



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 4107 Name Arthur Wells Corps C.O.E.

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

1. What is your name? ..... I. ....
2. What is your full Address? ..... } 2. ....
3. Are you a British Subject? ..... 3. ....
4. What is your age? ..... 4. .... Years 11 Months
5. What is your Trade or Calling? ..... 5. ....
6. Are you Married? ..... 6. ....
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. ....
8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. ....
9. Are you willing to be enlisted for General Service? ..... } 9. ....
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? ..... } II. ....

I ..... 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.

.....SIGNATURE OF RECRUIT.

.....Signature of Witness.

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

I ..... 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.....day of.....191

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.....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).....





# FIRST NEWFOUNDLAND REGIMENT

4107

## ATTESTATION OF

No. 4107 Name Robert Wells Corps Co. E.

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

1. What is your name? ..... 1. Robert Wells .....
2. What is your full Address? ..... 2. Salinas, St. John's .....
3. Are you a British Subject? ..... 3. Yes .....
4. What is your age? ..... 4. 32 Years 11 Months .....
5. What is your Trade or Calling? ..... 5. Fireman .....
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, Robert Wells ..... 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.

Robert Wells ..... SIGNATURE OF RECRUIT.  
..... Signature of Witness.

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

I, Robert Wells ..... 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..... day of..... 1917

Signature of Attesting Officer St. John's .....

### †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..... 1917 ..... } 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 Robert Smith  
 Apparent age 23 years 11 months. Height 5 feet 6 inches  
 Chest Measurement { Girth when fully expanded 36 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

### INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mrs. Sarah Carter  
Loc. Merchant Rd. St. John's | Relationship Sister  
 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>13-11-17</u>									
Joined at <u>St. John's</u> on <u>November 13-17</u>									
				<u>Embarked St. John's St. Michael's</u>	<u>11-12-17</u>				
				<u>Embarked for 136</u>	<u>25-5-18</u>			<u>Disembarked France</u>	<u>27 5/18</u>
				<u>Joined 136</u>	<u>31-5-18</u>				
				<u>Killed in Action</u>				<u>29-9-18</u>	
Total Service forfeited as above.....									

Total Service towards Engagement to 29-9-18 (date of discharge) \_\_\_\_\_ years 321 days  
 " " Pensions " \_\_\_\_\_ " \_\_\_\_\_ " \_\_\_\_\_ "

C.R. 4107

Mrs Arnold Ewing  
52 Barnes Rd  
City

Eldes<sup>t</sup> sister  
of 4107 Rob<sup>r</sup>  
Wells

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Despatching  
Office  
Stamp



No. 87

From Military Dept

Registered Letter Addressed C.R. 4107

Miss Arnold Strong

52, Begum's Road  
Meehan

Arrival  
Office  
Stamp

Received by.....

Reg. No. H107 Rank O/Li Name Wells R.  
 Attested 13-11-17 Address Palways B. Bay.  
 Allotment 604 Allottee Mrs. Louis Wells Leiti  
 Date of Allotment 1-12-17 Returned from Overseas \_\_\_\_\_  
 Embarked for Overseas 11/12/17 Cause \_\_\_\_\_

Leave 1<sup>st</sup> 16-11-17 2<sup>nd</sup> 21-11-17 3<sup>rd</sup> 7-12-17 Vac 10-12-17  
 H.L. 25-11-17 to 2-12-17 Relea 3-12-17

No. 4107 Name Re Wells R Sqn., Batty., or Company A Corps Royal Newfld Date of enlistment 13.11.17 S.C. Badges }  
 Date of last entry in Company Conduct Sheet } No. and date of last drunk } Period not reckoning towards freedom from extra fine } Sheet No. } Signature O.C. Company, etc. } Service or Proficiency Pay } Character }

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
						Killed			

ARMY FORM B. 122



Oct. 18th 18

Dear Miss Wells:

I regret to inform you that a report has been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 4107, Private Robert Wells

has been posted as killed in action on Sept. 29th

Should any further information be received concerning him, the same will be at once communicated to you.

