



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 5026

Name Osaw Temple

Corps Meth

Questions to be put to the Recruit before Enlistment.

- | | |
|--|------------------------------|
| 1. What is your name? | 1. <u>Osaw Temple</u> |
| 2. What is your full Address? | 2. <u>Thomas Cove S. Bay</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>24</u> Years |
| 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, Osaw Temple 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.

Osaw Temple SIGNATURE OF RECRUIT.
J. Raymond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

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

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at S. Bay

on this 14 day of May 1918
Signature of Attesting Officer Brooks 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 rank

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

Date May 14 1918
Place S. Bay } Approving Officer.

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

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

DESCRIPTIVE REPORT ON ENLISTMENT

5026

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

Name Osam Temple
 Apparent age 24 years 0 months Height 5 feet 6 1/2 inches
 Chest Measurement { Girth when fully expanded 37 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Peter Temple
Roman Cove S. Bay | Relationship Father
 Particulars as to Marriage

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

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

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or L'epot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>14-5-18</u>									
Joined at <u>St. John's</u> on <u>14-1-1918</u>									
<u>Discharged August 14 1919</u>									
<u>Admitted to S. A. Hospital Dec 22 18</u>									
<u>Discharged from Hospital 17-6-1918</u>									
<u>to the Netherlands for demobilization 24-6-1919</u>									
<u>Arrived the Netherlands 1-7-1919</u>									
<u>Demobilization St. John's 4-8-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-8-1919 [date of discharge] 1 years 83 days
 Pensions " " " " " " " " " " " "

C.R. 5026.

extract from Daily Orders part II Royal Newfoundland Regiment.

Depot St. John's dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by Officer i/c Records from noted date 4-8-19.

5026, Pte. Esau Temple.

C.R. 5026

Extract from Daily Orders Part II Unit The Royal WMA. Regt.
St. John's, July 10th, 1919.

The discharge of the undersigned on demobilization has been
APPROVED by O.C. Discharge Depot with effect from 21-7-19

5026 Pte. Esau Temple.

C.R. 5026

Extract from Daily Orders Part II Unit The Royal Field. Regts.
St. John's, July 3rd 1919.

5026 Pte. E. Temple.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R.

5026

Extract from Daily Orders part 21, from Unit The Royal
25th Regt. St. John's, dated July 25, 1918.

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

#5026 Pte. Esau Temple.

Extract from Daily Orders part 11, from Unit The Royal
Hfld. Regt. St. John's, dated May 15, 1916.

#5026 Pte. Esau Temple.

Attested for General Service with the Royal Hfld.
Regt. S from 14.5.16



5026

THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

St. John's, Newfoundland,

..... June 24th, 1918 *191*

To D.O.C. Newfoundland
Militia Department

#5026 Pte. Esau Temple

The above mentioned man is 24 years of age and enlisted on May 14th, 1918.

He has had home leave for ten days from June 18th inst. and as yet has made no allotment. This latter matter will be attended to when the allotment forms arrive.

R. H. Lait

Captain

Acting O.C. Depot.

Enclosure

7
100-8

Normans Cove. Y.B.

June 20th 1918

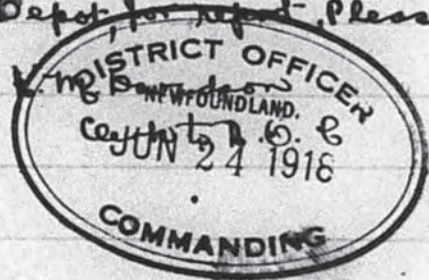
Dear Sir

I wish to have
my son pte. Esau Yempe
exempted from military
service. I am 65 yrs
of age blind in one eye
other affected am also
afflicted otherways especially
palsied unable to do any
hard work, he is my the
only support of myself
his mother and sister
the latter very ill unable

to do any work.
If necessary I will
try and get to St. Johns
myself
yours Truly

Peter Yemple.

b.c. Depot for report please



E Temple

C.R. 5026

~~Handwritten signature~~

No. 8103/1607

N.F.P. 176.

From: NEWFOUNDLAND CONTINGENT

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

To: Officer Commanding,
2/Bn Royal Nfld. Regt.

Winchester

11th June 1919

5026, Pte. E. Temple

With reference to the following
telegram from the Minister of
Militia / / 19 (227):

"Pay to-

5026 Temple £8:2:4

Cheque £8:2:4 is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

B.A. Minshall
Chief Paymaster & O. i/c Records.

