



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1917 Name Edgar Wade Corps _____

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Edgar Wade
2. What is your full Address? 2. 1 Colchester
Trants Bay
3. Are you a British Subject? 3. Yes
4. What is your Age? 4. 20 Years 10 Months.
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. { Name _____
Corps _____
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. Yes

I, Edgar Wade 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.

Edgar Wade SIGNATURE OF RECRUIT.
[Signature] Signature of Witness.
 E 15 Oct. 15

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edgar Wade 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 15 day of October 1915

Signature of the Attesting Officer. [Signature]

† Certificate of Approving Officer.

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

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

Date _____ 1915

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, the 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.

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

1917

Name Edgar Wade
 Apparent age 20 years 10 months. Height 5 feet 8 1/4 inches.
 Chest measurement { Girth when fully expanded 36 inches.
 Range of expansion 2 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Francis Wade Elliston
Trinity Way | 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	Promotions, 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 _____									
Joined at _____ on _____									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) years _____ days									
" " " Pension " _____ (" ") _____ " _____									

Killed in Action 3/12/17



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1917 Name Edgar Wade Corps L

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Edgar Wade</u> |
| 2. What is your full Address? | 2. <u>St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age? | 4. <u>30</u> Years. <u>10</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Laborer</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 <u>Yes</u>
Corps <u>L</u> |
| 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 Edgar Wade 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.

Edgar Wade SIGNATURE OF RECRUIT.
John Jones Signature of Witness.

Edgar Wade
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I Edgar Wade 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 16th day of August 1915
John Jones Signature of the Attesting Officer.

† Certificate of Approving Officer.

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

Date 1915 _____
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, the 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.

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

Name Edgar Wade

Apparent age 26 years 10 months. Height 5 feet 8 1/4 inches.

Chest measurement { Girth when fully expanded 36 inches.
Range of expansion 2 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Francis Wade Elliston
Trinity Bay | 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	Promotions, 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>15-10-15</u>									
Joined at <u>St John's</u> on <u>October 15/15</u>									
		<u>Embarked St. John's train to St. John's</u>		<u>18 73.</u>			<u>Embarked Southampton</u>	<u>14 76</u>	
		<u>Disembarked Ennis 15 76 towards Battalion</u>		<u>30 76</u>			<u>Re-enlisted</u>	<u>1-7-16</u>	<u>6 months</u>
		<u>87th S.W. Coy 27-16 transferred to Longwood</u>		<u>3-7-16</u>			<u>from the 3rd Bn Westmorland</u>	<u>5-7-16</u>	
		<u>Longwood then attached depot 3-10-16</u>					<u>Embarked Southampton</u>	<u>25-4-17</u>	<u>Disembarked Ennis 26-4-17</u>
		<u>joined Battalion 12-8-17. Submitted 18th 12p. 054.</u>		<u>St. 30-2</u>			<u>joined Barr</u>	<u>deft 26-6-17</u>	
		<u>Killed in action</u>		<u>3-12-1917</u>					
Total Service forfeited as above									
Total Service towards Engagement to <u>3-12-17</u> (date of discharge) <u>2</u> years <u>50</u> days									
		Pension							

Regimental Number

1917

Company

G.

THE
1ST NEWFOUNDLAND REGIMENT.

I hereby enlist for service at home or abroad in the King's Forces under the following conditions:

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed

Edgar ^{his} _{mark} Loade

Witness

H. R. Rowell
(2nd Lieut.)

Dated at

St. John's

May 24th 1916

Edgar Wade was attested for General Service with
the NEWFOUNDLAND CONTINGENT on October 15th 1915
Regimental No. 1917 was allotted to Pte Edgar Wade

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

C.R. 1917

C.R. 1917

Extract from Daily Orders part II, issued with the
Royal Newfoundland Regiment from Ser. Nelson C.S.A.,
dated June 30th, 1917.

