



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

C.R. 4303

No. 4303 Name John Wall Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? I. John Wall
2. What is your full Address? } 27 Melton Rd
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 27 Years 9 Months
5. What is your Trade or Calling? 5. Businessman
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
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 of Yes
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service } 11. Yes
to be signed by you if you are accepted?

I, John Wall 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.

John Wall SIGNATURE OF RECRUIT.

Reginald Signature of Witness.

H. 7-1-19

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, John Wall 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 John on this 7 day of Jan 1918.

W. J. L. Signature of 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 Jan 7 1918 } Approving Officer.
Place St. John's }

† 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 John. Wade
 Apparent age 27 years 9 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 Thomas. Wade
Boston Mass. | Relationship Father

Particulars as to Marriage

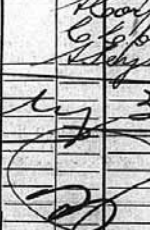
(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.
 (c) Present address. (d) Initials of Officer verifying entry.

(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 C. C. Pay		Signature of Officers certifying correctness of entries	
					Years	Days	Years	Days		
Service towards fixed engagement reckons from <u>7-1-1918</u>										
Joined at <u>St. Louis</u> on <u>January 7-1918</u>									Lt. Col. <u>6-2-18</u> Capt. <u>3-8-18</u> Co. Sgt. <u>22-4-19</u> Sgt. <u>19-5-19</u>	
<u>Discharged</u>									<u>30-1-1919</u>	
<u>Exchanged to St. Louis from to Station No. 11</u>					<u>6</u>	<u>18</u>				
<u>to receive law for demerit after 24</u>										
<u>Arrived to uniformed lands 1-7-1919</u>										
<u>Demobilization</u>									<u>St. Louis 30-7-19</u>	
Total Service forfeited as above.....										
Total Service towards Engagement to <u>30-7-19</u> (date of discharge)										
Pensions										

Reg. No. 4303 Rank Pvt 1st Name Wall, J.
Attested 7/1/18 Address 89 Military Road City
Allotment _____ Allottee _____
Date of Allotment _____ Returned from Overseas _____
Embarked for Overseas 11-6-78 Cause _____

8/1/18	Nov 1 st Dec 1878 2 nd Dec. 7 th 19.3.18 - 3 rd Dec.
6.2.18	Promoted S/c.
	H. S. 13.3.18 - 18.3.18. Retd 19.3.18
	H. S. 19.3.18 - 3.4.18 Retd. 3.4.18.

C.R. 4303

Extract from Daily Orders Part II Royal Newfoundland Regiment
Depot St. John's dated Aug. 1st 1919.

The discharge of the undernoted on demobilisation has been
CONFIRMED by officer i/c Records from noted date
30-7-19.

4303, Sgt. John Wall.

C.R. 4303

Extract from Daily Orders Part 11 Unit The Royal Wfld. Regt.
St. John's, July 19th, 1919.

The discharge of the underis ted on demobilisation has been
APPROVED by O.C. Discharge Depot with effect from 16-7-19

4303 Sgt. J. Wall.

C.R. 4303

Extract from Orders by Lt. Col. E.J. Barton, D.S.O.
COMMANDING 2ND BATTALION ROYAL NEWFOUNDLAND REGIMENT.
22/4/19.

The undermentioned N.C.O. is confirmed in rank as from
22/4/19.

4303 L/C. (A/Cpl.) J. Wall. as Corporal.

✓

C.R. 4303

Extract from D.O. Pt. II, Unit the A.Hld. Regiment
dated 19-8-19. by Lt.Col. S.J.Barton, D.S.O. Officer
Commanding 2nd. ~~Regt~~

4303 Pte. J. Wall.

The man to be A/Serjt. from to-day's date.

C.R. 4303

Extract from Daily Orders Regt. 111 Unit: The Royal Field.
Regt. St. John's, July 3rd, 1919.

8
4303 Sgt. J. Wall.

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

C.R. 4303

Extract from Daily Orders Part 11 By: Lt. Col.

H.J. Barton, D.S.O. Commanding 28th Royal Wfld. Regt.

dated 5-8-18.

4303 L/C. Wall J.

To be Acting Corporal.

C.R. 4303

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

4303 L/C T.Wall.

Embarked for Overseas with Draft 11-6-18.

