



# THE ROYAL NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4890 Name Fred Waldron Corps B of 6

### Questions to be put to the Recruit before Enlistment.

- |  |  |
|--|--|
| 1. What is your name? .....  | 1. <u>Fred Waldron</u>                       |
| 2. What is your full Address? .....  | 2. <u>Spanias Cove</u><br><u>Trinity Bay</u> |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                                |
| 4. What is your age? .....   | 4. <u>23</u> Years <u>4</u> Months           |
| 5. What is your Trade or Calling? .....  | 5. <u>Fisherman</u>                          |
| 6. Are you Married? .....  | 6. <u>no</u>                                 |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? .....                             | 7. <u>no</u>                                 |
| 8. Are you willing to be vaccinated or re-vaccinated? .....  | 8. <u>Yes</u>                                |
| 9. Are you willing to be enlisted for General Service? .....   | 9. <u>Yes</u>                                |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? .....                                     | 10. Name .....                               |
|  | Corps .....                                  |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... | 11. <u>Yes</u>                               |

I, Fred Waldron do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

A  
3-5-18

Fred Waldron SIGNATURE OF RECRUIT.  
James Arklie Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Fred Waldron 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 3rd day of May 1918

Signature of Attesting Officer James West

### 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 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 Fred Waldron  
 Apparent age 23 years 4 months. Height 5 feet 7 1/2 inches  
 Chest Measurement { Girth when fully expanded 37 1/2 inches  
 Range of expansion 4 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin William Waldron, Mariners Cove, Trinity Bay | Relationship Father

### Particulars as to Marriage

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

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

### Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or 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 <u>3-5-18</u>									
Joined at <u>St John's</u> on <u>May 3-1918</u>									
<u>Discharged July 4-1919</u>									
<u>Embarked St John's train to Halifax N.S. 11 1/2</u>									
<u>Embarked for St. L. 26-10-18</u>									
<u>Joined Bath 13 1/2</u>									
<u>Transferred from Bath and arrived Newcastle 23 1/2</u>									
<u>to the embarkation for demobilization 22-5-19</u>									
<u>Arrived Newfoundland 1-26-1919</u>									
<u>Demobilization St John's 4-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>4-7-1919</u> (date of discharge)									
Pensions									



C.R. 4890

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

The discharge of the undernote on demobilization has been  
CONFIRMED by Officer i/c records from noted date 4-7-19.

4890, Pte. Fred Waldron.

C.R. 4890

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

The discharge of the undersigned on demobilization has been  
APPROVED by C.O. Discharge Depot with effect from 10-2-19.

20-6-19

4890 Pte. F. Waldron.

C.R. 4890

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

Date

9-6-19

4890 Pte. F. Waldron

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

ex "Corsican"

C.R. 4890

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,  
11  
By Lt. Col. T.G. Mathias, D.S.O. Commanding 1st Bn. 3--18.

The following joined the Battn. 3-11-18.

4890 Pte. F. Waldron.

D Coy.

C.R. 4890

Extract from Nominal Roll Re-inforcement Draft No. 55 Embarked Folkeston,  
26/10/18, from 2nd Batta, Royal Newfoundland Regiment, Hasleby Down Camp,  
Winchester, to 1st Batta, Royal Newfoundland Regiment, B.S.F.

4890 Pte. Waldron, F.

MP.



C.R. 4890

Extract from Daily Orders Part 11. from Unit The Royal Nfld.  
Regiment, St. John's, dated June 14th 1918.

4890 Pte. F. Waldren

Embarked for Overseas with draft 11-6-18.

C.R. 4890

Extract from Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, St. John's, dated May 4, 1918.

#4890 Pte. Fred Waldron.

Attested for General Service with the Royal Field Regt.  
from 2/5/18.

*X Walburn*

CR.

4890

10  
0

~~*P. H. D.*~~

## Medical Report on an Invalid.

Station Hazeley PoonDate 15/19

1. Unit Royal Newfoundland
2. Regimental No. 4890
3. Rank plt
4. Name Waldon Frost
5. Age last birthday 24
6. Enlisted  $\left\{ \begin{array}{l} \text{on } \text{May } 3/18 \\ \text{at } \text{St John} \end{array} \right.$
7. Former Trade or Occupation  $\left\{ \text{Fisherman} \right.$
- 7A. If with previous service in Army, state—
- (a) Former Unit;
- (b) Regimental No.;
- (c) Date of Discharge;
- (d) Cause of Discharge.

