs</i>		
<i>May</i>	<i>Ship's Hd St Grace</i>	<i>10 yrs</i>		
<i>Louisa</i>		<i>1/2</i>		
<i>Harold Greene</i>		<i>6</i>		
<i>Mary Belle</i>		<i>6</i>		

10. State amount earned by (a) yourself (b) Your husband (a) Nothing (b) _____
11. State amount and source of any other income. Receive direct pay from my father
12. State value of Real Property belonging to you and your husband. Land & House My late husband had one fifth share in half of late John Slesman's property.
13. State value of personal property belonging to you and your husband. Nothing
14. If husband is dead state value of Real and personal Property left by him. _____
15. Actual amount contributed by soldier during the year prior to enlistment. came home & joined Army.
16. Was this amount contributed weekly or monthly. From \$9 to \$12 when in navy then
17. Did this amount include payment of son's Board etc. Monthly Yes.
18. State your son's trade or occupation prior to enlistment. just left school
19. State amount of his wages per week. _____
20. State name and address of his last employer. Went to, Providence, Rhode Island had been for a year. He left there and went to school and then joined the Navy.
21. State amount of support monthly from son since enlistment. \$ 21.70
22. State amount of Allotment received by you from son monthly. \$ 21.70
23. From what date did you receive Allotment? Sept 1st 1916 allotment for 1916
24. Actual amount contributed by other children William Henry Weekly Monthly. \$ 1.20
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. He is attending school
27. With whom are you residing at present. At home with children
28. Have you made a previous claim for Separation Allowance? If not, Why? Give particulars. Unaware of the privilege until informed by a friend
29. Are you already in receipt of Separation Allowance from any source? If so, how much? No

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

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

m

22. In what capacity and in what place.

Yes, was in Army on active service in B. P. R. St. John's

23. Is he in receipt of a salary as such while serving in the Ist. Nfld. Regt. If so, how much.

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 Applicants... *Lydia Stevenson*.....

Place of Residence *Ship Head, Harbour St. John's*.....

Declared and subscribed before me at *Harbour St. John's*.....

this *26th* day of *January*..... 1918

Signature of ~~Registrar~~ of the Supreme Court; Stipendiary Magistrate, Notary Public or Justice of the Peace. *William A. O'Keefe N. P. St. J. N.S.*

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 *Albert - a Holmes*.....

Signature of Member of Patriotic Fund Committee. *John Trapnell*.....

Approved 12/2/18

W.A.R.
M.A.

J.R.H.

DUPLICATE ORIGINAL

ENTERED.
BY LIEUTENANT
W. R. N.F.P. / 11.
EXAMINED

NEWFOUNDLAND CONTINGENT

No. 4353.

ALLOTMENT

I, (No.) 2622 (Rank) Pl. (Name) R. L. Stevenson

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) \$ &
--	----------------	---------	---------------------------

Mother	Mrs L Stevenson	Harbour Grace Nfld.	.50

This Allotment to take effect from and including Sept 1st 1918

NOTE:- This Form must be completed and signed by the Soldier, countersigned 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.) F. W. Marshall
Officer Commanding,
" " Company.

Dated at London
Aug 12 1918.

(Sig.) R. L. Stevenson
Allotter.

2

Receipt for Army Book 64

No. 2622 Name R. L. Stevenson

To Certify that I have received the AB 64 of the above
named soldier.

Name R. L. Stevenson

Date 20-1-21
Place St. Grace

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

25 Spencer Street
City 29.5.14

Dear Sir,

I am anxious
to know if a claim
form for Separation
Allowance, from
Mrs A. Svenson,
has been considered.
The above mentioned
has not received any
allowance whatever
for the past two or three
months.

And I may add my
Mother, Sisters, and
Brothers, are solely
depending on me for
their future welfare.

2

So by kindly attending
to the said form you
will be doing me
a great favour.

Yours in Anticipation

2622

R. H. Stevenson

File

Nov 22nd 1919

Major Howley
O. I. C. Records

J. C. R.

Please pay to R. L. Stevenson, 2622
the sum of one dollar
in payment of arrears of allowance for week ended this date
and charge same to Civil Re-establishment Committee

\$1.00

Pension \$2.50

[Signature]
.....
Vocational Officer

R. L. Stevenson

AMOUNT	20514	<i>[Signature]</i>
DATE	11/22/19	
TO ORDER	INITIALS	
PAY TO THE ORDER OF	INITIALS	
CASH	INITIALS	

April 6th 1920

Major Howley
O. I. C. Records

Please pay to R. L. Stevenson, 2622
the sum of fifty seven dollars and fifty cents
in payment of P. & A. Bonus
and charge same to Civil Re-establishment Committee

\$57.50

Pension

\$2.50

A.C.R.
W. H. Mitchell

Vocational Officer

ACCOUNT	33999	<i>Lu</i>
AMOUNT		
DATE		
PAY TO THE ORDER OF		
CHECK NO.		