13th June 1919.

Receipt hereunder.

J. Seymour
LIEUT. COLONEL
COMMANDING 2ND BATTAL ROYAL NEWFOUNDLAND REGT.

R.M.R.

Received the sum of Eight Pounds
Two Shillings, Four Pence in respect of
telegraphic remittance from the
Minister of Militia.

E. Temple

No. 5026 Rank Pte

Witness: WR Hodges



THE ROYAL NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Esau Temple, Regl. No. 5026

hereby agree, until further notification by me, and in similar official form to make an Allotment of Seventy Dollars and _____ 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 1-8-18

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
6510	Mother	Mrs Peter Temple (Harriet)	Normans Cove Sts		70
Total Allotment, \$					70

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) W Summers Lt
 Officer Commanding
B Company
St Johns
July 8 1918

(Sig.) Esau Temple
 (Rank) Private
 His witness Lewis

Temple, E

5026

Joseph

August 4th 1919.

#5026, Pte. ssau Temple.

Norman's Cove, T.B.

Dear Sir:

Enclosed please find Discharge Certificate
3316.

Yours truly,

Capt. W. Kaymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 5026 Rank Plt. Name Temple Esau
 Intended place of residence Normans Cove
 2. Occupation Dishevan
 Classification of soldier E Medical Category AI

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 JUL 7 1919

[Signature]
 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, ST. JOHN'S

Date JUL 7 1919

[Signature]

Signature of soldier

[Signature]

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, ST. JOHN'S

Date 7-7-19

[Signature]

Signature of soldier

[Signature]

Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service...	<u>14-5-18</u>	No. of days on Military
Discharged from service...	<u>21-7-19</u>	Service... <u>448</u>

Plus 14 days

APPROVAL OF DISCHARGE

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

Place, ST. JOHN'S

Date JUL 21 1919

[Signature]
 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

Date August 4/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

AD B 2099 / 3316

18
30
31
41
83

The Royal Newfoundland Regiment

Class for Demobilization: 76

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 4.7.19

Regimental No 5026

Name Lemuel Egan Rank PL

Address Formans Cove T.B.

Present Medical Category A7

Recommended for:— (a) Immediate discharge
(b) ~~Standard Medical Board~~

Members of Board

R.H. Lat Major
O.C. Discharge Depot.

Watson
Senior Medical Officer

Geo Berden
M. O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5026 Rank Plt Name Temple Egau
 Date of Enlistment 1-5-18 Address Normanville District Trinity
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 136	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	E 103	ME 2		" 6
B 179c	B 120	M 93		

Date 4-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am / in a position to resume civilian occupation.

E Temple

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable A 60

(b) ~~Clothing~~ Supplied Allo Louster

Date 7-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ³²¹⁹⁰₃₂₃₁ to his home at Hornmans Cove and Release Certificate No. 3249 issued.

Date

[Signature]
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 8-19-19.

Date

[Signature]
Depot Paymaster.

Discharged approved for 21-7-19

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

N.F. P36	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
B179c	B 120	M 93		

[Signature]
2 Form B

Date

[Signature]
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer in Charge Records.
Board of Pension Commissioners.

with following additional documents

Eligible for War Service Gratuity

Date

JUL 21 1919

[Signature]
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.

E Temple

Signature of Man.

J. H. Snowless

Signature of the Vocational Officer or his Representative.

Reg. No. 5026

Place

St. Johns

Date

7-7-19.

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

MEDICAL HISTORY

Surname Temple OF Christian Name Sean

Table I.—GENERAL TABLE.

Birthplace:—Parish Normans Cove County Nfld

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined	14 th day of May 1918	St Johns		
Declared Age...	24 years	days		
Trade or Occupation	Fisherman			
Height	5 feet 6 1/2 inches			
Weight	147 lbs.			
Chest Measurement	Girth when fully expanded	37 inches		
	Range of Expansion	4 inches		
Physical Development				
Vaccination Marks	Right	Left	Right	Left
	Arm			
When Vaccinated				
Vision	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/20	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>Lambert Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St Johns		at	
	on 14 day of May 1918		on	day of 191
	Corps	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment	The Royal 1026			
	Nfld Regt			
Transferred to				
Became non-effective by				
(Signature)	on	day of 191	on	day of 191
(Rank)				

list in case of Warrant Officers treated in quarters.

on the cause, nature or treatment of the case likely to be of interest or of future use. In case of
as and re-admissions to hospitals will be shown. The subsequent progress, including particulars
treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

W. C. ...

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. *5026* 3. Rank... *plc* 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps; with Regtl. Nos.
4. Name *Temple* (Surname) *Seear* (Christian Names)
5. Age last birthday... *25*
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?
9. If a Court of Inquiry was held on an injury state:—
 (a) When
 (b) Where
 (c) Opinion of Court
- (b) Date of Discharge;
 (c) Cause of Discharge.
- (d) Particulars of Pension or Gratuity (if any)

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."
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.