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

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

*nil*

*nil*

*nil*

*nil*

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

*na.*

13. What is his present condition?

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

*He complains of no disability*

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

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

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

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

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

*na.*

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

*na.*

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

*na.*

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

*na.*

20. Do you recommend—

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

*Repatriation*

*W. E. Proemier*      *Capt R.D.M.C.*  
Officer in medical charge of case.

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

Station *Mazeleydown*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1/5/19*

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

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







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

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

Regt. No.	Rank	Name	Amount	Signature
1890	Lie	Waldron J	\$250	J. Waldron

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

J. Waldron

Date July 1/18



No. 16052/1720.

N.F.P./79.

NEW FOUNDLAND CONTINGENT

From:

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

To:  
Officer Commanding,  
5th Bn. Royal Nfld. Regt.,  
Winchester.

October 7th, 1918

Oct. 16<sup>th</sup> 1918

Subject: 4890, Pte. F. Waldron,

With reference to the following telegram (8545) from the Hon. Minister of Militia, received

"Pay to 4890, Pte. F. Waldron, £2.9.0"

Draft £2.9.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Receipt hereunder.

M. Barton LIEUT. COLONEL,  
COMMANDING 5th Bn. ROYAL NEWFOUNDLAND REGT.  
Officer Commandg. Batt'n  
Royal Newfoundland Regiment

Received the sum of £2-9-0

~~Two pounds nine shillings~~ on account of cable remittance from Newfoundland.

F. Waldron

No. 4890 Rank Pte.

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

Witness  
P. Manning

Waldron, A.

4890

Ray Sept.

July 4, 1919

#4890 Pte. Frederick Waldron,

Spaniards Bay, T.B

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 2586.

Yours truly

Capt in.  
Paymaster & O.i/c Records.

The Royal Mld. Regiment

DEMOBILIZATION

No. 4896 Rank \_\_\_\_\_

Name Waldron F

*Warned for demobilization on*

JUN 6 1919

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4590 Rank Plt Name Waldron F.  
 Intended place of residence Spawards Cove
2. Occupation Drummer  
 Classification of soldier 2 Medical Category AT
3. The above named man is discharged in consequence of DEMOBILIZATION.

### Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
- Place ST. JOHN'S.  
 Date JUN 6 1919
- H. M. M. H.*  
 Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
- Place and date ST. JOHN'S.  
JUN 6 1919
- F. Waldron*  
 Signature of soldier
- A. M. Blouster*  
 Signature of witness

### CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
- Place and date ST. JOHN'S.  
JUN 6 1919
- F. Waldron*  
 Signature of soldier
- W. J. B. O'Neil*  
 Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 3-5-18. No of days on Military  
 Discharged from service 26-6-19. Plus 14 days Service 428.

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
- Place ST. JOHN'S.  
 Date JUN 20 1919.
- R. H. Sait Capt*  
 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, Nfld  
 Date July 4 1919.
- M. Bowley Capt*  
 Officer in Charge Records  
 The Royal Newfoundland Regiment

*2482079/2586*

# The Royal Newfoundland Regiment

Class for Demobilization —

1  
4

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... 11-6-19 .....

Regimental No. 4890.....

Name ..... Waldron ..... Sgt. ....

Address ..... Trinity .....

Present Medical Category ..... A.I. ....

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

Members of Board {

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

H. Patterson  
Senior Medical Officer

Gee Burden  
M. O. Depot

# The Royal Newfoundland Regiment

## DEMobilIZATION OF

Reg. No. 14890 Rank PIE Name Waldron J  
 Date of Enlistment 3.5.18 Address Spanaway Lane District Trinity  
 Occupation Independent Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. .... Disability Rating .....

Passed to Demobilization Officer with following documents:—

N.F. P36	B 268	B 121	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 5.6.19 O. C. Discharge Depot. J. Waldron

### PARTICULARS FOR DEMobilIZATION

#### 1. Civil Re-Establishment.

I am Waldron in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date .....

#### 2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$60.00  
 (b) Clothing Supplied Waldron

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



3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 71101 to his home at Stonards Cove and Release Certificate No. 2373 issued.

Date 6-6-19

J.A. Snow Capt.  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-1-19

Date 6-6-19

J. Williams H.  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P136	B 268	B 121	N.F. Med.	D.F. 1
E 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

*2 Form: B*

Date 6-6-19

J.A. Snow Capt.  
Demobilization Officer.

APPROVED.

Documents as above forwarded to—

Officer in Charge Records.  
Board of Pension Commissioners.

with following additional documents.

JUN 20 1919

Eligible for War Service Gratuity

Date .....

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

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

Date .....



