



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3699 Name Sgt. Wilford Corps C of C.

Questions to be put to the Recruit before Enlistment

- Sgt. Wilford
1. What is your name? 1. Sgt. Wilford
 2. What is your full Address? 2. Bennet St. St. John's
 3. Are you a British Subject? 3. Yes
 4. What is your age? 4. 18 Years 2 Months
 5. What is your Trade or Calling? 5. Operator
 6. Are you Married? 6. No.
 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. Yes 1st Regt.
 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, Sgt. Wilford 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.

Sgt. Wilford SIGNATURE OF RECRUIT.
R. Redmond Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sgt. Wilford 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 30 day of April 1917.
Signature of Attesting Officer Capt. Bunt

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the.....
If enlisted by special authority, such will be attached to the original attestation.
Date.....191..... } Approving Officer.
Place..... }

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

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

30 April 1917

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Grant Sifford
Apparent age 18 years 2 week months Height 5 feet 5 inches
Chest Measurement { Girth when fully expanded 34 1/2 inches
Range of expansion 3 1/2 inches
Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs Jesse W Sifford
Bennett St H. Grand | Relationship Mother
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 Depot	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 _____									
Joined at _____ on _____									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
Pensions " " " " " " " "

3699



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3699 Name Sgtant Mitford Corps Co. E.

Questions to be put to the Recruit before Enlistment

1. What is your name? 1. Sgtant Mitford
2. What is your full Address? 2. Bennet St. St. John's
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 18 Years 2 weeks Months
5. What is your Trade or Calling? 5. Operator
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. Yes 12 Mtd Regt
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, Sgtant Mitford 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.

Sgtant MitfordSIGNATURE OF RECRUIT.
R. E. ColmanSignature of Witness.

630-4-17

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Sgtant Mitford 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 30 day of April 1911
Signature of Attesting Officer J. J. Lint

†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.
Date1911
Place } Approving Officer.

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

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) Sgtant Mitford re-enlisted in the (Regiment) Co. E. on the (Date) 30 April 1911

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Grant H. Telford
 Apparent age 18 years 2 months Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 34 1/2 inches
 Range of expansion 3 1/2 inches
 Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Rev. James (W.) Telford
Bennett St. N. S. S. I. | Relationship Brother.

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 Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed 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>30-4-17</u>									
Joined at <u>St John's</u> on <u>April 30th 17</u>									
<u>Discharged July 10th 1919</u>									
<u>Embarked St John's St. George to Halifax N.S. 19th 17</u>									
<u>for B.C. 3-4-18</u>									
<u>Disembarked Quebec 5-4-18</u>									
<u>Admitted 44th Coy. M.D. 15-10-18</u>									
<u>Admitted 5th Coy. Hoops Battery 120th Lancers 24th 18</u>									
<u>Admitted 15th Lancer Depot Beauville 11-11-18</u>									
<u>Dis to Lancer Depot Quebec 7-2-19</u>									
<u>Rejoined unit 8-2-19. Arrived in Cdn. from 156th 22-19</u>									
<u>Arrives Newfoundland 1-6-1919</u>									
<u>Demobilization St John's 10-7-19</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 10-7-19 [date of discharge] 2 years 72 days
 Pensions " " " " " " " "

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

MEDICAL HISTORY

OF

Surname Telford

Christian Name Grant

Table I.—GENERAL TABLE.

Birthplace:—Parish St. George County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>30</u> day of <u>April</u> 191 <u>7</u> at <u>Headquarters</u>		on _____ day of _____ 191 <u>1</u> at _____	
Declared Age	<u>18</u> years <u>14</u> days		_____ years _____ days	
Trade or Occupation	<u>Operator</u>		_____	
Height	<u>5</u> feet <u>5</u> inches		_____ feet _____ inches	
Weight	<u>120</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded ... <u>34 1/2</u> inches		_____ inches	
	Range of Expansion .. <u>3 1/2</u> inches		_____ inches	
Physical Development	_____		_____	
Vaccination Marks	Arm	_____	_____	_____
	Number	_____	_____	_____
When Vaccinated	_____		_____	
Vision	R.E.—V= <u>4/6</u> L.E.—V= <u>4/6</u>		R.E.—V=_____ L.E.—V=_____	
	(a) Marks indicating congenital peculiarities or previous disease	_____		(a) _____
(b) Slight defects but not sufficient to Cause rejection	_____		(b) _____	
Approved by (Signature)	<u>W.E. Proemin</u>		_____	
(Rank)	<u>Lieut.</u>		_____	
Enlisted	at <u>St Johns. G.D.D.</u> on <u>30</u> day of <u>April</u> 191 <u>7</u>		at _____ on _____ day of _____ 191 <u>1</u>	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>4 1st G.D.D.</u> <u>3699</u>		_____	
Transferred to	_____		_____	
Became non-effective by	on _____ day of _____ 191 <u>1</u>		on _____ day of _____ 191 <u>1</u>	
(Signature)	_____		_____	
(Rank)	_____		_____	

DEPARTMENT OF PUBLIC HEALTH & WELFARE
OFFICIAL ADMITTING CARD

March 29th 1941

Please admit to General Hospital

Name of Patient Grant Lufford

Full Address W Grace

Age 42 Religion CPE Clergyman Rev. Kerby

Nearest Relative Mrs. Wm Lufford Address W Grace

Provisional Diagnosis Haemorrhoids

Signature of Doctor Chiron M.L.

Approved _____

(See over)

(Above form must be completed FULLY.)

J.R.

3699

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
Depot St. John's, June 28th, 1920.

The discharge of the undernoted on ~~amplified~~ demobilization has
been APPROVED by O.C. Discharge Depot with effect from 26-6-19.

3699 Pte. G. Titford.

C.R.

Extract from Daily Orders part 11 Unit The Royal N210.
Regt. St. John's, July 14th, 1919.

The absence of the [unclear] or [unclear] has been
[unclear] to [unclear] records from 1917-1919.

1000 St. John's, [unclear]

C.R. 3699

Extract from Daily Orders Part II Unit The Royal Newfoundland
Regiment, dated 28-2-19. In France.

Leave:

Leave to U.K. from 18-2-19 to 5-3-19.

3699, Pte. G. Tetford.

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

R 3699

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

#3699 Pte. G. Tetford.

C.R. 3699

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

Date

June 18th 1919.

3699, Pte. G. Titford.

Reported at Headquarters

which sailed Liverpool. May 22/1919.

1/6/19.

RE "Corsican"

C.R. 3699

Extract from W.O. List No. H. A. 34816.

Dis. to Base. Return ex 14 Con. Dep. 7th., Feb. 1919.

#3699 Pte³ G. Titford.

FILES.

C.R.

3699

Extract of Telegram from Military to Syn., LONDON.

Dated April 22nd/19.