R. L. Stevenson

March 6, 1920.

Major Howley,
O.I.C. Pay and Records.

Please pay R.L. Stevenson 2262,
the sum of thirteen dollars and forty one cents,
in payment of allowance for week ending March 6th.,
and charge same to Civil Re-establishment Committee.

\$13.41

[Handwritten signature]
.....
Vocational Officer.
[Handwritten initials]

ACCOUNT	
CHK. NO.	31386
INITIALS	<i>[Handwritten initials]</i>
INR. LEDGER	.....
REF. LEDGER	.....
...

R. L. Stevenson

March 13th 1920

Major Howley
O. I. C. Records

2622

Please pay to Mrs Lydia Stevenson, Ship Head. Hr. Grace
the sum of one hundred eighty four dollars and twenty cents
in payment of allowance for 41 weeks to March 6th.1920
and charge same to Civil Re-establishment Committee

\$184.20

J.P.H.

W.W. McNeill

ACCOUNT	32026	<i>EW</i>
CHK NO.		INITIALS
INV. LEDGER		INITIALS
PAY LEDGER		INITIALS
GEN. LEDGER		INITIALS

Vocational Officer

Chas. J. Smith

May 3rd, 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. R. L. Stevenson, No 2622
the sum of **eleven dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension Nil

ACCOUNT	<i>C. R. E.</i>
CHE. NO. <i>19627</i>	INITIALS <i>C. R. E.</i>
GEN. LEDGER _____	INITIALS _____
PAY LEDGER _____	INITIALS _____
GEN. LEDGER _____	INITIALS _____

W. B. McCall
Vocational Officer

R. L. Stevenson

May 17th, 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Stevenson, No 2622
the sum of **eleven dollars and eight cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.08

Pension \$2.50 month

ACCOUNT	<i>E. R. B.</i>
GR NO	<i>20505</i>
IND LEDGER	<i>Lev.</i>
PAY LEDGER	INITIALS
GEN LEDGER	INITIALS

W. W. McCall
Vocational Officer.

R. L. Stevenson
18

MAY 10 1919

Capt. Howley,
O. I. C. Records.

Please pay to Mr. R. L. Stevenson, No 2622
the sum of **eleven dollars and sixty six cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.66

Pension Nil

W. H. McCall
Vocational Officer

R. L. Stevenson

MAY 24 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Stevenson, No 2622
the sum of eleven dollars and eight cents
in payment of allowance for week ended this date
in connection with re-education.

\$11.08

Pension \$2.50

G. W. Mitchell
Vocational Officer

R. L. Stevenson

MAY 31 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Stevenson, No 2622
the sum of eleven dollars and eight cents
in payment of allowance for week ended this date
in connection with re-education.

\$11.08

Pension \$2.50

W. B. Blackell.
Vocational Officer

W. C. Curtis
R. L. Stevenson
per W. C. Curtis

JUN 28 1919

Capt. Howley,
O. I. C. Records.

Please pay to **Stenenson, R. L., No 2622**
the sum of **thirteen dollars and forty one cents**
in payment of allowance for week ended this date
in connection with re-education.

\$13.41

Pension \$2.50

W. H. Keckell
Vocational Officer.

R. L. Stenenson

JUN 21 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Stevenson, No 2622
the sum of thirteen dollars and forty one cents
in payment of allowance for week ended this date
in connection with re-education.

\$13.41

Pension \$2.50

W. W. Marshall
Vocational Officer.

R. L. Stevenson

JUN 7 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Stevenson, No 2622
the sum of **eleven dollars and eight cents**
in payment of allowance for week ended this date
in connection with re-education.

\$11.08

Pension \$2.50

W. W. Nicholl
Vocational Officer

R. L. Stevenson

JUN 14 1919

Capt. Howley,
O. I. C. Records.

Please pay to R. L. Stevenson, #2622
the sum of eleven dollars and eight cents
in payment of allowance for week ended this date
in connection with re-education.

\$11.08

Pension \$2½

G. W. Mitchell
Vocational Officer.

R. L. Stevenson

ST. JOHN'S, Apr 16 /19

Royal Newfoundland Regiment.