## Civil Re-establishment Committee



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

*To resume former occupation*

*J. Waldron*

Signature of Man.

Reg. No.

*4890*

*J. H. Snow*

Signature of the Vocational Officer or his Representative.

Place

*St. Johns*

Date

191

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

## MEDICAL HISTORY

OF

Surname

Waldron

Christian Name

Fred

Table I.—GENERAL TABLE.

Birthplace:—Parish Spaniard's Cove, T. B. County Nfld.

	SPECIAL RESERVE		REGULAR ARMY	
	on	at	on	at
Examined .....	3 <sup>rd</sup> day of May 1918	St John's, Nfld.	day of	191
Declared Age.....	23 <sup>4</sup> / <sub>12</sub> years	—	years	days
Trade or Occupation .....	Fisherman			
Height .....	5 feet	7 <sup>4</sup> / <sub>4</sub> inches	feet	inches
Weight .....	135 lbs.			lbs
Chest Measurement {	Girth when fully expanded....	37 <sup>1</sup> / <sub>2</sub> inches		inches
	Range of Expansion .....	4 <sup>1</sup> / <sub>2</sub> inches		inches
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm .....	/	/	
Number.....				
When Vaccinated .....				
Vision .....	R.E.—V=	6/10	R.E.—V=	
	L.E.—V=	6/10	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)	Lambertson			
(Rank)	Major		Medical Officer.	
Enlisted .....	at St John's, Nfld.		at	
	on	3 <sup>rd</sup> day of May 1918	on	day of 191
	Corps.	Regtl. No.	Corps	Regtl. No.
Joined on Enlistment.....	The Royal Nfld Regt.		4890	
Transferred to .....				
Became non-effective by .....	on	day of 191	on	day of 191
(Signature)				
(Rank)				



## Medical Report on an Invalid.

Station Hazelton Barracks Camp.Date 1-5-19

1. Unit Royal Newfoundland. 7. Former Trade } Ironworker  
or Occupation }
2. Regimental No. 14890 7A. If with previous service in Army, state—
3. Rank Pvt (a) Former Unit;
4. Name Wasson, Fred. (b) Regimental No.;
5. Age last birthday 24 (c) Date of Discharge;
6. Enlisted { on May 31/18 (d) Cause of Discharge.  
at St John's

## 8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answer to question No. 19).

Statement of Case.

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

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

12. Give your opinion as to the causation of the disability, stating whether in your opinion it is—

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

na

13. What is his present condition?

*He complains of no disability*

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

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

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

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

If so—(a) When?

(b) Where?

(c) Opinion?

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

*na*

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

*na*

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

*na*

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

*na*

*Repatrication*

20. Do you recommend—

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

*W. E. Prosser,*  
*Sgt. Major, Capt R.A.M.C.*  
Officer in medical charge of case.

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

Station *Hazley Down*

\_\_\_\_\_  
Officer in charge of Hospital.

Date *1-5-19*

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

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

July 5, 1919

#4890 Pto. Frederick Waldron,

Spaniards Cove, T.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 & C. i/c Records.



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out. On completion this Declaration is to be returned to THE OFFICER I/C

RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

Christian name... *Frederick* ... 2. Surname... *Waldon* .....

3. Rank... *Private* ..... 4. Regtl. No. ... *4890* .....

5. Address in full to which future payments of gratuity are to be forwarded.. *Spaniards Cove, Trinity Bay* .....

6. Date of enlistment in the Regiment.. *May 27 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge.....

..... *not applicable* .....

8. Relationship of such dependents... *not applicable* .....

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

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

11. Were you on active service only in Hfld. If so, give dates and particulars of such service... *not applicable* .....

12. Give total length of time which you served on active service, whether in Hfld. or Overseas... *One year and three days* .....

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

*not applicable*

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

*no*

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

*no*

16. Have you, during the present war, served in the Imperial Forces?

*no*

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

*not applicable*

18. Did you revert overseas to a rank lower than the substantive rank held by you on your arrival in England?

*no*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

*not applicable*

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

*Jan 6<sup>th</sup> 1918*

*Demobilized*

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

*Germany -*

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

*'A' no*

*'B' no*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.



Signature of Applicant: *Frederick Waldon.*  
 Place of Residence: *Spencer's Cove. Trinity Bay.*  
 Declared before me at: *St John's*  
 This *6<sup>th</sup>* day of *June* 19*19*...

*Robert Kalsay*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Legis-  
 timate, Notary Public, Justice of the  
 Peace, or Commissioner of affidavits.