REFERENCE MY TELEGRAM FEBY. 21st #3699

TITFORD IF NOT PAID MAY WE PAY.

C.R. 3699

Extract from Nominal Roll of sick and wounded from the
Frame Expeditionary Force admitted to

ADM. 15 CON. DEP. TROUVILLE 28th., October 1918.

#3699 Pte. G. Titford.

HAEMORROIDS.

C.R. 3699

Extract from War Office List No. H. A. 30220 dated 1 No. 1918

ADMITTED 1 CON. DEP. BOULOGNE 25th OCT. 1918.

3699
~~13002~~ PTE. G. TETFORD.

BC.

Sick

C.R. 2699

E Extract from telegram from Syn. to mil. dated April 25th. 1919.

z in answer to your telegram April 23rd., 2699

Titford was paid April 25th.,

C.R. 3699

Extract from Casualties received from Pay & Record Office,
London, List No.H.A. 30770

3699 Pte. E. Titford.

1/Wfld. R. Adm. 54 Gen. H. Aubagne, 24 Oct'18.

PUO Haemorrhoids Mild.

C.R. 3679

NEWFOUNDLAND CONTINGENT

Extract of Nominal Roll of Draft No. 41, 10 Other Ranks (Signallers)
from 2nd. Battalion, Royal Newfoundland Regt., Hazeley Down Camp,
Winchester to 1st Battalion, Royal Newfoundland Regiment, B. A. F.
Embarked Southampton, 3rd. April, 1918.

3599 Pte. G. Titford.

C.R. 3699

Extract from Nominal Roll, embarked St. John's for Overseas 17⁵/~~5~~-17.

3699 PTE. G. TETFORD.

C.R.

3699

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Apl.30th, 1917.

3699 Pte. C. Titford.

Attested ~~for~~ this day, posted to F. Coy., and assigned
numbers as shown.

Pay

Extract of Cable No. 149, 23/4/19 from Military.

With reference my telegram 21st February-3699-Titford-
if not-paid-shall we pay-fullstop-

~~3699 Titford~~



This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of Grant Jifford
aged 18 years conducted at Hogans
Date: April 24 - 1917 Recruiting Officer:

NO OF TEST	FINDING
1	no
2	no
3	no
4	no
5	no
6	no
7	yo
8	yo
9	no no
10	n
11	3
12	3
13	3
14	3
15	3
16	3
17	3
18	3
19	6/6 Bone
20	3
21	3
22	3
23	3
24	3
25	3
26	3
27	3
28	3
29	3
30	3
31	3
32	3
33	no
34	5 ft 8 in
35	125 lbs
36	31-34 1/2
37	Shingles
38	mother Jeddie Jifford Bennett dt Mrs Grace
39	yo Parents

This man was sworn in Jan. 1917.
has discharge later under age. never flew
1740. 9 was. marks repeated. SW-2

~~Large handwritten scribble~~
699

Signature of Medical Examiner: Geo. Burdell

13

No. 3699 Name Letford G. Sqn., Batty., or Company } C Corps 2/1 Royal Wfld Date of enlistment } 30-4-17 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } Character }

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



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 20th. 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 *Graw* - 2. Surname *Detford*

3. Rank *Private* 4. Regt. No. *3699*

5. Address in full to which future payments of gratuity are to be

forwarded. *Graw Detford Bennett Str.*

14 Adm Green Conception Bay

6. Date of enlistment in the Regiment. *30th April 1917*

7. Name of dependent, if any, to whom Separation Allowance is being

issued, or was being issued, immediately prior to your discharge. *Jessie Detford Bennett and H. Grace*

.....

8. Relationship of such dependent *Mother*

9. Address in full of such dependents *Jessie Detford*

Bennett Str. Harbor Green Conception Bay

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. *Scotters - England -*

France - Belgium

.....

12. Give total length of time which you served on active service,

whether in Nfld. or Overseas. *From 30th April 1917 to 25th June*

1919

..... 12

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

..... *twice enlisted once in
first time February 1911 - Cause unknown
2nd time - 30th April 17*

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*
..... *no*
..... *no*

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

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?.....

(b) If so, was such reversion in consequence of misconduct or inefficiency?..... *no applicable*

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge *25th June 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....

..... *Ypres - Belgium - Leidingham, Belgium*

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.....

..... *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: *G. Litford*
 Place of Residence: *Arden Grace*
 Declared before me at: *St. Johns*
 This *25th* day of *June* 19*47*....

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

Wm James H.

POST DISCHARGE PAY.				Net amount due
Date paid	Paid Soldier.	Paid Dependent.	War Service Glacuity.	
.....
.....
.....
Certified correct.				Paymaster

C.R. 3699

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

No. 1. RECORD OFFICE - S H R E W S B U R Y .

No. H. A. 31088.

ADM 72 GEN H TROUVILLE 29th OCTOBER '18.

573028 Pte Sheady W.....6 S.W.Bdrs.att 71 P.O.W. Influenza Coy.

ADM 73 GEN H TROUVILLE 29th OCTOBER '18.

46056 Pte Heneghan P.....	11 S.Lancs.....	Influenza Mild
44743 L/C Roberts H.....	1 S.W.Bdrs	W Gas Shell Mild
65356 Pte Dempsey J.....	2 Welsh Regt	GSW Eye R Mild.
64412 " Hope O.....	6 Welsh Regt	Influenza Mild
263006 " Wilson A.....	1 Monmouths.....	P.U.O.Mild.
228278 " Jones D.....	1 "	Influenza Mild
228571 " Smyth J.....	1 "	W Gas Shell Mild

ROYAL ENGINEERS (TRANSPORTATION BRANCH)

No. H. A. 31088.

ADM 73 GEN H TROUVILLE 29th OCTOBER 1918.

WR/30021 Spr Tye D.....	RE 12 RCC.....	NYD Mental Mild
93155 " Campbell J.....	RE Details	Spr Ankle R Mild
327962 " Moore E.....	RE Base Dtls	Adenitis Neck Mild
207817 Sgr Dawes D.....	RE 264 Rly Coy	Influenza Mild
26782 Pnr Taylor L.A.....	RE 344 RCC.....	"

NEWFOUNDLAND EXPEDITIONARY FORCE

No. H. A. 31088.

ADM 72 GEN H TROUVILLE EX 15 CON DEP 29 OCT '18.

3699 Pte Titford G.....1/2 Newfoundland.....P.U.O.



9/22

C.R. 3699

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

CAVALRY - CANTERBURY.

LIST No. H. A. 31719

D/19990	Pte	Moffatt R.	6- Drag: Gds.	P. U. O.Sev.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
D/6154	"	Bennett J.	4- do.	Synov: Knee L.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
95998	"	Cochrane J.	6- do.	Influenza.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.



CAVALRY - YORK.