Rein. ad Hospital Venerables/4/17 discharged 21/6/17.

1917 Pte. E. Wade.

C.R. 1917

Extract from Daily Orders part II, Unit the
Royal Newfoundland Regiment, in the Field
from Srd. Bohelon, B. E. F., dated June 30th. 1917.

#1917 Pte. W. Wade.

Rein. ad. Hospital Venerable 30/4/17 Discharged. 21/6/17.

C.R. 1917

Extract from Nominal Roll of Mfld. Regt. Draft No. 6.
from 2nd Bn., Depot to 1st Bn., B.E.F. Embarked
Southampton, 14-6-16.

1917 Pte. E. Wade.

WADE

C.R. 1917

Extract from Nominal Roll Draft (All ranks) to 1st Bn.
B.E.F. Embarked Southampton 25-4-17

1917 Pte. E. Wade.

C.R. 1917

1917 Pte. Edgar Wade.

Extract of Casualty list received December 18, 1917.

Killed in Action December 3. ✓

C.R. 1917

Extract of Casualties received from Pay & Record Office,
London, dated December 18, 1917.

The following casualty in the 1/1st Newfoundland Regt.
with the British Expeditionary Force, is reported under
various dates:-

#1917 Pte. E. Wade. ✓

Killed in Action.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender _____

Address _____

Line Number	Rcd	By	Sent	by	Check

Dated December 18, 1917.

To Rev. W. H. Detchon,
Elliston.

Regret to inform you Record Office, London, today reports No. 1917, Private Edgar Wade, son of Mrs. Maria Wade, Elliston, was killed in action December third. Please inform relatives.

R.A. SQUIRES

Colonial Secretary

NEWFOUNDLAND POSTAL TELEGRAPHS.



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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Red	By	Sent	by	Check

Dated

December 18, 1917.

To

Mrs. Maria Wade,

Elliston, T.B.

Regret to inform you Record Office, London, today reports No. 1917, Private Edgar Wade, was killed in action December third.

R.A. SQUIRES

Colonial Secretary.

NOTE FOR OPERATOR

This message is not to be sent until receiving office notifies that message to Rev. W. H. Dotchon, Elliston, has been delivered and acted upon.

FOR TYPEWRITER

C.R. 1917

Extract of Casualties received from War Office,
London, dated December 17, 1917.

#1917 Pte. E. Wade. ✓

Killed in action. 3/12/17.

Authy: -Burial Report No. 12527 by Rev. W. Keary attached 17 P.A., 22/11/17
forwarded on A.F.O. 1010-57c, G.E. 1. Spd Scholen 16/12/17 received P.A. R.O.
17/12/17.

C.R. 1917

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

DUPLICATE.

REGIMENT OR CORPS } Newfoundland Squadrons, Troop, Battery or Company }

Regimental No. 1917. Rank Private.

Surname Wade. Christian Name E.

Died { Date 3/12/17. Place France. Cause of Death Killed in Action.

Nature and Date of Report B 213 4/9/17.

By whom made O.G. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received. (c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q., 3rd Echelon 13/12/17. Signature of Officer in charge of Section Adjutant-General's Office at the Base. Major and Lt. for Major Officer 1/0 No. 1 Infantry Section.



C.R. 1917

Extract of Casualties received from Pay & Record
Office, London, dated December 16, 1917.

#1917 Pte. E. Wade. ✓

Killed in action 3/12/17.

C.R. 1917

Extract from Daily Orders Part II Unit The Royal Wfld.
Regt., St. John's, May 21st, 1917.

Memorial Roll of Draft No. 23, which left Ayr, for the B.F.F.
24-4-17 and which left Southampton, on the 25-4-17.

1917 Pte. E. Ward.

abade

C.R. 1917

Extract from Casualties received from Pay & Record
Office. London, Sep. 30, 1916.

Discharged from Hospital, Granted Furlough 28-9-16 to
6-10-16.

