



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4812 Name Augustus Street Corps Co of Co.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------------|
| 1. What is your name? | 1. <u>Augustus Street</u> |
| 2. What is your full Address? | 2. <u>Spiller's Cove Bonaville</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>20</u> Years — Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. Name |
| | Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? | 11. <u>Yes</u> |

I, Augustus Street 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.

A Augustus Street SIGNATURE OF RECRUIT.
James Antkowiak Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Augustus Street do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 1st day of May 1915

Signature of Attesting Officer Wm. Churchill

†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 1915 } Approving Officer.
 Place

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

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



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4812 Name Augustus Street Corps 6 of 6

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Augustus Street
2. What is your full Address? 2. Miller's Cove, Bonaville
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 29 Years - Months
5. What is your Trade or Calling? 5. Fisherman
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, Augustus Street 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.

A
1-5-18

Augustus Street SIGNATURE OF RECRUIT.
James Arkle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Augustus Street do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, in Person, Crown and Dignity against all enemies, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. Johns on this 1st day of May 1918

Signature of Attesting Officer Wm. Churchill 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 1918
Place

Approving Officer.

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‡ 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)

Extract from Daily Orders Part II Royal Newfoundland Regt.
Depot St. John's dated 8-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by officer i/c Records from noted date 4-7-19.

4812, Pte. Aug. Street.

C.R. 4812

Extract from Daily Orders Part II Unit The Royal W.M.
Regt. Depot, St. John's, June 10th, 1919.

The Discharge of the undersigned on demobilisation has been
APPROVED by C.O. Discharge Depot with effect from 20-6-19.

4812 Pte. Augustus Street.

C.R. 4812

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

Date

9-6-19
2-6-19.

4812 Pte. Augustus Street

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

C.R. 4812

Extract from Daily Orders part II, Depot Winchester by Liett.
Col., B.J. Barton, D.S.O., Officer Commanding 2nd. Battalion.
dated 7/4/19.

The undermentioned having reported back from the 1st. Battalion
is taken on the strength and posted to "H" Co., 8-4-19.

4812 Pte. A. Street.

C.R. 4812

Extract from War Office List.No. H.A., 54015.

r4812 Pte. A. Street.

Admitted 25 Sty. Hospital. Rouen. 21st., Feb. 1919.

Mumps, Mil.d...p p

C.R. 4812

Extract from Daily Orders East II Unit the Royal WFL. Sent
By Lt. Col. T.C. Nathan, D.S.O. Commanding 1st Bn. 2-11-19.

The following joined the Bn. 2-11-19.

4812 Pte. A. Street.

3 Copy.

C.R. 4812

Extract from Animal Hill Re-Enforcement Draft No. 55, Charles Folkeston,
26/10/15, from 2nd Batta, Royal Newfoundland Regiment, Enceley Down, Camp,
Winchester, to 1st Batta, Royal Newfoundland Regiment B.C.F.

4812 Pte. Street, A.

ME.

C.R. 4812

Extract from Daily Orders part 11, from Unit The Royal
Nfld. Regt. St. John's, dated June 14, 1918.

#4812 Pte. C.H. Street.

Embarked for overseas with draft 11-6-18

C.R. 4812

Extract from Daily Orders part 11, from Unit The Royal Nfld.
Regt. St. John's, dated May 2nd, 1918.

#4812 Pte. Augustus Street.

Attested for General Service with the Royal Nfld. Regt. from
1/5/18.

Q
A. Street

C.R. 4812

P. & P. G.


7995/153/R.&C.

27th May,

9.

The Secretary,
War Office,
Finsbury Court,
Finsbury Pavement, E.C. 2.

Sir,



In reply to your memo G.2.C.22 H.B. 17964
of 23/5/19: I beg to state that No. 4812, Pte,
A. Street, 1st Bn. Royal Newfoundland Regiment, was
~~invalided to~~ the U.K. from the 25th Stationery
Hospital, Rouen on 28/3/19 per H.S. "Aberdonian."

I am,

Sir,

Your obedient servant,



Major,

Chief Staff Officer (London).

HB/NV

C.2.Casualties. 22.
H.B. 17964.