Billeting Account,

To H. R. Stevenson

Billeting Soldiers as undermentioned

from Apr 11th /19 to Apr 18th /19

J. C. R.

2622. H. R. Stevenson 7 20

NO. TO	1639	DATE	
FOR		BY	
FOR		BY	
FOR		BY	

Certified correct for \$ 7. 20

R. A. Stevenson
R.A.
M. Clouston
for Billeting Officer.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 70⁰⁰/₁₀₀

Apr 3 1920

Received from the First Newfoundland Regiment
the sum of Seventy Dollars.
on account of Pay. W. L. L.
~~Balance~~

R. L. Stevenson

CA. No. 33885	Initials... <u>J. W.</u>
Pay Ledger... 44	Initials... <u>W. L. L.</u>
Gen. Ledger.....	Initials... <u>A. C. R.</u>

Regtl. No. 2622 Rank Pvt.

No. 2622..

Rank

Pt

Name

L. Stevenson

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$212⁸⁰

May 1st 1920

Received from the First Newfoundland Regiment
the sum of Two Hundred and twelve⁸⁰ Dollars.
on account ~~of Pay~~ W.S.Y.
balance

R. A. Stevenson

CA. No. 36468	Initials R.S.
no 3	
Pay Ledger. 44	Initials R.S.
Gen. Ledger.....	Initials.....

Att. No. 2622 Rank Pte.
A.C.A.

No. 2622.

Rank Pte

Name ~~R.~~ L. Stevenson

Casualty Form—Active Service.

Regiment of Corps *1st Newfoundland*
 Rank *Purvis* Surname *Stevenson* Christian Name *Robert L*
 Religion Age on Enlistment *18* years months
 Enlisted (a) *S. Johns* Terms of Service (duration *5 years* Service reckons from *date of enlistment*)
 Date of promotion to present rank Date of appointment to lance rank

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

Occupation *Tailor* Signature of Officer. *R. G. G. Capt.*



Report	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.211, Army Form A. 36, or in other official-documents. The authority to be quoted in each case.	Plate of Casualty	Date of Casualty	Remarks Taken from Army Form B.211, Army Form A. 36, or other official documents.
			Embarked <i>Stampten</i>	<i>7.9.17</i>	
			Disembarked...	<i>Rover</i>	<i>9.9.17</i>
			Joined Battalion	<i>18 SEP 1917</i>	<i>B.213</i>
<i>3/1/17</i>	<i>887 A.</i>	<i>Ad. Regd. Cavalry & Rec. Trans</i>	<i>20 CCS</i>	<i>27/10/17</i>	<i>E.O. 29.54</i>
	<i>S. Purvis</i>	Transferred to England		<i>2/1/17</i>	<i>W 3083</i>
			<i>M. G. G.</i>		
			MAJOR		
			G. I/c No. 1		
			Infantry Section		
			G. H. Q., 3rd Echelon		

(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, Skoing-Smith, &c.

Casualty Form—Active Service.

Regimental Number 2612

B/

Rank Pte Regiment or Corps 11 Newfoundland Regt
 Surname Stevenson Christian Name R. R
 Religion _____ Age on Enlistment _____ years _____ months.
 Enlisted (a) _____ Terms of Service (a) WAT Service reckons from (a) _____
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records _____

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 212, Army Form A. 26, or other official documents.
Date	From whom received			
		Embarked Southampton	11 OCT 1916	
		Disembarked ROUEN	12 OCT 1916	
		Joined Battalion	22 OCT 1916	
	36 CCs. Admitted French Inf. 3/2/16. half 5 A.I.		4/2/16	E D 6945
	Adm 10 for Inf. Admitted Do Do	London	5/2/16	Att 4557
	AS St George's Invalided to England		11/2/16	W 3083

Jh

14th Battalion

(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, Shipping Smith, &c.

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

MEDICAL HISTORY

Surname Stephenson OF Christian Name _____





Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 27 day of April 1916		on _____ day of _____ 1916	
	at St John's Newf'd		at _____	
Declared Age	18 years 7 days		_____ years _____ days	
Trade or Occupation	Sailor		_____	
Height	5 feet 6 1/2 inches		_____ feet _____ inches	
Weight	123 lbs.		_____ lbs.	
Chest Measurement {	Girth when fully expanded... 36 inches		_____ inches	
	Range of expansion... 2 inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks {	Arm		Arm	
	Number		Number	
When Vaccinated	_____		_____	
Vision	R.E.—V= 6/6		R.E.—V= _____	
	L.E.—V= 6/6		L.E.—V= _____	
(a) Marks indicating congenital peculiarities or previous disease	(a) _____		(a) _____	
(b) Slight defects but not sufficient to Cause Rejection	(b) _____		(b) _____	
Approved by (Signature) _____	_____		_____	
(Rank) _____	Major Medical Officer.		_____ Medical Officer.	
Enlisted	at St John's		at _____	
	on 27 day of April 1916		on _____ day of _____ 1916	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st nfld Reg	2622	_____	_____
Transferred to	_____		_____	
Became non-effective by	_____		_____	
	on _____ day of _____ 1916		on _____ day of _____ 1916	
(Signature) _____	_____		_____	
(Rank) _____	_____		_____	