1917 Pte. E. Wade.

Light Duty Class B.

C.R. 1917

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P. & R. O. Sep. 30th. 1916.

1917. Pte E. Wade. ✓

Discharged from Hospital and granted furlough from 28/9/16 to 6/10/16
Fit for Light Duty Class B.

C.R. 1917

Extract of Casualties received from Pay & Record Office,
London, dated July 31, 1916.

(Extract from Army Form B 213, from O.C. 1st. Hfld. Regt.
dated 11/7/16.)

#1917 Pte. E. Wade. ✓

Wounded in Action 1/7/16.

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

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

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

(NOT TRANSMITTED)

Signature of Sender

Address

Line
Number

Rcd

by

Sent

by

Check

Dated

July 26, 1916.

To

Mrs. Maria Wade,

Elliston. T.B.

In reply to my enquiry Record Office, London,
reports No. 1917, Private Edgar Wade, at Wandsworth
getting along splendidly.

COLONIAL SECRETARY.

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL

July 22, 1916.

Report by telegraph present condition of
Capt. Rowell, Lieut. Benister, 1500 Mitchell,
441 Waterman, 1420 Sheppard, 252 Hickey, 996
O'Driscoll, 1340 Dawson, 1814 Carter, 1088 Dunn,
490 Keel, 1293 Ryder, 940 Hicks, 1271 Guy, 630
Guff, 488 Moulton, 524 Guff, 1917 Wade, 742
Mifflin, 1411 Gessé, 682 Rowe, 1368 Brazil,
1320 Chipman.

COLONIAL SECRETARY.

C.R. 1917

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&.R.O.
July 10th. 1916.

1917, Pte E. Wade. ✓

1/Newfoundland GSW R. Upper Arm. Fract Humerus Adm. Aust
Hosp. Wimereux 3rd July 1916.

C.R. 1917

Extract of Casualties from list of sick and wounded H.C.Os
and men of the Expeditionary Force - France, received from
the Pay and Record Office, London, dated July 10th 1916.

List. No. H.A. 562.

1917 Pte. Wade, E.

GSW R. Upper Arm. Fract. Humerus... Adm. Aust. H. Wimereux 3rd July 16.

C.R. 1917

NEWFOUNDLAND CONTINGENT

Extract of Casualty List received from P.&R.O.

July 10th. 1916.

1917, Pte E Wade. ✓

1/Newfoundland GSW R. Arm Frac. Humerus to Eng. per HS
Jan Breydel ex Aust Hosp. 3rd July 1916.

C.R.1917

Extract of Casualties from list of sick and wounded N.C.Os
and men of the Expeditionary Force - France, received from
the Pay and Record Office, London, dated July 10th 1916.

List.N^o. H.A.562.

1917 Pte.Wade, E.

GSW R Arm Fract Humerus...to Eng. per H.S.Jan Breydel ex Aust.H.

3rd July 16.

NEWFOUNDLAND POSTAL TELEGRAPHS.

Cable Connection with all the World

W 59

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

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Rcd	By	Sent	by	Check

Dated **7 July, 1916.**

To **Mrs. Maria Wade, Elliston, T. B.**

Regret to inform you No 1917 Private Edgar Wade reported Wandsworth Hospital, compound fracture upper extremities, not serious.

J. R. Bennett,

COLONIAL SECRETARY.

FOR TYPEWRITER

C.R. 1917

Copy of Cablegram to Governor St. John's Nfld.
from P.&.R.O. 6/7/16.

1917, Wade. ✓

At Wandsworth Gunshot Wound Compound Fracture Upper
Extremities.

C.R. 1917

Extract of Casualties received from Pay & Record
Office, London, dated July 6, 1916.

#1917 Pte. E. Wade. ✓

Gunshot wound Vlll 4.

Admitted 3rd London General Hospital, Wandsworth,
dated July 6, 1916.