The Officer in Charge
Newfoundland Contingent,
58, Victoria Street,
S.W.1.

The Secretary of the War Office requests that
you will be good enough to state whether No.4812
Private A. Street, shewn under York (1) Records, List
H.B.17964 (copy attached) can be identified as belonging
to the Royal Newfoundland Regiment.

No 4812 pt A. Street
Royal Newfoundland Regt
Inv to Eng for M's Abandonian 28/3/19
and posted to depot Winchester 5/4/19

WAR OFFICE,
Finsbury Court,
Finsbury Pavement,
London, E.C.2.

25 My Flower

13th May, 1919.

NEWFOUNDLAND CONTINGENT
PAY & ACCOPO OFFICE
Ref. No. 361 ✓
24 MAY 1919
7995/83

9782

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCE

MACHINE GUN CORPS

No. H. B. 17964

ADM 1 MIL H CANTERBURY 31 MAR'19

17483 Pte Sherreld J.....3 MGC A Co.....Sick Slt.

ADM METROPOLITAN H KINGSLAND ROAD W.1. 30 MAR'19

55767 Pte Gershonblatt I.....23 MGC.....Epilepsy

No. TWO RECORD OFFICE - S H R E W S B U R Y

No. H. B. 17964

ADM 1 MIL H CANTERBURY 31 MAR'19

18998 Pte Reed P.....1 Ches.....Sick Sev.

INFANTRY RECORD OFFICE - H A M I L T O N

No. H. B. 17964

ADM 1 MIL H CANTERBURY 31 MAR'19

203630 Pte Colquhoun D.....10 Scot Rifs.....Sick Slt.
42131 " McCormack W. 1 KOBB " Sev.

R O Y A L A R M Y O R D N A N C E C O R P S

No. H. B. 17964

ADM 1 MIL H CANTERBURY 31 MAR'19

45758 Pte Hurst A.....794 AB Co. RAOC.....Sick Slt.
023064 Pte McLintock W. RAOC 40th Coy. Sick "

No. 1 RECORD OFFICE - Y O R K

No. H. B. 17964

ADM 1 MIL H CANTERBURY 31 MAR'19

110260 Pte Hara W.P.....52 D.L.I.....Sick Slt.

ADM FULHAM MIL H ST DUNSTAN'S RD HAMMERSMITH 30 MAR'19

HA/12 Pte. Strutt A.....RN. Fus.....Debility.

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 F., 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 Artillery*..... 7. Former Trade or Occupation } *fisherman*
2. Regtl. No. *4812* 3. Rank. *plte*..... 7a. If the soldier claims previous service in Army, he should state—
4. Name *Strat aquatics*..... (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *24*.....
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 (if any)
- (b) Where
- (c) Opinion of Court

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

Statement of Case.

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

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

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

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

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

He complains of no 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.

Repatriation

W. E. Proctor Capt R.A.M.C.

Station *Wexley*

Medical Officer in charge of case.

Date *17/4/19*

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

To:- The Chief Paymaster,
Royal Newfoundland Regiment,
58 Victoria Street,
London, S.W.

Sir:-
Please charge the amount set opposite my name to my account and
pay it to the N.W.C.A. "Prisoners of War Fund" in quarterly instalments
for the period of the year.
Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
1812.	Pte	Street H.	£250	H. Street

I have the honour to be, Sir,
Your obedient servant.

H. Street

Date July 1/18

No. 14829/1515. ✓

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

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

150-201
JRM

To: Officer Commanding,
2/Bn. Royal Newfoundland Rgt.,
Hazeley Down Camp,
Winchester.

September 16th, 1918

Sept. 21st 1918

Subject: 4812, Pte. A. Street.

Receipt hereunder.

B. Barton
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

With reference to the following telegram (8099) from the Hon. Minister of Militia, received

"Pay to 4812. Pte. A. Street, £4:0:0.

Received the sum of £4.0.0

Draft £ 4:0:0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Four pounds on account of cable remittance from Newfoundland.

H. A. Street
Chief Paymaster & O. i/c Records.

A Street
No. 4812 Rank Pte.

Witness:-

Pte. R. Manning

YRN

Street, A

4812

Ray Sept.