Reassociation

W. E. Proemier. Capt R. D. M. C.

Medical Officer in charge of case.

Station .. *Hazleydown* .. .

Date ... *3/1/19* .. .

* 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



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 *Temple, Esau*

Regiment from which discharged *Royal Newfoundland*

Regimental number *5026*

Intended address *Norman Cove. N.B.*

Height on discharge *5 Feet*

Color of hair on discharge *Black*

Complexion *Dark*

Color of eyes *Grey*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Peter*

Christian name of Mother *Marrett*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Norman Cove 7-4-1894*

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)

Esau Temple

(Rank)

Station



Date *JUL 4 1919*

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

August 12, 1919

Mr. Esau Temple,
Norman's Cove, T.N.

Dear Sir :-

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

Yours truly,

Captain & Paymaster.

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 28th. 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..... *Esean* 2. Surname..... *Temple*
3. Rank..... *Pte* 4. Regt. No..... *5026*
5. Address in full to which future payments of gratuity are to be forwarded..... *Normans Cove I.B.*
-
6. Date of enlistment in the Regiment..... *Nov 14/18*
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..... *no*
9. Address in full of such dependents..... *no*
-
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*
-
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Seven months*
- 1. $\frac{3}{4}$

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.

..... *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.

..... *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?.....

..... *no*

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge.....

..... *July 2/19* (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....

..... *England*

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.....

.....

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.

SEPARATION ALLOWANCE.

Claimant..... *Temple, Harriet (mother)*

On account of *Esau Temple* No. *5026* Rank. *Pvt*

Decision..... *Approved*

A. G. Beckman Major

M. Bowley Major

Date..... *Oct. 4/1919*

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

Allotment of *70* per day payable to *Mrs Peter Temple*
his *Mother* from *1/8/18* to *still current*
Discontinued on account of

L. Luke Sgt

17/5/19

di³
4/8/19

ROYAL CANADIAN MOUNTED

REGULAR

POLICE

(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. Reg't. No. 5026

Esau Temple PTE 11 Fed Reg

2. Age of soldier. 25 Single Married or single.

3. Name in full of mother. Age. Occupation. Permanent address.

Mrs Harriet ⁵⁷ Temple None Holmors Cove Trinity Bay

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

Mr Peater Temple 65 fisherman No

5. If your husband is not supporting you state the reason. *No*

he is blind in one eye and has the Palsey in two hand

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.

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

9. Names of your other children. Address in full. Age. Occupation. Married or single.

age 22 Married 27 Moses Temple Married
Susannah Flossie

10. State amount earned by (a) Yourself *nothing*
(b) Your husband. *" "*

11. State amount and source of any other income.

None

12. State value of real property belonging to you and your husband *\$ 300 dollars*
-
13. State value of personal property belonging to you and your husband, *\$ 100 dollars*
-
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 *\$ 1.50 one hundred and fifty cents*
-
16. Was this amount contributed weekly or monthly. *monthly*
-
17. Did this amount include payment of son's beard, etc. *yes*
-
18. State your son's trade or occupation prior to enlistment. *fisherman*
-
19. State amount of his wages per week. *—*
-
20. State name and address of his last employer. *Mr Charles Butt Spandero Bay CB*
-
21. State amount of monthly support from son since enlistment. *\$ 21.70*
-
22. State amount of allotment received by you from son since enlistment. *149 dollars*
-
23. State from what date did you receive allotment? *Sept 7th 1918*
-
24. Actual amount contributed by other children. Weekly monthly.
-
25. Are any of these children in the employ of you or your husband. *none*
-
26. If not receiving support from other children, state cause. Explain fully. *No my son Moses is married*
-
27. With whom are you residing at present. *my husband*

18. Have you made a previous claim for Separation Allowance? If not, why?

no Because I didnt under stand about getting it

19. Are you already in receipt of Separation Allowance, if not, why? give particulars.

no

20. Are you already in receipt of Separation Allowance from any other source? if so, how much?

no

21. Was the soldier at the time of his enlistment an employee of the Rfld. Government?

no

22. In what capacity and in what place.

23. Is he in receipt of a salary or 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..... Mrs. [Platin] (Harriet Temple).....