LIST No. H. A. 31719

393	Sgt	Parr W.	15- Hussars.	Bronchitis.	Adm. 15.	Con. Dep.	Trouville 10th Nov'18.
80968	Pte	Mirchell A.	10- R. Hussars.	Piles.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
34298	"	Hills A.	20- Hussars.	Influenza.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
12462	"	Faukes F.	11- do.	Piles.	Adm. 15.	Con. Dep.	Trouville 12th Nov'18.

CORK - RECORD OFFICE.

LIST No. H. A. 31719

6016	Pte	Slatery L.	2- R.Irish Rgt.	Impetigo.	Adm. 15.	Con. Dep.	Trouville 10th Nov'18.
10718	"	Barry M.	5- Conn: Rngrs.	ICT. Groin.	Adm. 15.	Con. Dep.	Trouville 10th Nov'18.
49024	"	Hannagan A.	2- R. Mun. Fus.	Influenza.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.

DUBLIN - RECORD OFFICE.

LIST No. H. A. 31719

30369	Pte	Fenning J.	2- R. Dublin Fus.	S.W. Shldr R.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
608629	"	Martin A.	1/18- Londons.	GSW. Hand R.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
21554	L.C	Irons J.	6- R. Innis Fus.	B.W. Head.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
13326	Pte	McCormack J.	5- do.	Gas Shell "W"	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
108903	"	McKane W.	182- Lab.Coy.(RIRCa)	Influenza.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST No. H. A. 31719

3699	Pte	Titford G.	1/2- N'foundland.	P. U. O.Sev.	Adm. 15.	Con. Dep.	Trouville 11th Nov'18.
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2422

2422

C.R. 3699

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

No. 1. RECORD OFFICE - P R E S T O N.

LIST NO. H.A. 33937.

27327 L/C. Shores F. 1/T. Lan. R.
 77630 Pte. Hunt S. 16/Lanch. R.
 77630 Pte. Hunt S. 16/ -do-
 281932 Sgt. Barlow F. 10/Lan. Fus.
 41047 Pte. Needham A. 9/Lanch. R.
 46875 Pte. Aspden L. 2/Lanch. R.
 37593 Cpl. Illingworth W. 15/Lan. Fus.
 51335 Pte. Hall A.H. 16/Lan. Fus.

Scabies Mild..... Adm. 2 Sty. H. Abbeville 7 Jan. 19.
 Influenza..... Dis. by New Disease Supervening ex 4 Sty. H. Longuenesse 7 Jan. 19.
 Otitid Media..... Adm. by New Disease Supervening 4 Sty. H. Longuenesse 7 Jan. 19.
 ICT. Keel L..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.
 Influenza..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.
 ICT. Knee L..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.
 Influenza..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.
 Debility..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.

93A

No. TWO RECORD OFFICE - P R E S T O N.

LIST NO. H.A. 33937.

41430 Pte. Mothershaw A. 8/KORL.

Influenza..... Dis. to Base Dep. Etaples ex 7 Sty. H. Boulogne 7 Jan. 19.

INFANTRY RECORD OFFICE - L I C H F I E L D (PART 1).

LIST NO. H.A. 33937.

62151 Pte. Wood W.J. 2/Linc. R.
 49718 Pte. Lambert D. 8/Linc. R. att.
 57 DS.
 200460 Sgt. Hoods R. 1/Linc. R.
 51107 Pte. Brown S. 2/ -do-

Influenza..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.
 Inf. Knee R..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.
 Srp. Shld. R..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.
 ICT. Engr. 2. R..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.

NEWFOUNDLAND EXPEDITIONARY FORCE.

LIST NO. H.A. 33937.

3699 Pte. Titford G. 1/2 Nfld. R.

Files..... Adm. 14 Con. Dep. Trouville 8 Jan. 19.

No. 699. Name G. Lelford. Sqn., Batty., or Company } "B" Corps | Royal Newfoundland } Date of enlistment }
 G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra line }
 Sheet No. } Signature O.C. Company, etc. } Character }
 Lt. Col. [Signature]

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
Rowen	25/3/19	Pte.		Deficient of Knife Lunch Park	Lt. Barnick	Admonished	29/3/19	Lt. Col. [Signature]	Pay for discipline 1/0/14
Rowen	31/3/19			Breaking down racks about 10 AM 31/3/19 remaining about till 12.30	Lt. [Signature]	5 days @ B.	1/4/19	Lt. Col. [Signature]	Lt. [Signature]
✓	7/4/19		I. Drunkenness. II. Being in Rowen without a pass after 21.30 hrs. contrary to B.R.O. 4306. III. Absent from tattoo roll-call 7/4/19 until arrested by French police at 22.00 hrs same date.	Documentary. Lt. [Signature]	7 days F.P. 202.	10/4/19	Major [Signature]	Lt. [Signature]	

Army Form B. 122

THE BOARD OF PENSION COMMISSIONERS

The following case was considered at a Meeting of the

Board held on June 7th 1941.

Name Grant Letford

Address St. George

Disability Dependent

Pension No. _____ Regt. No. 3699 Pension Rate _____

Account of _____

Total Award \$ _____ Monthly Payment \$ _____

Death 1. Date of Death _____ Cause _____
Sec. 22 Place _____
Next of Kin _____
Address _____
Unpaid balance of Pension _____

Bonus 2. Children eligible for bonus _____ at \$ _____ per mth.
Sec. 43(2) From _____ to _____
Payable to _____

3. Subject matter Application for treatment of
haemorrhoids

Recommendations and Findings of Board In view of a ~~Case~~ ^{Case} ~~Report~~ ^{Report} ~~is~~ ^{is} approved.
complete treatment of haemorrhoids is approved.

APPROVED

M. G. S. / Chairman
[Signature] Commissioner

[Signature] Commissioner
[Signature] Commissioner
[Signature] Clerk to Board

Entered



WOUNDED AND SICK N.C.OS. AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

C.R. 3699

LIST NO.H.A.32819.

ARMY SERVICE CORPS.

407469 Pte. Edge N. RASC.Bakeries.
 386289 Dvr. Rowe F. RASC.HT.Depot.
 M/439331 Pte. Heywood C. RASC.att.PW.Sec.
 M/332975 Pte. Deighton F. RASC.35/Aux.Pet.
 M/287808 Pte. Kirkbride W. -do-
 288 Pte. Ennis A. RASC.EFC.2/Rest Cp.
 M/332185 Pte. Bridges J.C. RASC.MT.35/Aux. Pet.
 -do-
 -do-
 M/298752 Pte. King E. RASC.MT.att.152
 T/383792 Pte. Gibbons M. SB.RGA.
 131408 Pte. Roberts J. RASC.HT.152/Co.
 T3/025134 Dvr. Sheppard R.V.