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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and 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				
50th LONDON GENERAL HOSPITAL WANDSWORTH.	8	1	17	11	11	17	1. French Feet 2. Tonsillitis	94	Returned from France in Jan'y 1917: condition improved but functional anaesthesia of toes persisted: developed acute tonsillitis, with suppuration in right tonsil 10-2-17: went to Blackdown 19-3-17 - Returned to S ² L. G. H. Fulbourn 11-4-17	R. P. Howard Esq.
 MILITARY HOSPITAL WANDSWORTH.	2	7	17	1	8	17	Tonsillitis	30	Slowly looking throat - acute negative: used wash - glycine as tannin - cleared up gradually	W. S. M. C. Esq.
3rd London General Hospital Wandsworth.	23	11	17	4	3	18	Int. derangement of Knee joint. R.	101	Op. - removal of R. Semilunar cartilage	W. S. M. C. Esq. CAPT KERRIST
Lt. Col. Ripon	14	2	18	22	2	18	— do —	113	Cap. A. M.	 Lt. Col. R. H. Ripon

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

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

1. Unit and Corps: Royal Newfoundland Former Trade or Occupation }
 2. Regtl. No. 2622 3. Rank: Plb. 7a. If the soldier claims previous service in Army, he should state—
 4. Name: STEVENSON (a) Former Regts. or Corps; with Regtl. Nos.
 (Surname) (Christian Names)
 5. Age last birthday:
 6. Posted for duty on at in category (or grade)
 8. If the disability is an injury was it caused
 (a) in action (b) on field service (b) Date of Discharge;
 (c) on duty (d) off duty? (c) Cause of Discharge.
 9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (c) Opinion of Court

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

Statement of Case.

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

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

Dislocation of right knee.

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

*Returns from France
 June 1917 with trench
 fever and tonsillitis.
 Treated 3rd Lt. H.
 to Hospital with
 on 2-12-17 whilst in
 3rd Lt. H. - Right semilunar cartilage*

*2-17 was admitted
 with tonsillitis.
 France. Dislocated knee was involved
 3rd Lt. H. - Right semilunar cartilage*

OPINION OF THE MEDICAL BOARD.

NOTES.—(1) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *Yes*
 - (ii.) Previous active service *Yes*
 - (iii.) Climate in pre-war service *Yes*
 - (iv.) Ordinary military service before the war *Yes*
 - (v.) Serious negligence or misconduct on the man's part. } *No*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? *None*

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

15. What is his present condition? *General condition good. On anterior aspect of right knee joint infero to patella seen circular scar result of laceration wounds. Complains of inability to kneel down unable to bear weight on knee*
- (A note should be made as to weight in all cases when it is likely to afford evidence of the progress of the disability.)

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

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

Definitive
Prokier Cape Range

Medical Officer in charge of case.

Station *Archway Camp*
Date *Nov 25 1919*

* 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

21. Give diagnosis and particulars of:—
- (a) Any disability claimed or discovered. *Injury to knee*
 - (b) The present condition thereof. *See Sect 15.*

22. State whether the disabilities are:—
- (i) Service during the present war *Yes*
 - (ii) Previous active service
 - (iii) Climate in pre-war service
 - (iv.) Ordinary military service before the war
 - (v.) Serious negligence or misconduct on the part of the soldier *No*
- Give details:

- 22 (a). If not due to any of these causes, to what specific condition do the Board attribute it? *Accidental*

23. Is the disability in a final stationary condition? If not
- (a) How long is the present degree of disability likely to last?
 - (b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24.

The Royal Newfoundland Regiment

Class for Demobilization:—

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

Regimental No. 2622

Name R. L. Stephenson

Address

Present Medical Category F

Recommended for:— { (a) ~~Immediate discharge~~

(b) Standing Medical Board

Members of Board {

R.H. Jait Capt
O.C. Discharge Depot.

Senior Medical Officer

D.W. Burdett
M.O. Depot

Civil Re-establishment Committee



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

To take up course in Wireless
Telegraphy

S. S. Stevenson
Signature of Man.

Reg. No. 2622

B. Butler
Signature of the Vocational Officer or his Representative.

Place *St John*

Date *Apr 16th* 1919



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 *Robert Louis Stevenson*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2632*

Intended address *St. Grace*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *medium*

Christian name of Father _____

Christian name of Mother *Lydia*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *1090. Sept 27th. 1898*

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) *Robert Louis Stevenson Pte*

(Rank)

Station *St Johns*

Date *9-4-19*

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



Station

Date

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 26.72 Rank Plt Name Stevenson R R
 Intended place of residence St. John's
2. Occupation Sailor
 Classification of soldier B Medical Category F
3. The above named man is discharged in consequence of DEMobilIZATION.

Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S
 Date APR. 16 1919
- R. S. Stevenson
 for Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date ST. JOHN'S
APR 16 1919
- R. S. Stevenson
 Signature of soldier
Amelton
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and Date ST. JOHN'S
13-4-19
- R. S. Stevenson
 Signature of soldier
John O'Sullivan
 Signature of witness JOH

STATEMENT OF SERVICE

7. Enlisted for service 27-4-16 No of days on Military
 Discharged from service 18-4-19 plus 14 days Service #006
1107

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S
 Date APR 18 1919
- R. S. Stevenson
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
- Place St. John's, Nfld.
 Date May 2/1919
- R. Bowley Capt
 i/c Records
 The Royal Newfoundland Regiment

A.F.B. 2079/2102

No. 1632 Name Steven N. or Company B. Corps 1st Newfoundland Date of enlistment 25/4/16 G.C. Badge Arthur Service or Proficiency Pay Good
 Date of last entry in Company Conduct Sheet 12/9/16 No. and date of last drink None Period not reckoning towards freedom from extra line None Sheet No. One Signature O.C. [Signature] Company, etc. Capt Character Good

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>Plt.</u>							



The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 127 Rank Pvt Name Sturman P.L.
 Date of Enlistment 27-4-16 Address St. John's District St. John's
 Occupation Soldier Classification for Discharge B Medical Category E
 Recommendation S.M.B. for a certificate of fitness Disability Rating 57% 6 months
 Passed to Demobilization Officer with following documents:-

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

Date 15-4-19

for H. M. Sturman
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. P.L. Sturman

Particulars passed to Vocational Officer for information and action.

Date 15-4-19

H. M. Sturman

2. Clothing.

Certified that Clothing Regulations have been complied with:-

- (a) Clothing Allowance payable.....
 (b) Clothing Supplied.....

Date.....

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R1514* to his home at *Albion* and Release Certificate No. *2148* issued.

Date *16-4-19*

J.A. Crawford
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *2-5-19*

Date *16-4-19*

H. M. [unclear]
Depot Paymaster.

Discharge approved for *18-4-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/26	B 268	B 121	N.F. Med.	D.F. 1		
F 178	W 3494	B 122	Board 1st	" 2		
R 178a	D 400A	B 1915	do 2nd	" 3		
B 179	D 400B	Form L	do 3rd	" 4		
B 179a	D 400C	Form K	do 4th	" 5		
B 179b	B 103	ME 2		" 6		
B 179c	B 120	M 93				

Date *16-4-19*

J.A. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR. 18. 1919*

R.H. [unclear] Capt.
O. C. Discharge Depot.

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

Date



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, *Robert Louis Stevenson*, Regl. No. *2622*

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and *70* 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 *August 1st 1916*

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<i>1067</i>	<i>mother</i>	<i>Mrs Lydia Stevenson</i>	<i>Ship Head, Harbor</i>	<i>70</i>
			<i>cb</i>	
<i>Commencing 1/8/16</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.) *Chas. W. [?]* Capt.

Officer Commanding
Company

(Sig.)

(Rank)

R. L. Stevenson

[Signature]

Admitted 12.12.16

Army Form W. 3016.

No. _____

Date 3rd Jan'y 1917

(1) To the Officer i/c Records,

58 Victoria St
D W (Station.)

(2) The Officer Commanding,

Infed Comd.
Amp (Station.)

(3) The Paymaster,

58 Victoria St
D W (Station.)

Regimental No. 2622

Rank and Name Plé Stevenson R P

Regiment or Corps 1st Infed Comd.

has been granted a furlough from 3rd Jan'y to 12th Jan'y

His address while on leave will be :-

58 Victoria St
D W

This man has been furnished with a warrant to Victoria and given an advance of £1. (one pound).

I consider he is fit for ^(Duty) _(Night) ^(Duty) _(Night)

W W I Duty

Horace Fagan Capt. R.A.M.C. (F)

Officer in charge Registrar, R.A.M.C. (F)
3rd London General Hospital,
WANDSWORTH, S. W. (Station.)

* Strike out that which is inapplicable.

Four copies to be made, and one copy sent to each Officer mentioned above and one copy filed in the office.

The Royal Newfoundland Regiment

D2677

DEMOLIBIZATION OF

Reg. No. 9122 Rank Pvt Name James P. L.
 Date of Enlistment 27-4-16 Address R. G. G. G. District R. G. G. G.
 Occupation Sailor Classification for Discharge B Medical Category 5
 Recommendation S.M.B. permanent total Disability Rating 57% 6 months
 Passed to Demobilization Officer with following documents:—

N.F. F36	B 268	B 121	N.F. Med.	D.F. 1.
B 178	W 3494	B 122	Board 1st.	" 2.
B 178a	D 400A	B 1915	do 2nd.	" 3.
B 179	D 400B	Form L.	do 3rd.	" 4.
B 179a	D 400C	Form K	do 4th.	" 5.
B 179b	B 103	ME 2.		" 6.
B 179c	B 120	M 93.		