Yours faithfully,

Miss Louise Wells  
9 Young Street

Minister of Militia.

C.R. 4107

Oct 18th 1918

Rev. J. Brinton,  
Clergy House  
Cathedral Rectory

Rev. & Dear Sir:-

I regret to inform you that a report has been received from the Record Office, of the Royal Newfoundland Regiment, London to the effect that No. 4107, Private Robert Wells was killed in action Sept. 29th. Please inform the next of kin which is Miss Louise Wells, sister, 9 Young Street.

yours faithfully,

Minister of Militia.

NEWFOUNDLAND CONTINGENT C.R. 4107

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Extract of Nominal Roll of Draft No. 48, - 100 Other Ranks from 2nd. Batta  
Det., Winchester, to 1st. Batta., The Royal Newfoundland Regiment, B.M.F.  
Embarked Folkestone, 28/8/18.

4107 Pte. R. Wells.

A.P. B. 108 (one for  
each soldier) sent to 2  
3rd. Batta., B.E.F.

C.R. 4107

Extract from Nominal Roll of Rfld. Regt. Draft No. 46  
from 3rd Bn. Depot, to 1st Bn. D.M.F. Embarked Folkestone  
25-5-18.

4107 Pte. R. Wells.

C.R. 4107

Extract of Nominal Roll Draft. (All Ranks) to 1st  
Bn. B.E.F. Embarked ~~at~~ Folkestone.

4107 Pte. R. Wells.

25-5-18.

C.R. 4107

Extract from Nominal Roll Embarked St. John's for Overseas,  
per S.S. "Florizel" Dec. 11, 1917.

#4107 Pte. R. Wells.

C.R! 4107

Extract from Daily Orders Part 11 Unit The Royal  
Hfld. Regt., St. John's, Nov. 14th, 1917.

4107 R. Wells.

Attested for General Service with the 1st Hfld. Regt.  
on Nov. 13th posted to G. Coy, and assigned number as  
shown.

R Wells

C.R.

4107

~~PRD~~



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

# MEDICAL HISTORY

OF

Surname Wells Christian Name R. O. L.

Table I.—GENERAL TABLE.

Birthplace:—Parish Salway B.D. County Nfld.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on 13 <sup>th</sup> day of Nov 1917	at St. Johns.	on day of 191	at
Declared Age	22 years 11 days		years	days
Trade or Occupation	Fisherman			
Height	5 feet 6 inches		feet	inches
Weight	140 lbs.			lbs.
Chest Measurement	Girth when fully expanded...	36½ inches		inches
	Range of Expansion..	3½ inches		inches
Physical Development				
Vaccination Marks	Arm	1 Scar		
	Number			
When Vaccinated				
Vision	R. E.—V=	6/6	R. E.—V=	
	L. E.—V=	6/6	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>L. M. Patterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at St. Johns.		at	
	on 13 <sup>th</sup> day of Nov 1917		on day of 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1 <sup>st</sup> Nfld Regt	4107		
Became non-effective by	on day of 191		on day of 191	
[Signature]				
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations 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
10-12-17	/ acc 2P.
16-11-17	/ A.B. 2P
21-11-17	/ 2 2P
7-12-17	/ 3 2P

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





1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Robert Wells, Regl. No. 4107

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
Dollars and 60 Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz.:

Allotment begins December 1<sup>st</sup> 1917

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3257	Sister	Miss Louis Wells	Salvage. B.B.	60
Total Allotment, \$				60

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.) [Signature]  
Officer Commanding  
9. Company  
[Signature]  
1917

(Sig.) Robert Wells  
(Rank) Pte

# FIELD SERVICE.

Army Form B. 2090A.

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

REGIMENT  
OR CORPS

1st Newfoundland Coy

Squadron, Troop,  
Battery or Company

Regimental No.

4107

Rank

Private

Surname

Wells.

Christian Names

R.