Chrodititis Eye R.Adm.2 Gen.H.Havre 7 Dec.18.
 Vitreous Opacities.
 Synov.Knee R.....Adm.2 Gen.H.Havre 7 Dec.18.
 Bronchitis.....Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.
 ICT.Hand R.....Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.
 Fissure in Ano...Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.
 Cp. Influenza.....Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.
 Influenza.....Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.
 Influenza.....Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.
 Boils.....Dis.to Terlincthun Base Dtls.ex 54 Gen.H.Aubengue 6 Dec.18.
 Spr.Ankle R.....Adm.72 Gen.H.Trouville 6 Dec.18.

LIST NO.H.A.32819.

ROYAL ARMY MEDICAL CORPS.

64692 Pte. Wilson R. RAMC.100/F.Amb.
 133261 Pte. Siddall T. RAMC.2/Gen.H.
 401132 Pte. Webster W. RAMC.8/Gen.H.
 56096 Pte. Dawson G. RAMC/-do-
 92305 Pte. McCallum D.F. RAMC.54/Gen.H.
 110575 Pte. Bull S.A. RAMC/-do-
 497424 Pte. Coomber F.R. RAMC.72/Gen.H.
 86102 Cpl. Donald G. RAMC.72/Gen.H.

ICT.Leg R.....Adm.2 Gen.H.Havre 7 Dec.18.
 Dental Caries....Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.
 Acute Dyspepsia .Dis.to Duty ex 8 Gen.H.Rouen 6 Dec.18.
 Mild.
 Myalgia Mild....Dis.to Duty ex 8 Gen.H.Rouen 6 Dec.18.
 Septic Hand Mild.Adm.54 Gen.H.Aubengue 6 Dec.18.
 Diarrhoea Mild...Adm.54 Gen.H.Aubengue 6 Dec.18.
 Abscess.....Adm.72 Gen.H.Trouville 6 Dec.18.
 Influenza.....Dis.to Duty ex 72 Gen.H.Trouville-6 Dec.18.

LIST NO.H.A.32819.

NEWFOUNDLAND EXPEDITIONARY FORCE.

3699 Pte. Titford G. 1/2 Newfoundlands. Piles.....Adm.72 Gen.H.Trouville 6 Dec.18.

LIST NO.H.A.32819

EXPEDITIONARY FORCE CANTELINS

288 Sgt. Ennis A. ASC EFC 2/Rest Camp. Influenza.

Dis.to Duty ex 2 Gen.H.Havre 7 Dec.18.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3699 Rank PLC Name Lifford G.
 Date of Enlistment 30.4.17 Address Asby District Arace
 Occupation Operator Classification for Discharge R Medical Category A1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 1/36	B 268	B (21	N. F. Med	D. F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B 179c	B 120	M 93			

Date 24.6.19 _____
 _____ O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation. G Lifford

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 _____

Date 25-6-19 _____ O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. P. 1935 to his home at Mr. Evans and Release Certificate No. 3027 issued.

Date 25-6-19

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 10-7-19

Date 25-6-19

H. R. M. West
Depot Paymaster.

Discharged approved for 26-6-19

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		

2 Form B

Date 25-6-19

J.A. Snowball
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 26 1919

R.H. Sait MAJOR

O. C. Discharge Depot.

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

Date

Separation Allowance Branch.

NOTICE.

THIS SEPARATION ALLOWANCE FORM 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 :-

MR PAYMASTER,
Separation Allowance Branch,
St. John's, Hill.

1. Name in full of Soldier *Grant Titford* Rank *Pte* Reg't or Unit *1st Cold. Regt* Regt. No. *3699*
 2. Age of Soldier *19 yrs* Married or Single. *Single*

3. Name in full of Mother *Jessie Titford* Age *40* Occupation *—* Permanent Address *Harbour Grace Bennett's Street*

4. Give name of your husband *Deceased* Age *—* Occupation *—* Where Employed. *—*

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

6. If your husband is a chronic invalid and totally incapacitated state nature of malady. (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity is likely to continue.)
19th Feb 1917

7. If you are a widow state date and place of death of your husband.
19th February 1917 Harbour Grace

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

9. Names of your other Children *None* Address in full *—* Age *—* Occupation *—* Married or Single. *Single*

Attachment commenced

JR

State amount earned by yourself *Very little - bad eyes*
your husband. *none*

- 11. State amount and source of any other income. *20\$ per month allotment*
- 12. State value of real property belonging to you and your husband. *none*
- 13. State value of personal property belonging to you and your husband. *none*
- 14. If husband is dead state value of real and personal property left by him. *none*
- 15. Actual amount contributed by soldier during the year prior to enlistment. *8 dollars per month*
- 16. Was this amount contributed weekly or monthly. *Monthly*
- 17. Did this amount include payment of son's Board etc. *No Yes*
- 18. State your son's trade or occupation prior to enlistment *Learning Telegraphy*
- 19. State amount of his wages per week. *See 15*
- 20. State name and address of his last employer. *No. 15 Thompson Resq. Harbour Grace*
- 21. State amount of monthly support from son since enlistment. *20\$ per month (see no 11)*
- 22. State amount of allotment received by you from son monthly. *20\$ per month*
- 23. State from what date did you receive allotment?
June 1917
- 24. Actual amount contributed by other children. Weekly Monthly
- 25. Are any of these children in the employ of you or husband?
- 26. If not receiving support from other children state cause. Explain fully.
- 27. With whom are you residing at present.
Father-in-law. Wm R Titcomb (H.M.C.)
- 28. Have you made a previous claim for Separation allowance? If not, why? Give particulars.
not sure I could get it or would have tried before
- 29. Are you already in receipt of Separation Allowance from any source? If so, how much? *no*

- 30. Are you 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 much while serving in the Lnt. Nfld. Regt. If so, how much?

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

Signature of Applicant..... *Jessie Lifford*

Place of Residence..... *Bennetts Street*

Declared and subscribed before me at..... *Harbor Grace, Nfld.*

this.. *21st* day of... *May* 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary..... *William A. Oke*

Public or Justice of the Peace. *Notary Public*

This application must be signed by two responsible Parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier first mentioned, is the sole support of the applicant.

Signature of Clergyman..... *Wm R. J. Higgett*

(Rector of St. George)

Signature of Member of Patriotic Fund Committee..... *William A. Oke*

.....

Approved June 27/1918.

W.A.O.

No. 4007



H 1ST. NEWFOUNDLAND REGIMENT G

ALLOTMENTS

I, Grant Titford, Regl. No. 3699
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
— Dollars and Seventy 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 Jan. 1st 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
2950	Mother	Mrs Wm Titford (Jesse)	Dunnell St St. John's	70
Total Allotment, \$				70

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

(Sig.) Charles R. Ayre Capt.
 Officer Commanding
F. Company
St. John's
May 16 1917

(Sig.) Grant Titford
 (Rank) Pte

THE BOARD OF PENSION COMMISSIONERS

The following case was considered at a Meeting of the

Board held on Sept 19th 1941.