C.R. 4303

Extract of Daily Orders part 11, from Unit the Royal
Newfoundland Regiment, Headquarters, dated Feb 6/18.

#4303 Pte. J. Wall.

To be Lance Corporal with effect from 6/2/18.

Extract of Daily Orders part 11, from Unit 4/1st
Roy 1 Newfoundland Regiment, Headquarters, dated
January 8, 1918.

#4303 Pte. J. Wall.

Attested for General Service with the 1st Field
Regiment, posted to H. Coy' and given Numbers as shown
with effect from January 7, 1918. (

E. J. Wall

C.R. 4303

PKC

Norm.—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* 7. Former Trade } *Woodworker*
or Occupation }
2. Regtl. No. *4303* 3. Rank. *Capt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Wall* (Surname) *John* (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos.
5. Age last birthday. *28*
6. Posted for duty on at in category (or grade)
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge:
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
(a) When (b) Where (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. 179a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

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

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

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

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

He complains of no Disability

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

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

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 ?

Repatination

20. Do you recommend—
- (a) Discharge as permanently unfit ?
- (b) Change to United Kingdom ?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.*

W.E. Proctor, Captain RMC
 Medical Officer in charge of case.

Station *Hazley Down*

Date *10/4/19*

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

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

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the N.F.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1918.

Regtl. No.	Rank	Name	Amount	Signature
4303	C/O	Hall J	\$350	Wall J.

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

Date

July 1/18

Wall J.

Wall, J

4303

Hay Sept.

July 30th 1919.

#4303, Sgt. J. Wall
87, Military Road.

Dear Sir:

Enclosed please find Discharge Certificate.

3293.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4309 Rank Sgt Name Wall J
 Intended place of residence 87 Military Rd
2. Occupation Woodworker
 Classification of soldier E Medical Category A 2
3. The above named man is discharged in consequence of
DEMOBILIZATION
Eligible for War Service Gratuity
4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUL 16 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date JUL 16 1919
 Signature of soldier
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date JUL 16 1919
 Signature of soldier
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 17-1-18 No. of days on Military
 Discharged from service JUL 16 1919 Plus 14 days Service 360

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 JUL 16 1919
 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 JUL 30 1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

As of 20 1915 29 3

The Royal Newfoundland Regiment

Class for Demobilization: —

16

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

July 15/19

Regimental No. 4303

Name

Hall, John

Address

87 Military Rd City

Present Medical Category

A1

Recommended for: (a) Immediate discharge

(b) ~~Standing Medical Board~~

Members of Board

J.R. Cooper Capt
O.C. Discharge Depot.

H. Robinson
Senior Medical Officer

Geo Burden
M.O. Depot

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 353 Rank Sergeant Name Wall
 Date of Enlistment 7-1-18 Address 57 Military St District Johns
 Occupation Woodworker Classification for Discharge E Medical Category H
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	1	N.F. Med.	D.F. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	5
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 15-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied

Date 16-7-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at 87 Military Rd. and Release Certificate No. 3667 issued.

Date 16-7-19

Ambleton
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 30-7-19

Date 16-7-19

Ambleton
Depot Paymaster.

Discharge approved for 16-7-19
Forwarded with following documents to O.C Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med.	D.F. 1	<u>2 Tam B</u>
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 17-7-19

Ambleton
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 JUL 16 1919

K.R. Cooper 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.

Signature of Man.

Signature of the Vocational Officer or his Representative.

Place

ST. JOHN'S.

Date

16-7-78

191

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

MEDICAL HISTORY

OF

Surname Wall Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish St. John's County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	9th	Jan'y 1918		191
Declared Age	27 years	9 Mos	years	days
Trade or Occupation	Wood work			
Height	5 feet	5 inches	feet	inches
Weight	135 lbs.			lbs.
Chest Measurement	Girth when fully expanded.... 34 1/2 inches			inches
	Range of Expansion... 3 1/2 inches			inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	1 Scar			
When Vaccinated				
Vision	R.E.—V= 6/4 1/2	L.E.—V= 1/5	R.E.—V=	L.E.—V=
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>L. Amundson</u>			
(Rank)	Major			
Enlisted	at	St. John's	at	
Joined on Enlistment	on	9th day of Jan'y 1918	on	day of 191
Transferred to	Corps.	Regtl. No. <u>Royal Nfld Regt 4303</u>	Corps.	Regtl. No.
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				



Descriptive Return of a Soldier Discharged on Account of Disability

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

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

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

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

Name in full *Wall, John.*

Regiment from which discharged *Royal Newfoundland*

Regimental number *4803*

Intended address *87 Military Rd. St. John's.*

Height on discharge *5* Feet *6.*

Color of hair on discharge *Brown -*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks _____

Figure on discharge *Medium*

Christian name of Father *Thomas.*

Christian name of Mother *Dead.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *Boston, Mass. Mar 13, 1892*

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) *J. Wall* (Rank) *Sgt.*

Station *ST. JOHN'S* Date *John 14th 1919*

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.



