



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5092 Name Samuel Stowe Corps Artillery

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Samuel Stowe
2. What is your full Address? 2. 41 Grace C. B.
3. Are you a British Subject? 3. yes
4. What is your age? 4. 19 Years Months
5. What is your Trade or Calling? 5. Ball Trade
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, Samuel Stowe 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.

Samuel Stowe SIGNATURE OF RECRUIT.
J. Daynes Signature of Witness.

14/5/18
Samuel Stowe 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 16 day of May 1918.
 Signature of Attesting Officer Edwards Lieut

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the;
 If enlisted by special authority such will be attached to the original attestation.
 Date May 16 1918
 Place St. John's } 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)

C.R! 5092

Extract from Daily Orders Part II Unit The Royal Buffs. Regt.
St. John's, June 30th, 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/s Records from 29-6-19.

5092 L/Cpl. Saml. Stowe.

C.R. 5092

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, June 19th, 1919.

The discharge of the undernoted on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 15-6-19.

5092 L/Cpl. Saml. Stowe.

C.R. 5092

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

Date June 18th 1919.

5092, L/C. S. Stowe.

Reported at Headquarters 1/6/19. ~~EX~~ "Corsican"
which sailed Liverpool May 22/1919.

C.R. 5092

Extract from Nominal Roll from 1st. Battalion
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left
Ronen Camps 22/4/19, embarked at Havre 22/4/19,
disembarked at Southampton 23/4/19 and reached
Hazeley Down Camp 23/4/19.

#5092 L/Cpl. S. Stowe.

GR. 5092

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
France; 21-4-19.

Promotions.

5092 Pte. S. Stowe

to be L/Cpl. 17-4-19.

C.R. 5092

3
Extract from Nominal Roll of draft No. 56,
from the 2nd., Battalion of the Royal
Newfoundland Regiment to the 1st., Battalion
Royal Newfoundland Regiment. 22/11/18.

#5092 Pte. S. Stowe.

C.R. 5092

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated July 25, 1918.

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

#5092 Pte. Samuel Stowe.

C.R. 5092

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

#5092 Pte. S. Stowe.

Attested for General Service with the Royal Hfld. Regt.
from 16.5.18 to report 25.5.18

S Stone

C.R. 5092

~~PRD~~

Medical Report on an Invalid.

Station Rogersley Down
 Date 1.5.19

1. Unit Royal Newfoundland
 2. Regimental No. 5092.
 3. Rank S. Cpl.
 4. Name Stowe N.
 5. Age last birthday 20.
 6. Enlisted $\left\{ \begin{array}{l} \text{on} \\ \text{at} \end{array} \right.$ 15.5.18
St John's

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

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

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

9. Date of origin of disability. nil
10. Place of origin of disability. nil
11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. nil
12. Give your opinion as to the causation of the disability, stating whether in your opinion it is— nil
- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

13. What is his present condition?

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

See notes for disability

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

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

u

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

u

If so—(a) When?

- (b) Where?
- (c) Opinion?

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

u

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

u

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

u

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

u

20. Do you recommend—

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

Preparation

W. H. S. 1

W. H. S. 1

Officer in medical charge of case.

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

Station *Hayley Down*

Officer in charge of Hospital.

Date *1-5-19*

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

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

№ 507/997

D. Cox

099375

N.F.C. / No.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding.
~~1st~~ End Batt. Ry. Nfld Regiment
Winchester

[Handwritten signature]

30th April 1919

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5092 Pte. S. Stowe.

With reference to the following telegram from the Minister of Militia / / (.158)

"Pay to- 5092 S. Stowe
£8-4-0

Cheque £8-4-0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

[Handwritten signature]
Chief Paymaster & O. i/c Records.

Receipt hereunder.

[Handwritten signature] + *[Handwritten signature]*
Officer Commdg. Batt'n.

Received the sum of eight
pounds-four shillings in respect of telegraphic remittance from the Minister of militia.

S. Stowe
No. 5092 Bank Private

Witness *[Handwritten signature]*

No. 5092

Name Stowe, S

Sqn. Batty. (or Company) D.

Corps R Newfoundland

Date of enlistment 16/5/18

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

Date of last entry in Company, Conduct Sheet

No. and date of last entry

Period not reckoning towards

Sheet No.

Signature O.C. Company, etc.

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

Army Form B. 122.

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
En th Bata	6-2-19	4 th	-	Duty rule on Guard	C. J. M. Anstey	2 days 15		Capt. McLean	T.B.
"	8-4-19	"		Def 3/1	B. M. Stew	Pay for same		Major Bernard	

P.T.O.