July 5, 1919

4612 Pto. Augustus Street,
S

Spillars Cove, B.B.

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,
Quartermaster & Officer 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 claim War Service Gratuity under Order-in-Council dated January 28th. 1918.

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..... *Augustus* Street..... *St. John's*
3. Rank..... *Plt* 4. Reg't. No. *4812*
5. Address in full to which future payments of gratuity are to be forwarded..... *Bonaville (Spillars Cove) B.B.*
6. Date of enlistment in the Regiment..... *April 1918*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents.....
9. Address in full of such dependents.....
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.....
11. Were you on active service only in field, if so, give dates and particulars of such service..... *Overseas.*
12. Give total length of time which you served on active service, whether in field or Overseas..... *From April 1918 to June 6/19*..... 13.

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

No

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

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

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

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

France, Belgium & Germany - Arras
Sept. 1918 to April 1919

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. *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:

*Augustus X Street
Wash*

Place of Residence:

Spillar Cove, B.B.

Declared before me at:

St. John's, Nfld

This

7th

day of

June 1919

1919

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

*John P. Carthy
J.P.*

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant.	War Service Gratuity.	Net amount due
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.....

.....

.....

Certified correct.

Paymaster

July 4, 1919

#4812 Pte. Augustus Street,
Spillars Cove,
Bonavista.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 2290."

Yours truly

Capt.
Paymaster & Officer i/c Records.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4 P. 12 Rank PL Name Street Augustus
 Intended place of residence Spiller's Cove

2. Occupation Fisherman
 Classification of soldier E Medical Category A-1

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

Eligible for War Service Gratuity

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

Place ST. JOHN'S
 Date JUN 6 1919
 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 6 1919
 Signature of soldier
 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 6 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 1-5-18 No of days on Military
 Discharged from service 20-6-19 plus 14 days Service 430

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 20 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed
 Place Spiller's Cove
July 4/1919
 Officer i/c Records
 The Royal Newfoundland Regiment

A 7 B 2079/2290

The Royal Newfoundland Regiment

Class for Demobilization:—

A

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date *H. B. 19*

Regimental No. *4812*

Name *Stout A.*

Address *Bonavista*

Present Medical Category *A+*

Recommended for:— { (a) Immediate discharge

(b) ~~Standing~~ Medical Board

Members of Board {

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

L. Paterson
Senior Medical Officer

Geo. Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4812 Rank Pte Name Street Augustus
 Date of Enlistment 1-5-18 Address Millars lanes District Bona Vista
 Occupation Teacher Classification for Discharge E Medical Category A.F.
 Recommendation S.M.B. _____ Disability Rating _____
 Passed to Demobilization Officer with following documents:—

N.F. P36	B 288	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	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 5-6-19

O. C. Discharge Depot.

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable 60.00

(b) Clothing Supplied None

Date 6-6-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. TR 1514-9-5-95 to his home at Spillars bone and Release Certificate No. 2388 issued.

Date 6-6-19

J.A. Snow Capt.
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 4-7-19

Date 6-6-19

J.A. Snow Capt.
Depot Paymaster.

Discharge approved for 21 6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med	D.F. 1
E 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 6-6-19

J.A. Snow Capt.
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 JUN 20 1919

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

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

Date

Civil Re-establishment Committee

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

To resume former occupation

Shel A.

Signature of Man.

Reg. No. *4812*

J. H. Snowball

Signature of the Vocational Officer or his Representative.

Place *RI - John*

Date

191

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

MEDICAL HISTORY

OF

Surname

Street

Christian Name

Augustus

Table I.—GENERAL TABLE.

Birthplace:—Parish

*Spillar Cove P.O. County**Nflda*

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	at		at	
Declared Age		years		days
Trade or Occupation				
Height		feet		inches
Weight				lbs.
Chest Measurement	Girth when fully expanded			inches
	Range of Expansion			inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	L. E.—V=		R. E.—V=	
			L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
	(b)		(b)	
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>Samuel Paterson</i>			
(Rank)	<i>Major</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at		at	
	on	day of	on	day of
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<i>Medical 4812</i>			
Transferred to	<i>Nflda Regt</i>			
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Augustus Street*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4815*

Intended address *Spillars Cove B. B.*

Height on discharge *5* Feet *6*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Brown*

Descriptive Marks

Figure on discharge *Medicine*

Christian name of Father *Alpharius*

Christian name of Mother *Mary*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth *Spillars Cove, Sept. 1897*

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)

Augustus Street (Rank)
1st Lieut

Station

St John's

Date

4-6-19

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.