Place of residence..... Normans Cove Trinity Bay Nfld.....

Declared and subscribed before me at..... New Harbour.....

this..... Twenty Sixth..... day of..... April..... 1919

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace..... J. Woodman 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 above mentioned is the sole support of the applicant.

Signature of Clergyman..... J. P. Beauclerk.....

Signature of member of the Patriotic Fund Committee..... Ex Soldier S. Stowe.....

MEDICAL CERTIFICATE.

For Information of Separation Allowance Department.

1. Name and regimental number) *405026.*
of soldier in respect of whom) *Pte Essex Temple.*
Separation Allowance is claimed)

2. Name and age of said soldier,) *Peter Temple*
father or other relative.) *65*

Is said father or other relative a chronic)
invalid and totally incapacita-) *Yes*
ted.)

What nature is disability?) *Palsy of hand*
) *Blind of an eye.*

How long has this total)
incapacity been existent?) *Eight years*

Will the total incapacity)
continue and what will) *will continue*
be the effect on earning power.)

Is the soldier incapacitated by)
disease in your opinion is)
his earning power reduced and)

Is there a regular attending)
physician?) *Yes*

Is the soldier of)
the age of) *father*

I certify that the above statements are

W. J. Jones
Place,
May 16/1919.

May 12/19
Date.

W. J. Jones, M.D.
W. J. Jones

June 12, 1919

Dear Sir:-

Will you kindly inform me
date of marriage of Moses Temple, son
of Peter and Harriett Temple, of Norman's
Cove, T.B.

Thanking you in advance.

Yours truly

Captain,
Paymaster & O.i/c Records.

W.J.Martin, Esq.,

Registrar of Vital Statistics,

City.

Sept.17,1919

Mrs. Harriet Temple.
Norman's Cove, T.B.

Dear Madam:-

Referring to your application for Separation Allowance, will you kindly furnish me with the Marriage Certificate or a certified extract from your Parish Register, showing date of marriage of your son Moses.

Yours truly,

Major & Paymaster.

5753

Normans Cove

July 11th 1919

Cap Howley

Dear Sir I sent
in my Certificate about my
separation allowance and
haven't heard anything about
it yet well Mr Howley
I am in a very bad
condition my eyes has
failed me altogether and
I need the money to go to
a doctor if I can get
this money would you
kindly send it along
as quick as possible
Yours truly

Mr Reuter Temple
Normans Cove
Trinity Bay

Normans Cove

Sep 24th 1919

J M Howley
Major Paymaster

Dear Sir

I am sending you my
sons marriage certificate
when you are finished with
^{it} would you please return it
yours truly

Mrs Harriet Jempsee

Normans Cove

Trinity 1204

Oct. 14, 1919

Mrs. Peter Temple,
Norman's Cove, T.B.

Dear Madam:-

Referring to your application for Separation Allowance, I beg to state that same has been approved, and I enclose cheque for Two hundred and forty-two dollars and sixty-seven cents (\$242.67) in payment of same, Together with Marriage Certificate.

Yours truly

Paymaster. Major

2815

5026
Norman Cove
Oct 3rd 1918

CC GKe

Dear Sir

I am writing about my
sons money I never got
July money would you
kindly look it up for
me My sons name
Pte Esau Temple

Yours truly

Wm. Esau Temple
Norman Cove
United Bay

Attachment
did not get
before August
[Signature]

5026

October 7th. 1918.

Mrs. P. Temple,
NORMAN'S COVE, T.B.

Dear Madam:

With reference to your letter of October 3rd. I beg to inform you that your son declared his allotment to commence from Aug. 1/18 therefore the first cheque posted to you was on the 7th. of September in payment for the month of August.

Yours truly,

Lieut.
For Paymaster

The Department of Militia:

The sum of

Three Dollars - 50 / 3.50

ACCOUNT	Iran
CH. NO	9313
IND LEDGER	
PAY LEDGER	
GEN. LEDGER	

Dollars is due

Mr. *V. Ple S. Howe* *Yorhamas Cove T.B*
 Regtl. No. *5026* Rank. *Ple* Name. *Temple B*
 from *Long Saubawm Clothing* to *Yorhamas Cove*

Voucher attached correct for \$ 3.50

2-9-19

J. A. Snow

Captain
Demobilization Officer

No.