Name Grant Letford

Address Mr. Grace

Disability Dependent _____

Pension No. _____ Regt. No. 3699 Pension Rate _____

Account of _____

Total Award \$ _____ Monthly Payment \$ _____

Death 1. Date of Death _____ Cause _____
Sec. 22 Place _____
Next of Kin _____
Address _____
Unpaid balance of Pension _____

Bonus 2. Children eligible for bonus _____ at \$ _____ per mth.
Sec.43(2) From _____ to _____
Payable to _____

3. Subject matter Applicant for pension in
respect of Laemerschids.

Recommendations and Findings of Board _____

APPROVED

Chairman

Commissioner

Commissioner

Commissioner

Clerk to Board

Entered

ST. JOHN'S, June 25/19

Royal Newfoundland Regiment.

Billeting Account,

To Pt. G Lifford

Billeting Soldiers as undermentioned

from June 1/19 to June 26/19

3699 Pt. G Lifford	27. 10
--------------------	--------

ACCOUNT	<u>BVM</u>
CH. NO.	<u>24893</u>
IND. LEDGER	_____
PAY LEDGER	_____
GEN. LEDGS.	_____

Certified correct for \$ 27.10

J. H. Snow
Billeting Officer.
G. Lifford

Del. 18/19

14th April

9

Crédit Lyonnais,

4, Cockspur Street,
London.

6120/16/P&A

3699 PTE. G. TIFORD.
Royal Newfoundland Regiment.

Kindly remit to O.C. 1st. Battalion Royal Newfoundland Regiment, B.E.F. the equivalent in French currency of £2. 0. 0. for payment to 3699 Pte. G. Tiford, all charges included, Bank incurring no risk.

Cheque £2. 0. 0. is enclosed together with voucher the latter for completion and return, please.

Major

MEMORANDUM.

From

To

AC. 1st Bn R Nfld Regt

C.P. 40 1/2 Records

Date

30-4-1919

3699 Pte G. Lifford

*Herewith a/m. mon receipt
for F.Pas. 53.45 please*

A. W. Waterman Li

Capt. & Adj.

1ST BN ROYAL NEWFOUNDLAND REGIMENT.

F.124

NEWFOUNDLAND CONTINGENT, PAY & RECORD OFFICE.	
Ref. Nos. IN	<i>3292</i>
Rec'd	<i>MAY 1919</i>
Ack'd	
Ref. Nos. UT	
ACTED UPON	
BRANCH	DATE
Comd.	
P & A.	
R & C.	
B & E.	

[Handwritten signature]

No. 3114/113.

From:

NEWFOUNDLAND

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

N.F.F./80.

NEWFOUNDLAND CONTINGENT
To: Officer Commanding,
1st Bn. 1 Ryl Nfld Regt.
ENGLAND.

23rd February 1919

3699. Pte Titford. G.

With reference to the following telegram from the Minister of Militia, / / (43.)

"Pay to- 3699. Titford.

£5.0.0.

Kindly advise whether this remittance should be

- (1) forwarded to you for payment to this Soldier;
- (2) retained to credit of his account; or
- (3) otherwise dealt with.

A. A. Minnett Maj.

Chief Paymaster & O. i/c Records

NEWFOUNDLAND

From:

Chief Paymaster & O. i/c Records,

CONTINGENT

To: Officer Commanding,

*Please forward
£2.0.0. to R.E.F. and
retain balance at
your office.*

A. S. Newman
Capt. & Adjt.
1st Bn ROYAL NEWFOUNDLAND REGIMENT.

N.F.F./80.

6122.

From:-

CHIEF PAYMASTER & OFFICER I/C RECORDS.
NEWFOUNDLAND CONTINGENT,
88, VICTORIA STREET,
LONDON, S.W. 1.

15th April 1919

3699 PTE. G. TITFORD.

Reference reverse: The equivalent
in French currency of £2:0:0 has been
transmitted to you through Credit
Lyonnais for payment to the above
named Soldier.

Kindly obtain his receipt hereon,
please.

J. H. J. [Signature]
Major.
Chief Paymaster & O. i/c Records.

To:- Officer Commanding
1/Bn. Royal Newfoundland Regt.
B.E.F.

Paid by deposit
19/4 25 April 19
915

Sigs A.

038130

No. **5651/181**

NEWFOUNDLAND CONTINGENT



From: Chief Paymaster & O. i/c Records,
 Newfoundland Contingent,
 58, Victoria Street,
 London, S.W. 1.

To: Officer Commanding,
Royal Newfoundland Regt.
 B. E. F.

11th April 1918

B. E. F. 24/4 1918.

Subject: 3699, Pte. G. Tetford,

ANSWER

With reference to the following telegram (3298) from the Hon the Minister of Militia, received 10/4/18

This soldier wishes this amount remitted to him please.

Pay to 3699 Tetford £1:12:0

Kindly advise whether this amount should be remitted to you for payment to this soldier, retained to credit of his account, or otherwise dealt with.

Gene Lee
 L. A. A. P.
 LIEUT. COL.
 COMMANDING 1st BR. ROYAL NEWFOUNDLAND REGIMENT.

Chief Paymaster & O. i/c Records.

6697

CHIEF PAYMASTER & OFFICER I.C. RECORDS.
NEWFOUNDLAND CONTINGENT,
58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

Officer Commanding,
Royal Newfoundland Regt.
B. E. F.

Pay & Record Office,
1st May 1918

Reference Reverse: Postal Draft
for £1:12:0 is enclosed for
payment as indicated.

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



Receipts hereunder please.

M. W. ...
LIEUT. COL.
COMMANDING 1st Bn. ROYAL NEWFOUNDLAND REGIMENT.

*Received from O.C. 1st
Bn. Royal Newfoundland Regt.
B.E.F. Postal Draft No. 038130 value
£1:12:0*

6/5/18

RECEIVED BY THE CHIEF PAYMASTER & OFFICER I.C. RECORDS
NEWFOUNDLAND CONTINGENT
58, VICTORIA STREET
LONDON, S.W. 1
ENGLAND

The Royal Nfld. Regiment

DEMOBILIZATION

No. 3699 Rank

Name McFow 4

Warned for demobilization on

JUN 25 1910

Miss Wood

3699 PLE Tifford Q

Herewith NFP. 80 for
the above man,
Duly completed please

McBride A.

ASST. ADJT.

1ST. B^N ROYAL NEWFOUNDLAND REGIMENT.

NEWFOUNDLAND CONTINENT,
PAY & RECORD OFFICE.

Ref. Nos. IN 2-839 ✓
Rec'd 12 APR 1919

Ack'd 10-4-19

Ref. Nos. OUT

ACTED UPON

BRANCH

DATE

COMD.