Died

Date

29-9-18.

Place

France or Belgium.

Cause of Death\*

Killed in Action

Nature and Date of Report

B 213 4/6-10-18.

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

12 OCT 1918

Signature of Officer in charge of Section  
Adjutant-General's Office at the Base

*[Signature]*

Lt Col, R.A.

Q. i/c No 1 Infantry Section.

G.H.Q., 3rd. Echelon.



NEWFOUNDLAND CONTINGENT		
TO	NO.	DATE
M. OF M.	21445/214	10/28/18
O.C. 1ST. BN.		
O.C. 2ND. BN.		

Wells, L.

4107

Hay Sept.

ORIGINAL

Army Form O. 1625.

PAY LIST to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment of corps ROYAL NEWFOUNDLAND REGIMENT.
No. 4107 Rank Private Name Wells R.
Died Intestate at France on the 29 of September 1918.
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 I.

Table with columns: Date, Dr., £, s., d., Cr., £, s., d. Rows include Balance Dr. last month, Cash issues, Consolidated stoppage, and Balance due by the Paymaster.

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

CHECKED. P.S.A. 30 APR 1919

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 . Chief Paymaster & Officer in Charge 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.

ORIGINAL

Army Form O. 1423

PAY LIST

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment of corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 4107

Rank Private

Name Wells R.

Died (Intestate)

at France

on the 29 of September

1918

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 ...29/9/18.....	4	16	8	
	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	4	16	8	Balance due to the Paymaster .....				
		£	4	16		£	4	16	8

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

CHECKED P.S.A. 30 APR 1919

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 4 16 8 in VICTORIA is correctly chargeable to the NEWFOUNDLAND CONTINGENT.

Dated at

this

30 APR 1919

191

Chief Paymaster & Officer

- (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 R. 2090 or Army Form O. 1815.
- (b) Words in Italian to be struck out when there is no debtor balance.



**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.



REGIMENT } 1st Newfoundland Regt. Squadron, Troop, }  
OR CORPS } Battery or Company }

Regimental No. 4107 Rank Private

Surname Wells. Christian Names R.

Date 29-9-18. Place France or Belgium.

Died { Cause of Death\* Killed in Action

Nature and Date of Report B 213 d/6-10-18.

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 } 12 OCT 1918

Signature of Officer in charge of Section } [Signature] Lt. Col., R.A.  
Adjutant-General's Office at the Base }

O. i/c No 1 Infantry Section.  
G.H.Q., 3rd. Echelon.

In replying the date of this  
letter should be quoted

B.



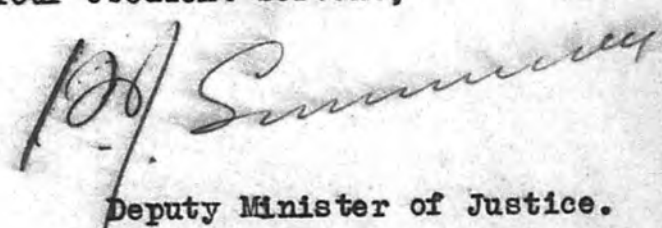
October 10, 1919.


Sir:

As the estate of Robert Wells, #4107,  
consists only of the amount due from the Pay &  
Record Office, I have the honour to authorize you  
to pay that amount to the persons hereinafter  
named:

\$8.20 to Mrs. Sarah Porter, 40 Pleasant Street.  
\$8.20 " Mrs. Sophia Ewing, 52 Barnes' Road.  
\$8.21 " Louisa Wells, 9 Young Street.

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

  
Deputy Minister of Justice.

  
Major J. M. Howley,  
Pay & Record Office.



October 23, 1919

Mrs. Louise Wells,  
9, Young Street,  
City.

Dear Madam:

I enclose herewith  
cheque for \$8.21, balance of estate of  
late Pte. R. Wells.

Yours truly,

Major  
PAYMASTER & O i/c RECORDS

LN-  
Enc. 1

October 27, 1919.