Medical Officer of Hospital, Unit, or Command Depot.

Station _____ Date _____

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

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

1. Unit and Corps *Royal Newfoundland Regt.* Former Trade or Occupation } *Wood Worker*
2. Regtl. No. *4305* 3. Rank. *Plk* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Wall* *John* (a) Former Regts. or Corps ;
(Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday. *25*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge ;
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity
(b) Where (if any)
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 n (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.
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*

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

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

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

The Complaints of no Disability

16. Was an operation performed ? If so, when and what was its nature ?
17. If not, was an operation advised and declined ?
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable ?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions ?

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

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

Repatriation
W. E. Procter *Capt. A. G. M. E.*

Station *Hazeley Down*
Date *10/24/19*

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

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes, if any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is, to be returned to THE OFFICER I/C

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

Christian name..... *John J* 2. Surname..... *Wall*

3. Rank..... *Serjeant* 4. Regtl. No. *4303*

5. Address in full to which future payments of gratuity are to be forwarded..... *87 Melton Road City*

6. Date of enlistment in the Regiment..... *January 7 1918*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
no

8. Relationship of such dependents..... *no*

9. Address in full of such dependents..... *no*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*

11. Were you on active service only in Nfld. If so, give dates and particulars of such service..... *Overseas*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *Twenty months*

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

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

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

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.
.....
.....

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?.....

19. Are you now serving in the R.S.T.?..... If not give:- (a) date of discharge..... (b) Reason for discharge.....

July 24/19

Demobilization

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

England

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

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

Signature of Applicant:

J. Wall

Place of Residence:

57 Military Road, Atz

Declared before me at:

St John's Rd

This

17 day of

July

19*19*.....

Signature of Barrister of the
Supreme Court, Stipendiary Magistrate,
Notary Public, Justice of the
Peace and Commissioner of affidavits.

John McCarthy

J.P.

POST DISCHARGE PAY.

Date paid

paid

paid

Soldier, Dependents

War Service
Gratuity.

Net amount
due

Date paid	paid	paid	War Service Gratuity.	Net amount due
.....
.....
.....

Certified correct.

Registrar

July 31st 1919.

Officer Commanding,
Discharge Depot.

Dear Sir:

The undermentioned man has been discharged
on account of demobilization on the following
date:

✓ 14303, Sgt. John wall, July 30th 1919.

Yours truly,

Acck.

Capt. & Paymaster.

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Sgt. J. Wall

Billeting Soldiers as undermentioned

from July 1st /19 to July 16th /19

4303 - Sgt. J. Wall 16 60

ACCOUNT	<u>3128</u>	INITIALS	<u>SM</u>
CH. NO.	<u>3128</u>	INITIALS	<u>SM</u>
IND. LEDGER	<u>3128</u>	INITIALS	
PAY LEDGER		INITIALS	
GEN. LEDGER	<u>60</u>	INITIALS	

Certified correct for \$ 16.60

R.J.

J. Wall
Billeting Officer.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER

\$ 140⁰⁰ -

Sept 22 1919

Received from the First Newfoundland Regiment
the sum of One hundred and Forty Dollars.
on account of Pay. W.S.G.
balance

J. Wall

Ch. No. 11458	Initials. C.W.
Pay Ledger. 76/4	Initials. C.W.
Gen. Ledger.....	Initials.....

Regtl. No. Rank

noted

No. 4³20³2

Rank. 1st

Name J. Wall

4202 Wall

Balance \$140 ⁰⁰/₁₀₀

Pr Payment of Balance
authorized, please.

CCB

for C. S.

Ad. Aug.

For P. M.