P. & A. ✓

R. & O.

B. & E.

P. S.

Receipt for Army Book 64

No. ⁹⁹ ~~3672~~ Name G. Loford

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

Date July 30th/20

Place Gr. Grace

Name G. Loford

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

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

Address

SEP 28 1921.

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

is/are forwarded herewith to

Grant Titford

in respect of his service as No. 3699 Rank Pte.

Name G. Titford Royal Nfld. Regt.
Nfld. Constab. Corps.

Receipt of the same should be acknowledged hereon.

Received _____

Signature Grant Titford

Date Oct 1st/1921

Address Bennetts St, St. John's

[P.T.O.]

Army Form B. 103.

Regimental Number *3699*

Casualty Form - Active Service

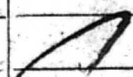
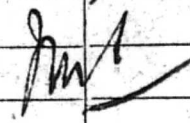
Regiment or Corps *Royal Newfoundland*
 Rank *Pte* Surname *Littford* Christian Name *Grant*
 Religion *C of E* Age on Enlistment *18* years *2* weeks
 Enlisted (a) *30-4-17* Terms of Service (a) *Duration* Service reckons from (a) *30-4-17*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b) *S.I.*
 or Corps Trade and rate
 Occupation *Operator* Signature of Officer *J. M. Currom Lt.*

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...	<i>3</i> APR 1918		
		Disembarked	<i>5</i> APR 1918		
	<i>44 CCS</i>	<i>Ad. P. U.O.</i>	<i>13 4 18</i>	<i>23/10/18</i>	<i>Ed 8481</i>
	<i>54 Gun sep</i>		<i>Antwerp</i>	<i>24/10/18</i>	<i>HA 30770</i>
	<i>72 "</i>	<i>ad. P. U.O. & 15 C.D.</i>	<i>Howville</i>	<i>29/10/18</i>	<i>HA 31068</i>
	<i>15 Cou sep</i>		<i>" "</i>	<i>11/11/18</i>	<i>HA 31719</i>
	<i>72 Gun sep</i>	<i>Ad. Files.</i>	<i>Howville</i>	<i>6/1/19</i>	<i>HA 32019</i>
<i>20.1.19</i>	<i>W.O.</i>	<i>Admt. H. Co.</i>	<i>a.</i>	<i>8/1/19</i>	<i>HA 33939</i>
		<i>Discharged sep.</i>		<i>8.2.19</i>	<i>B213 - 15/2/19</i>
	<i>Granted leave to W.S.</i>	<i>18/2/19 to 5-3/19</i>			<i>B213 - 22-2-19</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	S. Chubb	Awarded F.P. No. 2. for I. Disobedience II. Being in Room without pass III. Absence 1/2 hrs.	72	10/4/19	ATB 2069
		Approved with		12/4/19	

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B/121.

Forms
B 121.
30.

Number of Sheet

Regiment of

1st Newfoundland

Signature of O. C. Company

First
Mark Campbell

Regimental Number and Name		Enlistment		Trade
No.	<i>3699</i>	Age on	<i>18</i> years <i>2</i> months	<i>Operator</i>
Joined	<i>11/17</i>	Place and Date of Enlistment	<i>St John's</i>	Religion
Joined			<i>30-4-17</i>	<i>Exp Co.</i>
Joined		Period of	with Colours <i>72</i> years.	Place of Birth
Joined			with Reserve <i>2</i> <i>365</i> years.	

Good Conduct Badges, Service pay or proficiency pay

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
<i>Barry</i> <i>Sturbum School</i>	<i>6/9/17</i> <i>27/10/17</i>	<i>Plt.</i>		<i>Absenting himself from 8:150-m parade for route march with bottles etc</i>	<i>Cpl Kendall</i>	<i>2 days B.C.</i>	<i>7/9/17</i>	<i>Cpl Frost</i>	<i>etc.</i>
<i>Sturbum School</i>	<i>27/11/17</i>	<i>"</i>		<i>Went from latter roll call to 10:15 pm same date absent from parade.</i>	<i>Cpl Watts</i> <i>Sgt. W. Harker</i>	<i>2 days P.B.</i> <i>2 days C.B.</i>	<i>24/11/17</i> <i>27/11/17</i>	<i>Cpl. F. M. Burke</i> <i>2/Lt. F. M. Burke</i>	<i>etc.</i> <i>etc.</i>
<i>Glentworth School</i>	<i>13/2/17</i>	<i>"</i>		<i>Absent from latter roll call until reporting at 7 am 14/2/17</i>	<i>Cpl Watts</i>	<i>3 days C.B.</i>		<i>Major Harch M.C.</i>	<i>1 day pay</i>
<i>Demobilized St. John's, 10/17</i>									

To be carried over

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 Regt.*
2. Regtl. No. *3699* 3. Rank. *plte*
4. Name *Littford Grant*
(Surname) (Christian Names)
5. Age last birthday... *20*.....
6. Posted for duty on... *apl 23/17* at... *81.9.17*.....
 in category (or grade).....
7. Former Trade or Occupation } *operates*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
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) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (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.
12. Place of origin of disability.
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents.

nil
nil
nil
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? } *Or. a*

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.)

The Complaints of no Disability

16. Was an operation performed? If so, when and what was its nature? *Or. a*
17. If not, was an operation advised and declined? *Or. a*
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? *Or. a*
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? *Or. a*

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.

Reputation
Sgt. W. E. Proctor
Capt. A. A. M. P.

Station *Harley Down*

Date *30/4/19*

Medical Officer in charge of case.

* 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.

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 Air Force*
- 2. Regtl. No. *3699* 3. Rank. *Pte*
- 4. Name *Litford* *Grant*
(Surname) (Christian Names)
- 5. Age last birthday *20*
- 6. Posted for duty on *Apr 23/17* at *St Johns*
in category (or grade).....
- 7. Former Trade or Occupation } *Operator*
- 7a. If the soldier claims previous service in Army, he should state—
(a) Former Regts. or Corps ; with Regtl. Nos.
- 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. 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 | } <i>no.</i> | |
| (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? } *NA!*

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.)

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?

no.
na.
na.
na.

20. Do you recommend—
 (a) Discharge as permanently unfit?
 (b) Change to United Kingdom?

Repatriation

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

W.E. Crocunier, Capt R.A.M.C.
 Medical Officer in charge of case.