Date 15-4-19 J. M. News
for O. C. Discharge Depot.

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am not in a position to resume civilian occupation. P. L. James

Particulars passed to Vocational Officer for information and action.

Date 15-4-19 Alldredge

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable.....
 (b) Clothing Supplied..... Alldredge

Date..... O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *K1314* to his home at *H. Kense* and Release Certificate No. *214* issued.

Date *16-4-19*

J.H. Crawford
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *1-3-19*

Date *11-4-19*

H. J. Marshall
Depot Paymaster.

Discharge approved for *18-4-19*

Forwarded with following documents to O.C Discharge Depot.

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

Date *16-4-19*

J.H. Crawford
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date *APR 18 1919*

R.H. Sait Capt.
O. C. Discharge Depot.

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

Date *April 22 1919*

J. Melville Sgt
i/c Records

Reg. No. *2632* Rank *Pvt.* Name *Steinson, R.L.*

Attested Address *Ship had to leave*

Allotment Allottee

Date of Allotment Returned from Overseas *24-5-19*

Returned on S.S. *Train* Cause *Discharge*

10.4.19. Rec. Dis. from the Army

APR 15 1919 PASSED TO DEMOBILIZATION

10.4.19. DISCHARGE APPROVED ON DEMOBILIZATION

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 935), is forwarded herewith to

Robert L Stevenson,

in respect of his service as No. 2622 Rank Pvte.

Name R.L. Stevenson, Corps Royal Nfld Regt.

Receipt of the same should be acknowledged hereon.

Received

July 19-21-(OK)

Signature

R L Stevenson

Date

MJ

Address

Ship's Head St. Grace

C.R. 2622

Extract from Daily Orders Part II Unit The Royal Nfld. Regt.
St. John's, March 23th, 1919.

The undersigned returned from overseas & reported at the
Depot 21-5-19.

24-3-19

R. I. [Signature]

2622 Pte. R. I. [Signature]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Gillett & Sons Ltd., Printers, Old Bailey, E.C. 4.
Forms B. 121.
[and] W/4017/124 1000s. 6/10s. 0/50

Regiment of 1st New South Wales

Number of Sheet 1
Signature of O. C. Company W. J. [unclear]
Carl

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<u>2622 Stevenson R. L.</u>	Age on	years months	Religion	
Joined	Date	Place and Date of Enlistment			
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		with Reserve		

Place	Date of Offence	Rank	Cases of Disobedience	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order discharging with trial	By whom awarded	REMARKS
<i>Acc.</i>									
<i>Race Course</i>	<i>Aug 7/16</i>	<i>plte</i>		<i>Absent from 9 AM parade</i>	<i>Plt Down.</i>	<i>2 days C.B.</i>		<i>Capt. Bernard</i>	<i>[Signature]</i>
"	<i>12.9.16</i>	"		<i>Absent sick parade</i>	<i>Power</i>	<i>2 " C.B.</i>		<i>Byard</i>	<i>[Signature]</i>
"	<i>29.4.17</i>	"		<i>Not complying with an order</i>	<i>Luigi White</i>	<i>3 days C.B.</i>	<i>30/4/17</i>	<i>Lieut. F. Lane</i>	<i>[Signature]</i>
"	<i>20.6.17</i>	"		<i>Absent from 6.30 am parade since 8.35 am same date</i>	<i>Legt Nimrod</i>	<i>2 days C.B.</i>	<i>20/6/17</i>	<i>Lieut. F. Lane</i>	<i>[Signature]</i>
<i>Army Camp</i>	<i>17/8/17</i>	"		<i>Leave taken without permission</i>	<i>[Signature]</i>	<i>7 days</i>	<i>17/8/17</i>	<i>Lieut. F. Lane</i>	<i>[Signature]</i>
<i>Hazelton Down</i>	<i>2.5.18</i>	"		<i>Improperly dressed a Parade</i>	<i>Sgt. Field</i>	<i>2 days C.B.</i>	<i>3.5.18</i>	<i>Capt. Nimrod</i>	
"	<i>4.5.18</i>	"		<i>Absent from duties - Gardiner</i>		<i>7 days C.B.</i>	<i>6.5.18</i>	<i>Lt. Col. Bernard</i>	<i>p. 20.</i>
				<i>Roll call, 2.30 P.M. to 6 P.M. Sgt. Mc. Donald,</i>					
<i>[Signature] Demobilized 1-5-1919.</i>									

To be carried over



Army Form B. 121.