C.R. 1917

Extract from Casualties received from P.S.R.O. dated
July 8th., 1918.

Admitted Sgt., London General Hospital on July 4th. 1918.

#1917 Pte. E. Wade

G.S.W. VIII 4.

C.R. 1917

Extract from Nominal Roll of Draft which embarked for
B.E.F. on or about 20 June 1916.

#1917 Pte.E.Wade.

C.R. 1917

Extract from Nominal Roll Entrained St. John's for Overseas,
June, 19.1915. "H"

1917 Pte. Wade Edgar.

J. Wade

C.R. 1911

P.O.

OFFICE COPY

Army Form O. 1625.

PAY LIST.

to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps *Royal Newfoundland Regiment*
 No. *1917* Rank *Private* Name *Wade E*
 Died (a) *Testate* at *France* on the *3rd* of *December* 191*7*.
 Descrbed at _____ on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

 { Commanding Squadron, Troop,
 Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <i>31/17</i>	<i>36</i>	<i>11</i>	<i>4</i>
	Cash issues (Date of each issue to be stated) £ s. d.				Pay days at _____ from _____ to _____			
	191				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
					Messing allowance _____ days at from _____ to _____			
					Kit allowance			
					Amount produced by the sale of Effects from Form 2			
					Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
					Deferred Pay or Gratuity			
	Consolidated stoppage							
	Balance due by the Paymaster	<i>36</i>	<i>11</i>	<i>4</i>	Balance due to the Paymaster			
		<i>£ 36</i>	<i>11</i>	<i>4</i>		<i>£ 36</i>	<i>11</i>	<i>4</i>

COPY SENT TO
 " C.C. H.Q.
 " ST. JOHNS, N.F.L.D.
B279
 N.F.P.38. NO. *16881/71*
 DATED *23 10 18*

CHECKED.
916
12/10/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public (b).

Dated at _____ this _____ day of _____ 191 . _____ Paymaster.

(a) Here state whether the soldier died *intestate*, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.



Temp. a/c

NO. 1917RANK: PrivateNAME Edgar WadeCO. 6th DrufALLOTMENT: 50

Dr. Balance

Amount

PAY

Amount

Hospital

1 00Credit Balance 191Exchange " 191

PAY @ NEW RATE

From 10/6 To 2/9 110 days

A.B. 64

Ag Recs7 2060\$66.05 13 11 3

From _____ To _____ days

Clothing &11 3P. & R. Uniforms.4 13 6

From _____ To _____ days

6 11 11

From _____ To _____ days

ORIGINAL



N.F./12.

Allotments.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 1917 (Rank) Private (Name) E. Wade
 hereby apply for cancellation of Allotment made by me on
 N.F. 1843 dated Dec. 19/15 in favour
 of M^{rs} Wade Elliston Unity Bay for \$ — cts 50
 per diem. Such cancellation to take place on the
30th day of April 1917

I agree to accept all risks and consequences of this application failing to reach headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at Bay
23rd of 1917

E Wade
 Allotter.

Approved and Witnessed,
[Signature]
 O.C. " " Company.

NOTED
W.F. Martin
APR 26 1917
 Date 30/4/17 Coy

NOTED
E Wade
 C.Q.M.S.
 Date 23.4.17 Coy

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate.

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

MEDICAL HISTORY

OF

Surname Wade

Christian Name Edgar



Table I.—GENERAL TABLE.