Station ... *Hazleydown*

Date ... *30/4/19*

* 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



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 *Sirford, Grant*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3699*

Intended address *St Grace.*

Height on discharge *5 Feet 5.*

Color of hair on discharge *Dark Brown*

Complexion *Fair.*

Color of eyes *Blue*

Descriptive Marks *—*

Figure on discharge *Medium*

Christian name of Father *—*

Christian name of Mother *Jessie*

Wife's maiden name in full *—*

Date and place of marriage *—*

Christian names of children *—*

Place and date of soldier's birth *St Grace 9-4-1899.*

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)

Grant Sirford

Sto
(Rank)

Station

Date

23-6-19

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

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 3699 Rank. Plt Name. Tifford S.
 Intended place of residence. St. John's
 2. Occupation. Operator
 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 25 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 JUN 24 1919

G. Tifford
 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 JUN 24 1919

G. Tifford
 Signature of soldier
James O. Newman
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service. 30-4-17 No. of days on Military
 Discharged from service. 26-6-19 Plus 14 days Service. 803

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 JUN 26 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 July 10/1919

[Signature]
 Officer in Charge
 The Royal Newfoundland Regiment

246 2079/1915

A3699

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 3699 Rank PLC Name Tifford S.
 Date of Enlistment 30.4.17 Address Trinity District Trinity
 Occupation Operator Classification for Discharge PLC Medical Category AI
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P136	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 <u>3</u>
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 24.6.19 O. C. Discharge Depot. Trinity

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 _____

Date 25-6-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. B. 1435 to his home at Warrington and Release Certificate No. 130917 3118 issued.

Date 25-6-19 *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 10-7-19

Date 25-6-19 *J.A. Snowball*
Depot Paymaster.

Discharge approved for 26-6-19
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		

2 Form B

Date 25-6-19 *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 JUN 26 1919 *R.H. Jait* MAJOR
O. C. Discharge Depot.

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

Date July 9, 1919 *J.A. Snowball*

Reg. No. *3699* Rank *Plt* Name *Jelford G.*

Attested Address *H. Grace*

Allotment Allottee

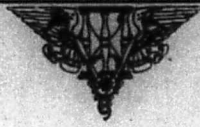
Date of Allotment Returned from Overseas

Returned on S.S. Cause *Discharge*

24.6.19 PASSED TO DEMOBILIZATION OFFICER

26.6.19 DISCHARGE APPROVED ON DEMOBILISATION.

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.

G. Lifford

Signature of Man.

J. H. Snow Capt.

Reg. No. 9698

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

25-6-19

191

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 *24-6-19*

Regimental No *3699*

Name *William Scott* Rank *Pte*

Address *H. Lane*

Present Medical Category *A7*

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

Members of Board {

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

Watson
Senior Medical Officer

Leeburden
M. O. Depot

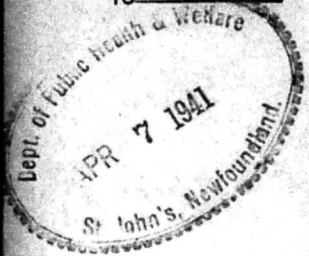
James Lee

The Great War Veterans' Association of Newfoundland
(INCORPORATED)



ADDRESS
DOMINION SECRETARY
G. W. V. A.
ST. JOHN'S, NFLD.

TELEPHONE 609
CABLE "WARVETS"
IN REPLY REFER
TO **WRM-MC.**



April 4th. 1941.

Department of War Pensions,
Duckworth Street,
City.

Re: 3699 Grant Titford, Hr. Grace.

Dear Sirs:-

I am directed by the above named to forward the attached certificate from Dr. Cron, to the effect that he has treated this ex-Serviceman for his war disability for the past five years and enclosing an official admitting card from the Department of Public Health & Welfare for treatment at the General Hospital.

Mr. Titford also points out that evidence of this disability having been incurred during war service should be available in his service files, as he received treatment either in France or England for this condition.

I shall be grateful if you will look into this case, at the earliest possible opportunity, as apparently this man is in need of urgent hospitalization.

Yours faithfully,
W.R. Martin
W.R. MARTIN,
DOMINION SECRETARY.

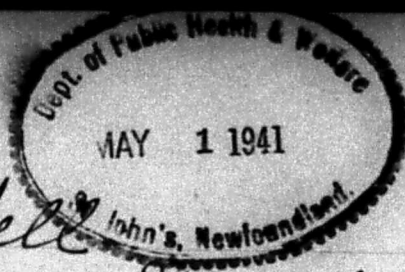
Encs. 2.

This is to certify that I have attended
Grant Dittford for haemorrhoids during
the past five years.

Charles Bron M.D.

W. Bruce.
29/III/41

Does this ^{operative} procedure
lead to ^{recurrence} of the
hemorrhoid?
What is the internal or external
width?
M. F. S.
W. B.



Her Grace

April 27-41

H. M. Woodell
sect. for Public Health & Welfare

Dear Sir

I am in receipt of a letter from W.R. Martin, Dominion Sec. G.W.O.A. requesting me to forward a report to you regarding my case of hemorrhoids, whether external or internal and if I need operative treatment. I was operated on in France and from the root, they have returned in the form of a large ~~two~~-row bunch, which are mostly external but at times go back, and are causing me much pain and discomfort. And require an operation at the earliest convenience, because I cannot walk, sit or work at times,

Yours very truly
#3699 Grant Tibford

sect. G.W.O.A. Her Grace Branch.

DLB/PS

April 16/41.

W. R. Martin, Esq.,
Dominion Sect'y G. W. V. A.,
City.

#3699, Grant Titford, Hr. Grace.

Dear Sir,

Your letter of April 4th., having reference to the marginally named, was referred to our medical adviser who requests that a report be furnished stating whether or not this ex-serviceman requires operative treatment for the haemorrhoids and whether or not they are internal or external, or both.

Kindly let us have this information as soon as possible so that early consideration may be given the case.

Yours very truly,

H. M. MOSDELL, M.D.
Secretary for Public Health & Welfare

Good
 In reply please quote
 Date and Initials

COMMISSION OF GOVERNMENT

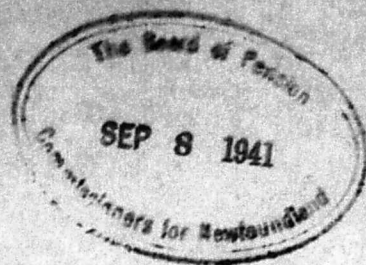


NEWFOUNDLAND

Department of Public Health and Welfare

General Hospital, ST. JOHN'S

September 6, 1941.



Mr. D. L. Butler,
 Dept. of P. H. & Welfare.

Re:- Mr. Grant Tetford, Harbour Grace.

The marginally named was admitted to Hospital on June 28, 1941 suffering from Haemorrhoids.

PHYSICAL EXAMINATION:

Head and Neck - No pathology.

Resp. - Chest clear. Pulse regular with good force. Heart normal in A.C.D. Sounds regular with good force, no murmurs.

Abdomen - Soft. No masses felt.
 Two external soft piles, sphincter deep and very spastic. No pathology in rectum. Prostate normal.

C.N.S. - Normal.

X-RAY REPORT - Aug. 1, 1941. - No calculi seen.