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

OCT 21 1921

1921.

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

is/are forwarded herewith to

Robert L. Stevenson

in respect of his service as No. 2522 Rank pte.

Name R.L. Stevenson

Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received

ok

Signature

R.L. Stevenson

Date

25-10-21

Address

Mr. Grace

File No.

1644

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

		NAME OF CORRESPONDENT OR PURPORT OF COMMUNICATION		Cross References		
		<p><u>Stevenson R.H.</u></p> <p>#2677</p>		<p>1740-R.</p>		
Date	P.A. or B.F.	Initials	Referred to	FOR REMARKS	Initials	Date
				<p>(If purpose for which referred cannot be expressed on one line, add minute to file and enter here "With Minute")</p>		

M

DEPARTMENT OF VETERANS AFFAIRS

R. Nfld. Regt.

Regt. No. 2622

Pension No. NIL

V.A. No. NIL

NAME AND NEW ADDRESS (Typewritten)

STEVENSON, Robert L.,
Harbour Grace,
Conception Bay,
Newfoundland.

PLATE IMPRESSION (H.O. use)

PA on "N.F."
Docs in Dead Section
1740-R

FOR A DEPENDENT PENSIONER DECEASED SOLDIER'S NAME
MUST ALSO BE INSERTED

FILE IN REGISTRY "NF" DISTRICT

Old District Office "NF"

Issued at "NF" District Office

New District Office "NF"

By Baxter Peckham
Signature in Full

Date 4 March 50

THE BOARD OF
PENSION COMMISSIONERS
FOR NEWFOUNDLAND

Hon. Sir P. T. McGrath, K.B.E.,
(President Legislative Council),
Chairman.
Hon. J. A. Clift, K.C., C.B.E.,
Major W. H. Parsons, M.C.,
R.A.M.C.



In reply refer to

No.

St. John's

November 4th., 1919.

To:- B. P. C.

2622, Ex-Pte. R. L. Stevenson.

Please note that the marginally noted man is
away on a foreign voyage, and is therefore not
obtainable for boarding.

A.M.B.

AMG.

*OK
Lambert*

1644

*5/11/19 continue until
he returns*

*Noted
L.A.B.*

*R.L.C.
J.C.*

lll

PENSION No. ~~003~~ 1644

PENSION No. ~~303~~

PENSIONER'S NAME *Stinson R A*

PARTICULARS	DR.		CR.	
	\$	c.	\$	c.
<i>Pr. Adv. @ \$2.00 mos 1-1-20 to 30-4-20</i>	10	00	10	00
<i>1090 allowance</i>	1	00	1	00

1644

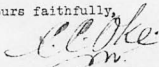
NOV 1 - 1919

Dear Sir:-

I beg to advise you that the enclosed cheque for *17 Cents* is the balance due you to *Nov 2nd* the date on which your pension expires.

You will be notified where and when to report for Medical examination to determine the continuance or otherwise of your pension, during the present month. If, however, you are not notified by the end of the present month, kindly communicate with me.

Yours faithfully,



Asst. Secy.

THE BOARD OF PENSION COMMISSIONERS

FOR NEWFOUNDLAND.

Pension No. 1644

Regtl. No. 2622 Rank Pvt. Name R. L. Stevenson

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board 10-4-19.

Pensionable Disability 5% for 6 months

Pension granted:

\$2.00 per month for 6 months

or Gratuity granted:

— payable in — equal monthly insts.

Granted to:

Name R. L. Stevenson

Address St. Grace

St. Grace

Date case disposed of APR 24 1919

Approved by:

Members of Board

[Signature] Chairman

[Signature] Secy

Remarks:

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

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

1. Unit and Corps..... **ROYAL NEW ZEALAND**..... 7. Former Trade }
or Occupation }
2. Regt. No. **2622** 3. Rank..... **PTE**..... 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ;
with Regt. Nos.
4. Name **R. I. STEVENSON**.....
(Surname) (Christian Names)
5. Age last birthday.....
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

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

Statement of Case.

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

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

DISLOCATION R. KNEE.

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

**RET'D. FROM FRANCE JAN/17. WITH TRENCH
FEET & TONSILLITIS. TREATED 3RD. LGH.
2/7/17 WAS ADMITTED TO HP. AFR.
WITH TONSILLITIS. ON 3/12/17 WHILST IN
FRANCE DISLOCATED KNEE WAS INVALIDED 3RD. LGH. R. SEMILUNAR CARTILAGE REMOV-
ED.**

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

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

15. What is his present condition? **GENERAL CONDITION GOOD. ON ANTERIOR ASPECT**
(A note should be made as to Weight in all cases. R. KNEE JOINT INFERIOR TO
when it is likely to afford evidence of the pro- **PATELLA SEMI-CIRCULAR SCAR**
gress of the disability.) **RESULT OF OPERATION WD. COMPLAINS OF INABILITY**
TO KNEEL DOWN AND UNABLE TO BEAR WEIGHT ON KNEE.