Birthplace:—Parish

County Nfld

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on <u>16</u> day of <u>Oct</u> 191 <u>5</u>	on	day of	191
	at <u>St John's Nfld</u>	at		
Declared Age	<u>21</u> years	days	years	days
Trade or Occupation				
Height	<u>5</u> feet <u>8½</u> inches		feet	inches
Weight		<u>135</u> lbs.		lbs.
Chest Measurement	Girth when fully expanded...	<u>36</u> inches		inches
	Range of expansion..	<u>2</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>4/6</u>	R.E.—V=	
	L.E.—V=	<u>4/6</u>	L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	<u>Samuel Paterson</u>			
(Rank)	<u>Capt</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's</u>	at		
	on <u>16</u> day of <u>Oct</u> 191 <u>5</u>	on	day of	191
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	<u>1st Nfld Regt</u>	<u>1917</u>		
Transferred to				
Became non-effective by				
	on	day of	191	on
(Signature)			day of	191
(Rank)				

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of further use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 RD LONDON GENERAL HOSPITAL WANDSWORTH.	4	7	16	28	9	16	G ^L S ^W VIII ^a (Museum)	87	wounded in France 1 st July - on admission substance ¹⁵⁰⁰ found above iliac & Psoas muscles treated here with 77 Humerus - Convalescent.	<i>R. H. M. S. J. H. G.</i> <i>CHS. RAMET</i>

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examination for Field or Foreign Service, Extension, Re-engagement, or prolongation of Service; Issue of Surgical appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
Nov 8 th /15	1 st Inoculation
" 20 th /15	2 nd
24.12.15.	Vacc.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
St John N. 2 nd					

Nº 1843



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edgar Wade, Regl. No. 1917
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and 50 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 December 19th 1915

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
1278	Mother	Mrs. Maria Wade	Ellioton, J. B.	50
		Cancelled 30/4/17		
			Total Allotment, \$	

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.) Gusuld W. Gye
For Lieut.
 Officer Commanding
H Company
St. John's, Nfld.
December 11th 1915

(Sig.) Edgar Wade
 (Rank) Private

Admitted 4.7.16

Army Form W. 3016.

No. _____

Date Sept. 28th 1916

(1) To the Officer i/c Records,

58 Victoria St
S.W. (Station.)

(2) The Officer Commanding,

Newfoundland Contingent
Army (Station.)

(3) The Paymaster,

58 Victoria St
S.W. (Station.)

Regimental No. 1917

Rank and Name Pte. Wade. Eo.

Regiment or Corps 1st Newfoundland Contingent

has been granted a furlough from Sept 28th to Oct 6th

His address while on leave will be :-

58 Victoria St. S.W.

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

I consider he is fit for* ~~Light~~ Light duty. *and likely to be fit for service overseas within three months.*

Norval Jagan Capt. R.A.M.C.
Registrar, R.A.M.C.T.

Officer in Charge London General Hospital,
WANDSWORTH, S.W.

(Station.)

* Strike out that which is inapplicable.

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

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

ORIGINAL

REGIMENT (OR CORPS) Newfoundland Squadron, Troop, } G. Co.
 Battery or Company }

Regimental No. 1917. Rank Private.

Surname Wade. Christian Name E.

Died { Date 3/12/17. Place _____ France COPY SENT TO
O.C. H.Q.
ST. JOHNS, N.F.L.D.
N.F.P. 38. No. _____
DATED 21 DEC 1917
 Cause of Death Killed in Action.

Nature and Date of Report B 213 d/9/12/17.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
 (c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G.H.Q., 3rd. Echelon. 13/12/17. Signature of Officer in charge of Section Neary and Lt. for Major,
 Adjutant-General's Office at the Base } Officer 1/c No. 1 Infantry Section.

Receipt for Army Book 64

No. *1917* Name *E Wade*

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

Name *Mrs. William Wade*

Date *Aug. 6th, 1920*
Place *Wellington, T.B.*

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

Wade, Edgar.

1917

May - Sept

11

DUPLICATE
MAIL COPY

Army Form O. 1625.