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

Station

Date

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

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

1. Unit and Corps... *Royal Newfoundland* } Former Trade or Occupation } *Fisherman*
 2. Regtl. No. *4802* 3. Rank... *Pvt.* }
 4. Name *Smith* } (Surname) } *Augustus* } (Christian Names)
 5. Age last birthday *22*.....
 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 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

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

The Complaints of disability

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

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

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.

W. E. Proctor *Light Borneo*
 Medical Officer in charge of case.

Station *Hazeley Down*

Date *8.1.41/9*

* 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company Wm Churchill Lieut

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<u>11812</u>	Age on	20 years	months		
Joined	Date	Place and Date of Enlistment	<u>St Johns</u>		Sisterman	
Joined	Date	Period of } with Colours / <u>65</u> years. with Reserve / <u>36</u> years.	<u>1.5.18</u>		Religion	
Joined	Date				C of E.	
Joined	Date	Place of Birth		<u>Spillars Cove B.B.</u>		

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>1.10.18.</u>	✓		<u>Demobilized</u>	<u>St John's</u>	<u>4 1/19</u>			

To be carried over

Army Form B. 121.

10375

Spillars Cove
Mar 30/80

Dear Sir

Just a word

to you to see if there is any
Money for me belong to my son Agust Street
I am his father and he is the only son I have
to support me I have two now but is married
and I think that there is more money belong
to him all the other parents that had sons
out to the war their only support his getting
four hundred dollars so I heard and I
am in need of this money so I must have
it I now it belong to me so I must have
it You will find my ~~son~~ son name
Agust Street 4819 No Crusting
You to help me Yours truly Alfred Street

Spillars Cove

April 10. 20

Mr. Alfred Street,
Spillar's Cove.

Dear Sir:

With reference to your letter of recent date, I enclose herewith form of claim for Separation Allowance, which kindly have completed in the presence of a Magistrate, Justice of the Peace, and return to this Office,

Yours truly,

Capt.
For Paymaster

LM/Enc.

SEPARATION ALLOWANCE.

Claimant. *Alfred Street* *father*
On account of *Augustus Street* No. *4812* Rank. *Pte.*

Decision. *Refused*
applicant not incapacitated
.....
.....

Date *June 28/1920*

W. B. Readell Lieut. Col.
M. Bowley Major

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

Allotment of *60* ^{sh} per day payable to *Alfred Street*
his *father* from *1/6/18* to *4/7/19*.
Discontinued on account of *being discharged*.

R. H. Cummins



DEPARTMENT OF MILITIA

ST. JOHN'S April 10. 1920
NEWFOUNDLAND

Mr. Alfred Street,
Spillar's Cove.

Dear Sir:

With reference to your letter of recent date, I enclose herewith form of claim for Separation Allowance, which kindly have completed in the presence of a Magistrate, Justice of the Peace, and return to this Office,

Yours truly,

Capt.
For Paymaster

LM/Enc.

ROYAL NEWFOUNDLAND REGIMENT

(Separation Allowance Branch.)

NOTICE

FATHER

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:

The Paymaster

Separation Allowance Branch
St. John's, Nfld.

(1) Name in full of soldier Rank Reg't or Unit Reg't No
Augustus Street *PLC* *1st Kyle Regt.*

(2) Age of soldier *23* Married or ~~Single~~
 Married

(3) Name in full of father Age Occupation Permanent Address
of soldier
Alfred Street *56* *Fisherman* *Spillan Cove*

(4) If you are a chronic invalid and totally incapacitated, state nature of malady (Medical Certificate must be enclosed with this document, stating from what date applicant has been totally incapacitated, and for how long incapacity is likely to continue).
No

(5) Names of your other children Address in full Occupation Married or ~~Single~~
Kate Fleming *William Street* *Fisherman* *Widow*
Samuel Street *William Street* *Widow*
Augustus *William Street* *Single*
George *William Street* *Single*
John *William Street* *Single*

(6) State amount earned by yourself per month
according to voyage.