Howe, S

5092

Pay sept.

June 29, 1919

#5092 L/C. Samuel Stowe,

Harbor Grace.

Dear Sir:-

Referring to your application I enclose
cheque for Seventy dollars (\$70.00), being amount
of first payment due you on account of the "War
Service Gratuity."

Yours truly

Captain
Paymaster & O.i/c Records.

25355-

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..... *Samuel* 2. Surname..... *Stowe*

3. Rank..... *P Lance Corporal* 4. Regt. No..... *5092*

6. Address in full to which future payments of gratuity are to be forwarded..... *Harbour Grace*

6. Date of enlistment in the Regiment..... *May 16th 1918*

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 dependents..... *Not applicable*

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

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

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..... *One year and one month*

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?

no

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

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.? If not give - (a) date of discharge

June 13th 1917

(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.

France, Germany

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.

Signature of Applicant: *Samuel Stowe*
 Place of Residence: *Harbour Grace.*
 Declared before me at: *St John's*
 This *13th* day of *June* 19.*19*....
Robert Alsop

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

POST DISCHARGE PAY.					
Date paid	Sold	Sold	War Service		Net amount
	Soldier.	Dependent.	Gratuity.		due
.....			<i>4</i>		<i>780</i>
.....					
.....					
Certified correct.					Paymaster

June 29, 1919

#5092 L/C. Samuel Stowe,

#41 Angel Place,

City

Dear Sir:-

Please find enclosed Discharge
Certificate No. 2523.

Yours truly

Wm. A. Aymer & Co. L/C Captain,
Records.

The Royal Nfld. Regiment

DEMOBILIZATION

No. 5097 Rank

Name Howe S

Warned for demobilization on

JUN 13 1919

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5092 Rank Lt Col Name Stowe Samuel
 Intended place of residence. 41 Angel Place - St Johns
 2. Occupation Boiler Maker
 Classification of soldier E Medical Category A 2

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 13 1919
 for H. Mrs. Leant
 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
JUN 13 1919
S. Stowe
 Signature of soldier
White
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

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

Place and Date ST. JOHN'S
JUN 13 1919
S. Stowe
 Signature of soldier
James O'Sheehan
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 16-5-18 No of days on Military
 Discharged from service 15-6-19 14 days Service 410

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
JUN 15 1919
R. H. Sact Major
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St. Johns. Nfld.
June 29/1919
M. Howley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

ATB 2029/2523

The Royal Newfoundland Regiment

Class for Demobilization:

E

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

12.6.19

Regimental No.

5092

Name

Stowe Samuel

Rank

Pte

Address

41 Angel Place

Present Medical Category

A1

Recommended for:

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

TRH Last Capr
O.C. Discharge Depot.

H. Adams
Senior Medical Officer

Rev. Gordon
M. O. Depot

The Royal Newfoundland Regiment

DEMOLIALIZATION OF

Reg. No. 2092 Rank Platoon Officer Name George Samuel
 Date of Enlistment 16-5-18 Address 41 Argyle Street, St. John's District St. John's
 Occupation Excise Warden Classification for Discharge 1/1 Medical Category 4
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. 1/36	B 268	B 121	1/1	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	1/1	Board list	" 2	3
B 178a	D 400A	B 1915		do 2nd	" 3	
B 179	D 400H	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 12-6-19 for H.M. [Signature]
 O. C. Discharge Depot.

PARTICULARS FOR DEMOLIALIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. S. Stone

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:

- (a) Clothing Allowance payable £60
- (b) Clothing Supplied [Signature]

Date 13-6-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home
 at 414 Angel Place and Release Certificate No. 2-741 issued.

Date 13-6-19

J.A. Snow
 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 29-6-19

Date 13-6-19

H. H. Lewis
 Depot Paymaster.

Discharge approved for 13-6-19

Forwarded with following documents to O. C. Discharge Depot.

N.F. P/36	B 288	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist	" 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 108	ME 2		" 6
B179c	B 120	M 93		

2 Forms B

Date 13-6-19

J.A. Snow
 O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
 Board of Pension Commissioners.

with following additional documents.

Eligible for War Service GratuityDate JUN 15 1919

R.H. Lait
 O. C. Discharge Depot.

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

Date

Civil Re-establishment Committee



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

To resume former occupation

S. Stone

Signature of Man.

J. A. Snowcraft
Signature of the Vocational Officer or his Representative.

Reg. No.

5092

ST. JOHN'S

Place

Date

22-6-19

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Descriptive Return of a Soldier Discharged on Account of Disability.