8/19/19

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Form
B 121
29.Number of Sheets OneRegiment of Royal 1st Rfls.Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay				
No.		Age on							
<u>11309</u>	<u>Wall J.</u>	<u>27</u> years <u>9</u> months		<u>Wood worker</u>	<u>6-2-18 Promoted Lance Corp.</u>				
Joined	Date	Place and Date of Enlistment		Religion	<u>acting Corporal - 3. 8. 18.</u>				
Joined	Date	Period of	with Colours	<u>R.C.</u>	<u>Confined hospital 22-4-19.</u>				
Joined	Date				with Reserve	Place of Birth	<u>acting Sergeant - 19-5-19</u>		
Joined	Date								
Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Hayles Down Camp</u>	<u>5-10-18.</u>	<u>Capt.</u>		<u>Absent from duty</u> <u>5-10-18 to Newcastle 6-10-18.</u>	<u>Capt. Brown</u>	<u>Admonished</u>		<u>Major. March. M.C.</u>	<u>Infringed by</u> <u>S.W. J.M.B.</u>
				<u>Demobilized at John's,</u>	<u>30/19</u>				

To be carried over

The Royal Newfoundland Regiment

DEMOLIBIZATION OF

Reg. No. 14303 Rank: Sergeant Name: Wall, J
 Date of Enlistment: 7-1-18 Address: 27 Military Rd District: St. John's
 Occupation: Woodworker Classification for Discharge: Ex Medical Category: 1
 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	5
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: 12-7-19 O. C. Discharge Depot: J. M. Smith

PARTICULARS FOR DEMOLIBIZATION

1. Civil Re-Establishment.

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

J. Wall

Particulars passed to Vocational Officer for information and action.

Date: 16-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable: \$60.00
- (b) Clothing Supplied: None

John B. Smith

Date: 16-7-19 O i/c. Re-clothing:

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at 87 Military Rd. and Release Certificate No. 3667 issued.

Date 16-7-19

Amel Court
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 _____

Date 16-7-19

Depot Paymaster.

Discharge approved for 16-7-19

Forwarded with following documents to O.C Discharge Depot.

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

Date 17-7-19

Amel Court
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 JUL 19 1919

N.R. Cooper Capt
O. C. Discharge Depot

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

Date July 28/19

Reg. No. 4303 Rank. Sgt Name. Wall, Jr.

Attested Address. St Johns

Allotment Allottee

Date of Allotment Returned from Overseas JUL 1 1919

Returned on S S. Cassandra Cause. Discharge

157 19
167 19

PASSED TO DEMOBILIZATION OFFICER

DISCHARGE APPROVED ON DEMOBILISATION

49a Maywood St,
Roxbury, Mass., U.S.A.
Dec. 14, 1929.

Colonial Secretary,
St. John's
Newfoundland.
Dear Sir,

I am writing to ask, for a
copy of my husband's army discharge
and war record, He died in Boston
May 2, 1929.

I can't find his discharge and would
like very much to have a copy of it
I inquired at the Newfoundland information
bureau, and the young man there told
me to write you and you would send
all information.

Would you also be kind enough to
tell me is there any pension or
such coming to my children or
myself his widow.

My husband's name was John J. Wall
and lived on Military Rd. St. John's.
Thanking you for your kindness and trouble
I remain yours respectful
Miss John J. Wall..

3709 of 4303

DEPARTMENT OF



THE COLONIAL SECRETARY
ST JOHN'S, NEWFOUNDLAND

January 2, 1930.

Sir,

I beg to forward herewith letter under date 14th
ultimo, from Mrs. John J. Wall, of Roxbury, Mass., asking
for a copy of her husband's Army Discharge and war record.
I presume that this is amongst your files, and shall be glad
if you will kindly look it up and send direct to Mrs. Wall
the information she desires.

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

Deputy Colonial Secretary.

J.M. Howley, Esq.,
Militia Archivist,
General Post Office,
City.

J.

Office of the Archivist for Military Records.,

P.).Box 671

February 19th.1950.

Mrs John Wall ,
49A Maynard Street,
Roxbury,Mass.

Dear Madam:-

Referring to your letter of December 14th.1929,to the Colonial Secretary,I enclose certificate of your late husband's service with the Royal Newfoundland Regiment. This is the only certificate I can issue,as it is provided in the King's Regulations,that duplicate discharge certificate cannot be issued.

In the matter of pension,I would refer you to the Secretary Board of Pensions Commissioners,St.John's,who will give you the required information regarding same.

Yours truly,

Archivist.