(7) State date and place of death of your wife.
Wife is living

(8) State amount and source of any other income
Earnings of self & boys according to voyage

(9) What is the value of your real property.
\$1000

(10) State actual amount contributed by soldier during year prior to enlistment.
All his earnings

(11) Was this amount contributed weekly or Monthly?
at end of voyage.

(12) Did this amount include payment of son's board, etc?

Yes

(13) State your son's trade or occupation prior to enlistment.

Fisherman

(14) State amount of his wages per week.

(15) State name and address of his last employer.

(16) State amount of support monthly from son since enlistment.

*~~\$18 per month~~
None*

(17) State amount of "Assigned Pay" received by you from son monthly

None \$18 per month

(18) From what date have you received "Assigned Pay"?

8 June 1918

(19) Actual amount contributed by other children

Weekly

Monthly

No account kept

(20) If not receiving support from other children, state cause. Answer fully.

(21) Are any of these children in your employ?

(22) Have you made a previous claim for Separation Allowance? If so, why. Give particulars.

No

(23) What is the value of your personal property?

\$1,000

(24) With whom do you reside at present?

In my own house with my family

(25) Are you already in receipt of Separation Allowance from any source. If so, how much?

No

(26) Are you in receipt of assistance from any Patriotic Fund. If so, how much?

No

(27) Was the soldier at the time of enlistment an employe of the Newfoundland Government?

No

(28) In what capacity and in what place.

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

No

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

Signature of applicant-----*Alfred X. Street*

Place of Residence-----*Spellers Cove D.B.*

Declared and subscribed before me at-----*Brampton*
this-----*Twenty Second*-----day of-----*April*-----19*27*

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace } *John Kelly J.P.*

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 mentioned above is the sole support of the applicant

Signature of Clergyman-----*Augustus E. Basley*

Signature of member of Patriotic Fund Committee-----*Heber B. Mi ffles, Postmaster*

The Royal Nfld. Regiment

DEMOBILIZATION

No. *4817* Rank

Name *Street A.*

Warned for demobilization on

JUN 6 1919

July 24, 1920.

Mr. Alfred Street,
Spillar's Cove, B.B.

Dear Sir:-

With reference to your application for Separation Allowance I have been directed to state that same cannot be granted you because you are not incapacitated, and consequently not dependent upon your son.

Yours faithfully,

Major
Paymaster.

June 20th 19

Spillers Cove
Trinity District

Dear Sir

I had a drive
from Bonaville to
Spillers Cove with
John Fleming's horse
which cost ~~£5~~ ⁵/₁₁
for the day and
I shall thank you
very much to forward
the same to me
& oblig

Agustus Street

ACCOUNT	<i>Trans.</i>
CH. NO.	<i>8041</i> INITIALS <i>P.H.</i>
IND. LEDGER	INITIALS _____
PAY LEDGER	INITIALS _____
GEN. LEDGER	INITIALS _____

The Department of Militia.

\$5⁰⁰

The sum of *five* Dollars is due

for *for driving*

Reg. No. *4812* .. Bank *P.H.* .. Name *Street A.* for passage

FROM *Bouavista* TO *Spillan Cove*

Council for \$5.75

J. J. [Signature] **Captain**

Demobilisation Officer.

At **Voucher Attached.**
DISTRICT CLERK
 NEWFOUNDLAND
AUG 15 1919
COMMANDING

No. 59

TRAVELLING WARRANT

Date 6-6-14 The Royal Newfoundland Regiment

General

Please issue 1st Class Passage and Meals for

No. 4812 Rank Ye Name Phelan J.

From ST. JOHN'S To Spillars Cove
Bonaville

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. J. [Signature]

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer
Discharge Depot

Capt. Lewis

Ensign Bannock.

H. Johns

Aug. 21, 1919

Augustus Street,
Spillar's Cove,
T.B.