PAY LIST.

to **191** Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **1917** Rank **Pte** Name **E. Wade,**
 Died (a) **Intestate** at **France** on the **3rd** of **December** 191**7**
 Deserted at _____ on the _____ of _____ 191**1**

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <u>5/12/17</u>	36	11	4
	Cash issues (Date of each issue to be stated)				Pay. days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	36	11	4	Balance due to the Paymaster			
		£ 36	11	4		£ 36	11	4

This account is in accordance with advices received at the Pay & Record Office to 29/10/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

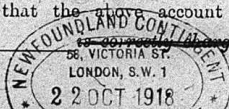
CHECKED.

ALB
22/10/18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is not recoverable against the Public.

Dated at _____

this _____ day of _____ 191**7**



NEWFOUNDLAND CONTINGENT,
W. H. ...
 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
Paymaster.

- (a) Here state whether the soldier ~~is~~ is intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE
MAIL COPY

Army Form O. 1625.

PAY LIST.

to 191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **1917** Rank **Pte** Name **R. Wade,**
 Died (a) **Intestate** at **France** on the **3rd** of **December** 191 **7**.
 Deserted at _____ on the _____ of 191 **1**.

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,
Battery or Company.)

STATEMENT OF ACCOUNT.

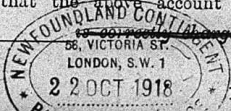
Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month <u>5/12/17</u>	36	11	4
	Cash issues (Date of each issue to be stated)				Pay. days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Cons				of Savings Bank balance, including interest (if no balance, to be so stated)			
					Pay or Gratuity			
	Balance due by the Paymaster	36	11	4	Balance due to the Paymaster			
		£ 36	11	4		£ 36	11	4

CHECKED.
Al
29 10
29 15

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public.

Dated at _____ this _____ day of _____ 191 **1918**



NEWFOUNDLAND CONTINGENT,
John McNeill Paymaster
 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS.
 Paymaster.

- (a) Here state whether the soldier *is* intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE
MAIL COPY

Army Form O. 1625.

PAY LIST.

to **191** Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **1917** Rank **Pte** Name **E. Wade,**
 Died (a) **Intestate** at **France** on the **3rd** of **December** 191**7**
 Deserted at _____ on the _____ of 191**7**

I Certify to the correctness of above in every particular,

(Commanding Squadron, Troop,
Battery or Company.)

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr, last month				Balance Cr. last month 3/12/17	36	11	4
	Cash issues (Date of each issue to be stated)				Pay, _____ days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay _____ days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage							
	Balance due by the Paymaster	36	11	4	Balance due to the Paymaster			
		£ 36	11	4		£ 36	11	4

This account is in accordance with advices received at the Pay & Record Office to **29/10/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.

Alc
22 ¹⁰/₁₈

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly debitable against the Public.

Dated at _____ this _____ day of _____ 191**7**



NEWFOUNDLAND CONTINGENT,
[Signature]
 CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS
 Paymaster.

- (a) Here state whether the soldier ~~is~~ is buried, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

Army Form O. 1625.

PAY LIST.

to **191** Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**
 No. **1917** Rank **Pte** Name **E. Wade,**
 Died (a) **Intestate** at **France** on the **3rd** of **December** **1917**
 Deserted at _____ on the _____ of _____ **191**

I Certify to the correctness of above in every particular.

{ *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

[Form L.

Date	Dr.	£	s.	d.		Cr.	£	s.	d.
	Balance Dr. last month					Balance Cr. last month 5/12/17	36	11	4
	Cash issues (Date of each issue to be stated)					Pay days at _____ from _____ to _____			
	£ s. d.					Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191					Messing allowance _____ days at _____ from _____ to _____			
	"					Kit allowance			
	"					Amount produced by the sale of Effects from Form 2			
	"								
	Consolidated stoppage								
	Balance due by the Paymaster	36	11	4		Balance due to the Paymaster			
		£ 36	11	4			£ 36	11	4

This account is in accordance with advices received at the Pay & Record Office to **22/10/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED,
[Signature]
 22/10/18

I hereby Certify that the above account is correct in every particular, and that the

debtor balance of £ _____ is a ~~debt~~ **chargeable against the PAYMENT** NEWFOUNDLAND CONTINGENT,

Dated at _____ this _____ day of **22 OCT 1918** 191 _____ CHIEF PAYMASTER & OFFICER IN CHARGE

- (a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
 (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**

No. **1917**

Rank **Pte**

Name **E. Wade,**

Died (a) **Intestate** at **France**

on the **3rd** of **December** 191⁷.