G 831

TRAVELLING WARRANT

Date

7-7-19

The Royal Newfoundland Regiment

Please issue 1st Class Passage and Meals for

No.

3026

Rank

T/6

Name

Temple E.

From

~~ST. JOHN'S~~

To

Norman Bowie

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

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

J. A. Stewart

SIGNATURE OF ISSUING OFFICER.

Demobilisation Officer
Discharge Depot Newfoundland

929
Wld Pay office

Arrou Pte & Sempce
from Long Harbour King
to Normans Cove 3rd ds

et Soldier

S Stone

Normans Cove

Trinity Bay

Norman Bowe

Aug 15th
1919

Cap Snow

Dear Sir

I sent in a Bill some
time ago for ^{\$}3.50⁰⁰
for driving Pte Esau
Temple from Longhalson
xing He told me to send
in the Bill to you and
you would see me
payed and I sent it
in and I didnt get any
answer I am a returned
wounded soldier and
I would like to get it
as little as it is

wishing to hear
from you soon

Yours Truly
A. P. T. & Stowe

Rowman Cove

Trinity Bay

W. Fed

[Handwritten flourish or signature]

Oct. 3, 1919

Mr. S. Stowe,
Norman's Cove.
T.B.

Dear Sir:

I enclose cheque for \$3.50
amount due you for driving Ex Pte. Temple
to his home.

Yours truly,

 Major
Paymaster.

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 20 1921

1921.

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

Esau Temple

in respect of his service as No. 5026 Rank Pte.

Name E. Temple

Royal Nfld. Regt.

~~Nfld. Forestry Corps.~~

Receipt of the same should be acknowledged hereon.

Received one British war Medal

Signature E Temple

Date Oct 21 1921

Address Normans Cove Trinity Bay

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Number of Sheets 1

Regiment of Royal Newfoundland

Signature of O. C. Company P. Brinks Lieut.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay		
No.	5626 <u>Temple Esau</u>	Age on	24	years	Fisherman Religion		
Joined		Date	months	18.5.18			
Joined		Date	Place and Date of Enlistment		Meth.		
Joined		Date	Period of		Place of Birth		
Joined		Date	with Colours	183	years.		
		with Reserve	136	years.			

Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
	3/10/18	Pvt.		Duty on Parade	Sgt. Fagan	2 days CB.	4/10/18	Capt Pitty	HGR.
				Demobilized	Sgt. King	4 5/19			

To be carried over

Army Form B. 121.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 5026 Rank Mr. Name Temple, Egou
 Date of Enlistment 1-5-18 Address Normanby District Trinity
 Occupation Fisherman Classification for Discharge E Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. 1/36	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 E	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 1-7-19

O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am ✓ in a position to resume civilian occupation.

E Temple

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 _____

Al. Colverson

Date 7-7-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. ⁸²¹⁹⁰ ~~8231~~ to his home at Hormans Cove and Release Certificate No. 3249 issued.

Date

J.A. Snowball
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 5-19

Date.... 7-7-19

J.A. Snowball
Depot Paymaster.

Discharge approved for 21-7-19

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

N.F. P 36	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
B179c	B 120	M 93		

2 Form B

Date 7-7-19

J.A. Snowball
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date 23 1919

N.P. Cooper Capt
per. O. C. Discharge Depot.

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

Date July 28 1919

Reg. No. 5026 Rank 4th Name Temple Esau

Attested Address Womans Cove

Allotm. Allottee

Date of tment Returned from Overseas JUL 1 1919

Retr S. Cassandra Cause Discharge

7. 9
21.7 19.

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.

C.R. 5076 Army Form 179A

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*
- 2. Regtl. No. *5026* 3. Rank... *PL*
- 4. Name *Temple Esau*
(Surname) (Christian Names)
- 5. Age last birthday... *25*
- 6. Posted for duty on..... at.....
in category (or grade).....
- 7. Former Trade or Occupation } *Firstman*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
(b) Date of Discharge ;
(c) Cause of Discharge.
(d) Particulars of Pension or Gratuity (if any)
- 8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty ?
- 9. If a Court of Inquiry was held on an injury state :—
(a) When
(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."

- 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.)

The Complaints 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. S. Proemier, Capt. R.A.M.C.

Medical Officer in charge of case.

Station *Hazley Down*

Date *3/11/19*

* 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