Dear Sir:

I enclose herewith cheque
for \$5.00, amount of refund due you on account
of travelling expenses to your home.

Yours truly,



Capt.
Paymaster

LM/.

4812

Feb. 21, 1920

Augustus Street,
Spillar's Cove,
T.B.

Dear Sir:

With reference to
your letter of recent date, your final cheque
was paid to you on your discharge. This included
fourteen day's pay in advance, also Clothing Allow-
ance, please.

Yours truly,

Lieut.
For Paymaster

RRG/LM

Spilkars Cove

Jan 15th 1930

4812

Dear Sir

As I see by my hand
book that I am entitle to a
suit of cloce and over coat.
for the winter or else \$100 dollars
and I haven received none
of it money or cloce. and
I should get it after sewing
a year in the army. So I
would like for you to Oblige
me by trying to get it. If
not I will try some one else
As I am ~~en~~ in need of it
money or cloce. So I must
cloce ~~try~~ trusting to you to
get it
Yours Truly

Jt Agusto Stud

8373

GGB/ME

January 28. 1920

4812

To: - Major Howley,
Paymaster.

From: - Vocational Officer.

Encl.

I beg to forward you herewith letter received from Ex.Pte. Augustus Street, Spillar's Cove with reference to the matter of clothing allowance. Kindly give this matter early attention and reply to Mr. Street direct.

C. C. Byrne
Secretary *of* Capt.
For N. O.

Please inform the man that his final cheque was handed out at the depot when he was discharged including 14 days pay in advance. I also his clothing allowance.

ST. JOHN'S, June 14th /19

Royal Newfoundland Regiment.

Billeting Account,

To Mrs G. Skiffington
George. Hutt

Billeting Soldiers as undermentioned

from June 6th /19 to June 9th /19

4812 - Pte. G. Hutt

3 30

ACCOUNT	
CH. NO.	<u>23731</u>
IND. LEDGER	
PAY LEDGER	
GEN. LEDGER	

EW

JJ

Certified correct for \$ 3.30

J. H. Knowlton
Billeting Officer
G. Skiffington
W. H. Hutt

1881

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

SEP 29 1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Augustus Street

in respect of his service as No. 4812 Rank Pte.

Name A. Street Royal Nfld. Regt.
~~Nfld. Regt.~~

Receipt of the same should be acknowledged hereon.

Received From Dept of Militia 2 Medals

Signature Augustus Street

Date Oct 6th 1921

Address Catalina Nfld.

[P.T.O.]

Receipt for Army Book 64

No. 4812 Name A. Street

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

Name Augustus Street

Date August 18/20

Place Spillars Cove

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

47-101111
The Royal Newfoundland Regiment *D 4817*

DEMOLIBIZATION OF

Reg. No. *512* Rank *Pte* Name *Street Augustus*
 Date of Enlistment *1-5-18* Address *Spallans Lane* District *Bonavista*
 Occupation *Tradesman* Classification for Discharge *E* Medical Category *A.I.*
 Recommendation S.M.B. Disability Rating
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	D 400A	B 1915		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 108	ME 2			" 6	
B 179c	B 120	M 93				

Date *5-6-19*

O. C. Discharge Depot

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date *10/16/19*

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable

(b) Clothing Supplied

Date *6-6-19*

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *TR 15148-575* to his home at *Spillars Cove* and Release Certificate No. *2388* issued.

Date *6-6-19*

J.A. Brown Capt.
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 *4-7-19*

Date *1-1-19*

J.A. Brown Capt.
Depot Paymaster

Discharge approved for *20-6-19*

Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
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	
B 179c	B 120	M 93				<i>Form B</i>

Date *6-6-19*

J.A. Brown Capt.
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 *JUN 20 1919*

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

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

Date *June 11 1919*

J.A. Brown Capt.
Lee

Reg. No. 4812 Rank Pte Name Street A

Attested Address Spillers Cove

Allotment Allottee

Date of Allotment Returned from Overseas 29-5-19

Returned on S.S. Corsecan Cause Discharge

5-6-19

PASSED TO DEMOBILIZATION OFFICER

20-6-19

DISCHARGE APPROVED ON DEMOBILISATION.