Deserted at

on the _____ of _____ 191 .

I Certify to the correctness of above in every particular.

} *Commanding Squadron, Troop,
Battery or Company.*

STATEMENT OF ACCOUNT.

Form 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 5/12/17	36	11	4
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____			
	191				Messing allowance _____ days at _____ from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from Form 2			
	Consolidated stoppage				<div style="border: 1px solid black; padding: 5px;"> This account is in accordance with advices received at the Pay & Record Office to 22/10/18 and may therefore be subject to amendments if and as may be revealed by subsequent advices. </div>			
	Balance due by the Paymaster	36	11	4	Balance due to the Paymaster			
		£ 36	11	4		£ 36	11	4

CHECKED.

8/6.
22/10/18

I hereby Certify that the above account is correct in every particular, ~~and that the~~ **NEWFOUNDLAND CONTINGENT**, ~~and that the~~ **NEWFOUNDLAND CONTINGENT**, ~~is correctly chargeable against the Public~~

Dated at _____
this _____ day of _____

22 OCT 1918

191 .

CHIEF PAYMASTER & OFFICER IN CHARGE, RECORDS.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

ORIGINAL

Army Form O. 1625.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps **Royal Newfoundland Regt.**

No. **1917**

Rank **Pte**

Name **E. Wade,**

Died (a) **Intestate**

at **France**

on the **3rd** of **December**

191⁷ .

Deserted at

on the _____ of

191 .

I Certify to the correctness of above in every particular.

(*Commanding Squadron, Troop,
Battery or Company.*)

STATEMENT OF ACCOUNT.

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 3/12/17	36	11	4
	Cash issues				Pay days at _____ from _____ to _____			
	(Date of each issue to be stated)				Proficiency, Service, or good conduct pay			
	£ s. d.				days at _____ from _____ to _____			
	101				Messing allowance days at _____			
	"				from _____ to _____			
	"				Kit allowance			
	"				Amount produced by the sale of Effects from			
					Form 2			
					of Savings Bank balance, including			
					interest (if no balance, to be so stated)			
					ed Pay or Gratuity			
	Balance due by the Paymaster	36	11	4	Balance due to the Paymaster			
		£ 36	11	4		£ 36	11	4

CHECKED.
9/6
22/10
18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is correctly chargeable against the Public Account of the NEWFOUNDLAND CONTINGENT.

Dated at
this _____ day of _____

22 OCT 1918

191 .

CHIEF PAYMASTER & OFFICER IN CHARGE RECORDS
[Signature]
Paymaster.

- (a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND

The Paymaster & Officer i/c Records,
St. John's Nfld.

DEAD AND MISSING MEN

No. 1917
Rank. 4th
Name Ledger Wade
Unit. Royal Nfld. Regt.

Sir:-

I have the honour, by direction,
to advise you that a ^{Gratuity}~~Pension~~ has been awarded
to the Mother of the marginal-
ly noted, as follows:

Name M^rs Maria Wade

Address Celliston S.P.

^{Gratuity}~~Pension~~ 10.00 per month for 12 months

^{Gratuity}~~Pension~~ commences July 1st 1918

Kindly govern yourself accordingly,
and advise me what deductions will have to be made.

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

Carroll
pre. Secretary.

Board of Pension Commissioners
for Nfld.

Form B.P.C. /1

No advances
[Signature]

26539

DUPLICATE ORIGINAL



N.F./12.

Allotments.