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

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

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. & F. 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 *Samuel Stone*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5092*

Intended address *41 Angel Place, St. John's*

Height on discharge *5* Feet *9*

Color of hair on discharge *Light Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *medium*

Christian name of Father *Eli*

Christian name of Mother *Sarah*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St. George, Nov. 15th, 1899*

Nature and locality of civil employment required *—*

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

(Soldier's signature in full)

Samuel Stone (Rank)

Station **ST. JOHN'S.**

Date

11-6-19

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



Station

Date

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

MEDICAL HISTORY

Surname Stowe

OF

Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish

County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	16	May		191
	at	<u>St. Johns</u>	at	
Declared Age	29	years		days
Trade or Occupation	<u>Wool's maker</u>			
Height	5	feet		inches
		<u>8 1/4</u>		
Weight		160		lbs
Chest Measurement	Girth when fully expanded	39		inches
				inches
		2		inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Patterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at	<u>St. Johns</u>	at	
	on	16	on	day of
		May		191
		Corps.		Regtl. No.
Joined on Enlistment	<u>Re Royal 1092</u>			
	<u>Nfld Regt</u>			
Transferred to				
Became non-effective by	on	day of	on	day of
		191		191
(Signature)				
(Rank)				

3307



DISTRICT COURT.

HARBOR GRACE, NEWFOUNDLAND.

Nov. 25, 1918

Dear Sir,

Your letter of the 2nd inst. received - asking for information of John Stowe, aged 17 years, son of Eli and Sarah Stowe, of Caplin Cove.

I have seen Mrs. Stowe, and requested her to supply a doctor's certificate showing John's state of health. A week has elapsed and the certificate has not been supplied. Mrs. Stowe was questioned as to why John was at work. Her reply was that he was not well, and he could not be got to work. I showed her as plainly as I could that she was not doing her duty to her son in keeping him home and unemployed. Mrs. Stowe works around in houses on day's work, and her husband, Eli Stowe, is a very sick man, and has done no work for some three years.

If Mrs. Stowe sends in a doctor's certificate of John's health, I will forward it to you.

Yours very truly,

W. A. Oke

Capt. J. M. Crowley,
Paymaster R. N. Regt.
St. John's

This is to certify that
Mr Eli Stone of H. Grace
has ~~settled~~ and is
totally incapacitated

Edwin M.D

H. Grace

16/X/18

Statement correct for 60 a per diem beginning 10/1/18

NOTICE.

ROYAL NEWFOUNDLAND REGIMENT.

MOTHER.

(Separation Allowance Branch)

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.	Regt. No.
	Samuel Wesley Stone,	Private	Royal Nfld.	5092
2.	Age of soldier.	Married or Single.		
	20	Single		
3.	Name in full of mother.	Age.	Occupation.	Permanent Address.
	Sarah Stone,	59	Housewife	Caplin Brook Marathon
4.	Give name of your husband.	Age.	Occupation	Where Employed.
	Eli Stone	60	Carpenter	Sick for three years.
5.	If your husband is not supporting you state the reason.			
	<i>Has been afflicted for three years with beriberi; he supported a day work since November 1915</i>			
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.)			
	<i>Medical Certificate attached</i>			
7.	If you are a widow, state date and place of death of your husband.			
	<i>No.</i>			
8.	Have you married again since death of above mentioned husband?			
	<i>No.</i>			
9.	Names of your other children.	Address in full.	Age.	Occupation Married or Single.
	John Stone	Caplin Cove St. J.	17	Done no work since he left school Single
	Leasie Fitzgerald	Marathon	29	Housewife Married

great for real 1/18
Medical Certificate attached
No.
No.

10. State amount earned by (a) Yourself *\$7 a month*
(b) Your husband. *Nothing for past three years.*

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

12. State value of real property belonging to you and your husband. *Husband owns a \$200 value of house; lives in his own house.*

13. State value of personal property belonging to you and your husband. *No*

14. If husband is dead state value of real and personal property left by him. *Not dead*

15. Actual amount contributed by soldier during the year prior to enlistment. *From \$18 to \$30 a month; he worked in St. John's, and his contributions to us.*

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. *Beetle-maker; employed at Reid Hqd. Co works St. John's*