Mrs. Sarah Porter,  
40, Pleasant Street,  
City.

Dear Madam:

I enclose cheque for \$8.20  
balance of estate of late Pte. R. Wells &

Yours truly,

Major  
Paymaster

LM-  
Enc.


Oct. 23rd, 1919.

Mrs. Sophia Ewing.  
52 Barnes Road.

Dear Madam,-

I enclose herewith cheque for \$8.20  
being the amount due you a/c Estate of the late  
Pte. R. Wells.

Yours faithfully,

  
Major,  
Paymaster & O.i/c Records.

Enclosure 1.

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 8<sup>21</sup>

Oct 14 19 19

Received from the First Newfoundland Regiment  
the sum of Eight 21 Dollars.  
~~an account~~ of Pay. Estate.  
balance

Ch. No. <u>14738</u>	Initials. <u>TCW</u>
Pay Ledger <u>33</u>	Initials. <u>WR</u>
Gen. Ledger.....	Initials.....

Regtl. No. .... Rank .....

No. 4107

Rank

Pt

Name

R. Wells

Old Lusa Wells

9 Young Street



# DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

## PAY VOUCHER.

\$ 8.20

Oct 14 19 19

Received from the First Newfoundland Regiment

the sum of Eight <sup>20</sup> Dollars.

~~on account~~  
balance of Pay. Estat.

Ch. No. 14740	Initials... CW
Pay Ledger, 33	Initials... CW
Gen. Ledger.....	Initials.....

Regtl. No.  Rank .....

No. 4107

Rank

Pt

Name

R Wells

Per Mrs Sarah Porter

40 Pleasant Street

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$  $8 \frac{20}{100}$

Oct 14 19 19

Received from the First Newfoundland Regiment  
the sum of Eight  $\frac{20}{100}$  Dollars.  
on account of Pay. Estate  
balance

Ch. No.	14739	Initials	Red
Pay Ledger	33	Initials	Wm
Gen. Ledger		Initials	

Regtl. No. A.C.R. Rank

No. 4107

Rank

Pt

Name

P. Weir.

Care of Mrs. Sophia Ewing  
52 Barnes Rd

JUL 3 1917  
2:31 PM  
Nfld.

TO THE  
WAR MEMORIAL

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,  
DEPARTMENT OF MILITIA,  
ST. JOHN'S, Nfld.

1072

539427 4/107

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

Mrs A J. Downing 52 Barnes road

(2249) Wt 21551/AP6599 10/19 900M (20) St.



FIELD SERVICE.

C.R. 4107  
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.

# 1st Newfoundland Regt

REGIMENT } \_\_\_\_\_ Squadron, Troop, }  
OR CORPS } \_\_\_\_\_ Battery or Company } \_\_\_\_\_

Regimental No. 4107 Rank Private

Surname Wells. Christian Names R.

Died { Date 29-9-18. Place France or Belgium.

Cause of Death\* Killed in Action

Nature and Date of Report B 213 d/6-10-18.

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 #1) 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 } 12 OCT 1918 Signature of Officer in charge of Section } [Signature]  
Adjutant-General's Office at the Base } for Lt. Col., R.A.

O. i/c No 1 Infantry Section.  
G.H.Q., 3rd. Echelon.

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms  
B 121.  
39.

Regiment of

*1<sup>st</sup> Newfoundland*

Number of Sheets

*8/11*

Signature of O. C. Company

*W. H. V. M.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay	
No.	<i>Wells Robert.</i>	Age on	<i>22</i> years <i>11</i> months	<i>Sikhiana</i>		
Joined		Date	Place and Date of Enlistment	Religion		
Joined		Date		<i>St John's</i> <i>13-1-17</i>		<i>C of E.</i>
Joined		Date	Period of	with Colours <i>321</i> years. with Reserve <i>365</i> years.		Place of Birth
Joined		Date				Place of Birth

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>1 Killed in Action 29/18</i>					

To be carried over