OPERATION - July 17th, 1941. - Haemorrhoidectomy.

Three large haemorrhoids removed by ligature method. Pack inserted in rectum and a morphine suppository.

Discharged from Hospital August 18, 1941 - Improved.

E. Leo Sharpe

E. Leo Sharpe,
 General Superintendent.

Kindly address all Communications to the Department, not to Individuals.

June 20th. 1941

Mr. Grant Tetford,
Harbour Grace

Dear Sir,

Further to this office letter of June 19th. you are advised that arrangements have now been made for your admission to the General Hospital and you are requested to report at this Department at your earliest convenience.

Yours very truly,

D. L. Butler,
Clerk, War Pensions.

DLB/SM

*Applied actually
for 100% air contribution
I claim for Pension
LDB*

September 3, 1941

The Superintendent, General Hospital

Would you please have us furnished
with reports on the following patients, recently
hospitalized at your institution:

✓ Grant Tetford	Harbour Grace
Arthur Payne	St. John's
H. Carter	Wales

D. L. Butler,
War Pensions Clerk.

DLB/SM

June 19th. 1941

Mr. Grant Tetford,
Harbour Grace.

Dear Sir,

At a recent meeting of the Board of Pension Commissioners your application for operative treatment in respect of haemorrhoids was given careful consideration. It was decided to provide you with this treatment as soon as a bed is available at the General Hospital. We hope to be in a position to advise you to come in at an early date.

Yours very truly,

D. L. Butler,
Clerk, War Pensions.

DLB/SM

September 10th. 1941

Mr. Grant Tetford,
Harbour Grace.

Dear Sir,

At a recent meeting of the Board of Pension Commissioners, consideration was given your verbal request for pension in respect of haemorrhoids.

While the Board accepted responsibility for your treatment during hospitalization, they regret being unable to admit claim for pension in this respect.

Yours very truly,

D. L. Butler,
Clerk, War Pensions.

DLB/SM

May 9th. 1941

Mr. Grant Tetford,
Harbour Grace.

Dear Sir,

We are in receipt of your letter of April 27th. with reference to a request from the G. W. V. A. received by you for a report in your case. This letter was intended for Dr. Cron and we are writing him today for a medical opinion. As soon as this is received, you will be further advised.

Yours very truly,

For H. M. Moadell, M. D.
Secretary for Public Health and Welfare.

DER/SM

May 9th. 1941

Dr. C. Cron,
Harbour Grace.

#3699. Grant Tetford. Hr. Grace

Dear Sir,

Representation has been made by the G. W. V. A. that the above named requires operative treatment for haemorrhoids. Our Medical Adviser is desirous of knowing whether or not this operative treatment is necessary and if the haemorrhoids are internal or external or both.

Your early attention to this will facilitate prompt consideration of this case.

Yours very truly,

For H. M. Mosdell, M. D.
Secty. for Public Health and Welfare.

DLE/SM

June 25, 19

Supt. General Hospital,
City.

#3699 Grant Tetford, Hr. Grace.

Dear Sir,

Confirming our telephone conversation on Monday, the marginally noted is referred to your Institution for Operative treatment in respect of Haemorrhoids .

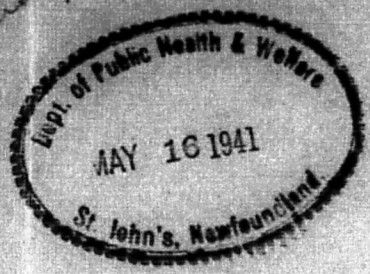
Kindly let us have report immediately on discharge for information of the Board.

Yours very truly,

D.L. BUTLER,
Clerk, War Pensions.

Dr. Smith
General Board
J. B. J.

to please



W. G. Mee
1310/41

Department Public Health & Welfare
St. John's

Sir:-

Yours of the 9th instant, re
3699 Grant Jelford W. Mee -
to hand.

In reply I beg to state that
in my opinion operative treatment
is necessary as his haemorrhoids
protrude and are apparently both
internal & external

Yours truly
C. Brown M.D.

COMMISSION OF GOVERNMENT



NEWFOUNDLAND

Department of Public Health & Welfare and War Pensions

ST. JOHN'S

June 20th. 1941

Mr. Grant Tetford,
Harbour Grace

Dear Sir,

Further to this office letter of June 19th. you are advised that arrangements have now been made for your admission to the General Hospital and you are requested to report at this Department at your earliest convenience.

Yours very truly,

A handwritten signature in dark ink, appearing to read "D. L. Butler".

D. L. Butler,
Clerk, War Pensions.

DLB/SM

July 12, 1919

#3699 Pte. Grant Titford,

Harbor Grace, C.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,
Paymaster & U.I/c Records.

MEDICAL CERTIFICATE

For information of the Separation Allowance Branch
Department.

-
1. Name and regimental number)
of soldier in respect of)
whom Separation Allowance is)
claimed.)
-
2. Name and age of said soldier)
-
3. Is said a chronic)
invalid and totally incapacitated)
-
4. Of what nature is disability)
-
5. From what date has this total)
incapacity been existent)
-
6. How long is total incapacity)
likely to continue and what will be)
the effect on earning power.)
-
7. If not totally incapacitated by)
what per in your opinion is)
capacity for work reduced and)
from what date.)
-
8. Are you the regular attending)
physician.)
-
9. Relationship to soldier of)
Applicant.)
-

I certify that the above statements are correct

.....place.

date.....

.....
Physician.

July 10, 1919

#3699 Pte² Grant Titford,

Harbor Grace.

Dear Sir:-

Please find enclosed Discharge Certificate
No. 2915.

Yours truly

Captain,
Paymaster & Officer i/o Records

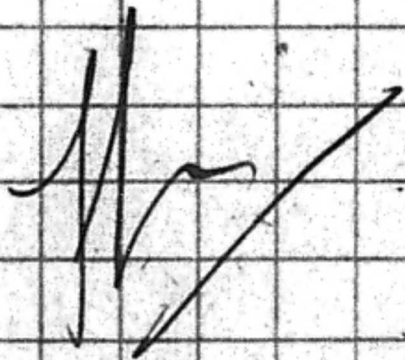
Received from ^{Mr} Mr

R. Newfoundland The sum

of Fros. 53.45 the equivalent

of \$ 2-0-0

G. Luford



Credit Lyonnais,

4 Cockspur Street, LONDON.

3699 PTE G. TITFORD.

1919

Apr. 17

Equivalent in French currency
for remittance to O.C. 1st
Battalion, Royal Newfoundland
Regiment on account of-

3699 Pte. G. Titford

2 0 0

2 0 0

17th April 1919

Two-----

2:0:0

C.R. 3699

Extract from Daily Orders Part II Unit The Royal Nfld.
Regt. St. John's, July 14th, 1919.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from 10-7-19.

3699 Pte. Grant Titford.