NEWFOUNDLAND CONTINGENT

CANCELLATION OF ALLOTMENT

I, (No.) 1917 (Rank) Plie (Name) E. Wade
hereby apply for cancellation of Allotment made by me on
N.F. 1843 dated Dec. 19/15 in favour
of Mrs Wade Elliston Unity Bay for £ / cts 50
per diem. Such cancellation to take place on the
30th day of April 1917

I agree to accept all risks and consequences of this application failing to reach headquarters, St. John's, by mail in time to become operative at above nominated cancelling date; and that in the event of such non-delivery by mail, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage as may be thereby necessary being made against me in the Pay Books, or otherwise to refund such overdrawn amount or amounts.

Dated at April
23 - 4 1917

E Wade
Allotter.

Approved and Witnessed,

Frank Lee
O.C. " " Company.

NOTED
W.C. Martin
P.R.O. Cpl
Date 30/4/17

NOTED
for mail to
c.o. 11's
Date 30/4/17 Co'y

To be made out in TRIPLICATE and sent to the Paymaster & Officer in Charge of Records, who will forward Original to Headquarters by first mail, Duplicate by the following, and retain Triplicate,

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.



NO STAMP REQUIRED

Dept. of Militia,

St. John's.

.....1921

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. 1917 Rank Plt
Name Edgar Wade
Royal Newfoundland Regt.



.....(Sgd.)

Mrs M Wade Relationship.

Address.....

Gllishin nps

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

Mrs. Marie Wade (Mother)

in respect of his service as No. 1917 Rank Pte.

Name Edgar Wade

Royal Nfld. Regt.

Nfld. Forestry Corps

Receipt of the same should be acknowledged hereon.

Received Medals

Signature Mrs. Marie Wade

Date Oct 7th 1921

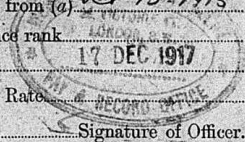
Address Ellisville J Bay

[P.T.O.]

Casualty Form—Active Service.

Regiment or Corps 4th Newfoundland
 Rank Rt. Lt. Surname Wade Christian Name Edgar 2564
 Religion C.P. Age on Enlistment 20 years 10 months.
 Enlisted (a) St. John's Terms of Service (a) Duration of War Service reckons from (a) Oct 15 1915
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

 Signature of Officer.



Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 218, Army Form A. 386, 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. 218, Army Form A. 386, or other official documents
			Embarked	<u>Stampton</u>	<u>25.4.17</u>
			Disembarked	<u>Rover</u>	<u>26.4.17</u>
			Joined Battalion	<u>12 AUG 1917</u>	<u>B 213</u>
<u>8.5.17</u>	<u>1 Stat. Hoop. 41. V.O. 5 plt.</u>		<u>Rover</u>	<u>30.4.17</u>	<u>H.A. 9098</u>
<u>27.6.17</u>	<u>29 I.C.S. Joined Base Depot</u>		<u>Do</u>	<u>26.6.17</u>	<u>Non Coll.</u>
	<u>of War</u>	<u>Keen</u>	<u>France</u>		<u>B 213</u>
		<u>J. Keen</u>			
			<u>Infantry Section</u>		
			<u>G.H.C. 3rd Echelon</u>		

(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.

[P.T.O.]

FIELD SERVICE.

C.R. Army Form B 2090 1917

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT (OR CORPS) Newfoundland Squadron, Troop, Battery or Company C. Co.

Regimental No. 1917. Rank Private.

Surname Wade. Christian Names E.

Died { Date 3/12/17. Place France.
Cause of Death* Killed in Action.

Nature and Date of Report B 213 1/2/12/17.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not { (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and Date } G. H. Q., 3rd Echelon Signature of Officer in charge of Section } W. H. Mearns
Date 13/12/17. Adjutant-General's Office at the Base } 2nd Lt. for Major
Office 1/c No. 1 Infantry Section.