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

20. Do you recommend— **REPATRIATION.**

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

J.B.O'RINELLY, CAPT. M.O.

Medical Officer in charge of case.

Station

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

OPINION OF THE MEDICAL BOARD

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) *The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.*

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered. **INJURY TO KNEE.**

(b) The present condition thereof.

SEE SECT L5.

22. State whether the disabilities are:—

	(a) Attributable to	(b) Aggravated by
(i) Service during the present war	YES.....	.....
(ii) Previous active service.. .. .	.....	.....
(iii) Climate in pre-war service .. .. .	.....	.....
(iv) Ordinary military service before the war .. .. .	.....	.....
(v) Serious negligence or misconduct on the part of the soldier	NO.....	.....

Give details :

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

ACCIDENTAL.....

23. Is the disability in a final stationary condition? If not

(a) How long is the present degree of disability likely to last?

(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to which it will be applicable should be indicated in the answer to Question 24a.

24. (a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).
- (b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?
25. If an operation was advised and declined, was the refusal unreasonable?

5 1/2 6 MONTHS.

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

26. (a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only?
- OR
- (b) In what other grade do the Board place him?
- (c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?

YES.

Opinion of Military Member in case of disagreement

Only to be answered when the soldier is placed in other than Grade IV.

27. Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?

YES.

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures:—

..... **N.S. FRASER** } President or
Chairman.

Station **ST. JOHN'S** } **J.S. TAIT** } Members.

Date **APRIL 10TH, 1919** } **L. PATERSON, MAJOR**

Discharge Approved under Para. 392 (xvii) King's Regulations.

Station **(362) CLUNY M. CIPHERSON, MAJOR** } Only applicable
in cases of
Patients in
Hospital.

Date **APR 10 1919** } Officer in charge, Central Hospital.

No. _____ OR _____
Discharge Approved under Para. 392 () King's Regulations.
or Transfer Approved to Class _____ of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station O.C. Discharge Centre.

Date

The Royal Newfoundland Regiment

COPY

PROCEEDINGS ON DISCHARGE

1. No. 2622 Rank Pte Name Stevenson, R.L.
Intended place of residence Hr. Grace

2. Occupation Sailor
Classification of soldier B Medical Category E

3. The above named man is discharged in consequence of DEMOBILIZATION

Eligible for War Service Gratuity

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

Place ST. JOHN'S (sgnd) H. Mews, Lt.
Date APR 16 1919 by Commanding Discharge Depot
The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

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

Place and date ST. JOHN'S (sgnd) R. J. Stevenson
APR 16 1919 Signature of soldier
" A. M. Clouston
Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S (sgnd) R. J. Stevenson
APR 16 1919 Signature of soldier
" JAMES NEWTON, Sgt.
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 27-4-16 No of days on Military
Discharged from service 18-4-19 plus 14 days Service 1101

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ST. JOHN'S (sgnd) R.H. [Signature]
APR 18 1919 Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
Date

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place
Date Officer i/c Records
The Royal Newfoundland Regiment

REG'LT No. 2632

RANK Private

H. Q. No.

SOLDIER'S NAME Stevenson, R. L.

DATE PENSION COMMENCES 1-7-19

PENSIONER'S NAME Stevenson R. L.

WIFE'S NAME

CHILDREN'S NAMES

BLOCK No.

ANNUAL RATE	PERIOD	MONTHLY RATE	EXPIRES	AMT. PAYABLE	AUTHORIZED AMOUNT	BY
\$30.00	6	\$2.50	2-11-30	\$10.17	\$10.17	
<i>continue until disbursed</i>						

DEBITS

CREDIT

TOTAL PAYMENTS	DATE	PERIOD	DEB.	ABSTRACT	CHEQUE		TOTAL AMOUNT PAID	AUTHORIZED AMOUNT	BALANCE DUE
					SERIES	No. MONTHLY PAYMENT			
	JUL	1 JUL			8.24	250	250s	1017-	7.670
250	AUG	1 AUG			22.71	250	500s	1017-	5170
5.00	SEP	1 SEP			38.11	250	750s	1017-	2670
7.50	OCT	1 OCT			52.85	250	1000s	1017-	170
10.00	NOV	1 NOV			69.41	17	1017s	1017-	.000
	BAL	30 NOV			75.21	233	233*		
	DEC	1 DEC			84.82	250	250*		
	JAN	1 JAN			103.17	250	250*		
	FEB	1 FEB			117.83	250	250*		
	MAR	1 MAR			133.05	250	250*		
	APR	1 APR			148.80	250	250*		