19. State amount of his wages per week. *From \$80 to \$100 a month.*

20. State name and address of his last employer. *Reid Hqd. Co., St. John's.*

21. State amount of monthly support from son since enlistment. *\$18.60 monthly for past three months.*

22. State amount of allotment received by you from son since enlistment. *\$18.60 a month.*

23. State from what date did you receive allotment? *From the 8th July, 1928*

24. Actual amount contributed by other children. *Nothing*

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. *My son John has not been working up to do my daughter has a child; he cannot help me present time*
27. With whom are you residing at present? *My husband*
28. Have you made a previous claim for Separation Allowance. If not, why? Give particulars. *No.*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No.*
30. Are you already in receipt of any payment from any Patriotic Fund? If so, how much. *No.*
31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *No.*
32. In what capacity and in what place? *No.*
33. Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much. *No.*

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

Signature of Applicant... *Sarah Stone*

Place of Residence... *Caplin Cove*

Declared and subscribed before me at... *Caplin Cove*

this... *18th* ... day of... *October* ... 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace. } *William A. Kelly*

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 soldier first above mentioned is the sole support of the applicant.

Signature of Clergyman... *W. Henry Browning*

Signature of member of the Patriotic Fund Committee.

Approved
W. H. Kelly
W. H. Kelly

John Lapnell J.P.

Medical Report on an Invalid.

Station Quazley A Camp
 Date 1. 5. 19

- 1. Unit Royal Newfld
- 2. Regimental No. 5092
- 3. Rank Lt.
- 4. Name Howe S.
- 5. Age last birthday 20
- 6. Enlisted { on 15. 5. 18
 at St John

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

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

nil

Statement of Case.

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

- 9. Date of origin of disability. *nil*
- 10. Place of origin of disability. *nil*
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. *nil*

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

13. What is his present condition?

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

He complains of no disability

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

na

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

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

na

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

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

na

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

na

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

na

na

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

Repatriation

Mick

Major [Signature]

20. Do you recommend—

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

Officer in medical charge of case.

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

Station *N D Camp*

Officer in charge of Hospital.

Date *1. 5. 19*

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

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



2888

DISTRICT COURT,
HARBOUR GRACE,
NEWFOUNDLAND.

Oct. 10, 1918.

Dear Sir,-

Mrs. Sarah Stone, wife of Eli Stone,
widow of Private Samuel Stone,
No. 5092, Royal Newfoundland Regiment,
has applied to me for a separation allow-
ance.

I enclose in usual form of
application.

I know Eli Stone has been sick for
part three years, and a second son of 17
years is at sea.

Yours truly,

Dr. A. Oke.

October 11, 1918.

W.A. Oke, Esq., S.M.,
Court House,
HARBOUR GRACE, C.B.

Dear Sir:

With reference to your letter of October 10th. In behalf of Mrs. Sarah Stowe, I enclose herewith form of claim for Separation Allowance, which kindly have completed by Mrs. Stowe and returned to this office, on receipt of which her claim will be considered.

Yours truly,

Lieut.
For Paymaster

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121
39.

Number of Sheet 1

Regiment of Royal Newfoundland

Signature of O. C. Company C. D. Dickie Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.		Age on	years	months		
5892	Stone Saul.	19	1	6		
Joined	Date	Place and Date of Enlistment		Religion		
Joined	Date	16.5.18		Meth.		
Joined	Date	Period of		Place of Birth		
Joined	Date	} with Colours	1 ^{1/2}	years.		
		} with Reserve	3 ^{1/2}	years.	Hardy Grace C B	

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
				Demobilized John's 29 ⁶ 79					

To be carried over

Army Form B. 121.

25092

Standard Form 100-10 (Rev. 1-27-50) (GPO: 1950 O-488-781)

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 5092 Rank Private Name Stowe Samuel
 Date of Enlistment 16-5-18 Address 11 Angel St. St. John's District St. John's
 Occupation Boiler Maker Classification for Discharge 100 Medical Category 100
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P.36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board Ist.	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400H	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 12-6-19 J. W. H. Voc. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. S. Stowe

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60
- (b) Clothing Supplied None

Date 13-6-19 O/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 4111 1/2th Street and Release Certificate No. 2741 issued.

Date 13-6-19 J.A. Shewell
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 29-1-19

Date 13-6-19 _____
Depot Paymaster.

Discharge approved for 13-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P36	B 288	B 121	N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board Ist	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	2 Form B
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 13-6-19 J.A. Shewell
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:-

Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 15 1919 R.H. Jait
O. C. Discharge Depot.

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

Date June 24/19 _____

Reg. No. 5092 Rank. Pfc Name Stowe, Sam

Attested Address. Grace

Allotment Allottee

Date of Allotment Returned from Overseas. 29-5-49

Returned on S.S. Correan Cause Discharge

12-6-49
15-6-49

PASSED TO DEMOBILIZATION

DISCHARGE APPROVED ON DEMOBILIZATION