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





No. *D. 585*

TRAVELLING WARRANT

*full amount.  
\$3.00*

Date *6-6-19* The Royal Newfoundland Regiment

*General*

Please issue 1st Class Passage and Meals for

No. *H890* Rank *T/4* Name *Waldon G*

From ~~ST. JOHN'S~~ To *Spaniards Cove*

*Trinity*

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

PLEASE QUOTE THIS WARRANT NUMBER  
ON STATEMENT AND MEAL CHECKS

*J. A. Shaw Capt.*  
SIGNATURE OF ISSUING OFFICER.

Demobilization Officer  
The Depot - Newfoundland

July 4, 1919

Pte. F. Waldon,  
Spaniard's Cove,  
T.B.

Dear Sir:

I enclose herewith cheque for  
\$3.00, amount of refund due you on account of  
travelling expenses, paid by you, en route to your  
home..

Yours truly,



Capt.  
Paymaster.

C.R. 4890

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of British War Medal-1914-1919.

Name *Dr. Jt. Fred Waldron*

Date *9 Oct 1919*

Place *Spaniards Cove*

C.R. 4890

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY METAL 1914-1919.

I certify that I have received an issue of 2 inches  
of Riband of Victory Medal 1914-1919.

NO. 4890. NAME. Fred. Waldron

DATE. 2/11/20.

PLACE. Spaniards Cove.

Receipt for Army Book 64

No. 4890 Name F. Waldron

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

Name F. Waldron

Date Oct 21<sup>st</sup> 1920

Place Spaniards Cove

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

2570  
2/20

M



Fold Here

---

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

***Royal Nfld. Regt.***

***Dept. of Militia,***

***ST. JOHN'S. Nfld.***

---

Fold Here

SEP 28 1921.

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

is/are forwarded herewith to

**Frederick Waldron**

in respect of his service as No. 4890 Rank Pte.

Name F. Waldron Royal Nfld. Regt.  
Royal Newfoundland Regt.

Receipt of the same should be acknowledged hereon.

Received October 27<sup>th</sup> 1921

Signature Frederick Waldron

Date Oct 27<sup>th</sup> 21

Address Spaniards Cove Trinity Bay Nfld

[P.T.O.]





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4890 Rank PLC Name Waldron J  
 Date of Enlistment 3.5.18 Address Spaniards Cove District Trinity  
 Occupation fisherman Classification for Discharge 6 Medical Category AI  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

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.
B 179c.	B 120.	M 93.		

Date 5.6.19 \_\_\_\_\_  
 \_\_\_\_\_ O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

**i. Civil Re-Establishment.**

I am \_\_\_\_\_ in a position to resume civilian occupation.

*J. Waldron*

Particulars passed to Vocational Officer for information and action.

Date \_\_\_\_\_

**2. Clothing.**

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. \$60.00

(b) Clothing Supplied \_\_\_\_\_

Date 6-6-19 \_\_\_\_\_ O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R114993.533 to his home at Forwards Cove and Release Certificate No. 2373 issued.

Date 6-6-19 J.A. Snow Capt  
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 4-7-19

Date 6-6-19 J.A. Snow Capt  
Depot Paymaster.

Discharge approved for 20-6-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P36	B 268	B 121	N.F. Med.	D.F. 1
F 178	W 3494	B 122	Board 1st	" 2
F 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 6-6-19 J.A. Snow Capt  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 20 1919 R.H. Sait Capt  
O. C. Discharge Depot.

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

Date June 11 1919 R.H. Sait Capt  
Depot Records

Reg. No. *4890* Rank *Plt* Name *Waldron F*

Attested ..... Address *Spaniard Cove*

Allotment ..... Allottee .....

Date of Allotment ..... Returned from Overseas *29-5-19*

Returned on S.S. *Corsican* Cause *Discharge*

*5-6-19*

PASSED TO DEMOBILIZATION *29-5-19*

*20-6-19*

DISCHARGE APPROVED ON DEMOBILISATION



## 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 *Waldron, Fred.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4890.*

Intended address *Spaniards Lane 20B.*

Height on discharge *5* Feet *8.*

Color of hair on discharge *Light.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks \_\_\_\_\_

Figure on discharge *Tall.*

Christian name of Father *William.*

Christian name of Mother *Elizabeth.*

Wife's maiden name in full \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Christian names of children \_\_\_\_\_

Place and date of soldier's birth *Spaniards Lane. 26 Dec. 1896.*

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) *F. Waldron*

**ST. JOHN'S.**

(Rank) *Private*

Station

Date

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, Hospital  
Unit, or Command Depot.

HEADQUARTERS

Station

Date