Recruiting Form A, 1914. MEDICAL OCCUPATION REPORT

Hirst Newfoundland Regiment

ATTESTATION PAPER

| Regimental No. 744 |
|--|
| Name in full Bothon bright Age 25 |
| Address Bonne Bay |
| Morrisch Height Weight |
| Single Color Faus Hair Golden Eyes Ray |
| Other distinguishing marks |
| Nearest relative /we Samuel White (hosky) |
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| Address Show I Woolly - John Oo |
| Dependents for the format of t |
| Occupation Composition Present Wage \$ 200 for day. |
| Previous service |
| Decorations 1 12 |
| General Remarks |
| Date of Enlistment Vay 29: 1915 |
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| If I brille ")! |
| 3. Could be the state of the Majory and that I will |
| mise and swear that I will be faithful and bear the allegiance to His Majesty, and that I will faithfull serve His Majesty in any place where I may be needed (or in the Colonylof |
| Newfoundland as the case may be), against all His enemies and opposers what soever ac- |
| cording to the condition of my service |
| 1 3 ? . Misli |
| |
| Declared before me his 5' day |
| of July 1985 |
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| hillapelass - |

DESCRIPTIVE REPORT ON ENLISTMENT.
(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

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|-----------------------|-------------------|---------------|---------------------------------------|---|-----------------|----------------|------------|--|---|----------------------------|-------------------------------------|------------|---------------------------|
| Apparen | t age_ | 25 | year | rs | n | nonths | | Height | | 1 | eet | | _inches |
| Chest m | easure | ement | 4 | | fully expansion | | ed | _inches | _inch | es. | | | |
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| | (a) | | 7-1951 | | . (b) | | | (c) | | | | (d) | |
| | | | | | Partici | ılars a | s to Chil | dren. | | | randa de Ad Orial | | |
| | Chris | tian Nam | ies | | | | 1-11/1-12 | Date and | Place | of Birth | Z IE | 7 5.4 | - 4, 9 |
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| | 100 | Promot Ca: | | actions, | | | THE | Servi allowedt for fixi rate of | ce not to reckon | not alle | owed to towards . Pay | certifying | e of Office correctner |
| ch served | Depot | Ca | ions, Redu sualties, & | uctions, | Army | | Dates | Servi allowedt for fixi rate of | ce not to reckon ing the Pension | not alle reckon G. C | owed to towards . Pay | certifying | correctne |
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| Service to Joined at. | or Depot | mited eng | ions, Redu sualties, & | reckons | Army Rank | 9/1/1 THORY | Dates 15 | Serviallowedt for fixir rate of years | ce not to reckon ing the Pension days | not all reckon G. C years | owed to towards ; Pay days | certifying | correctneentries. |
| Service to | or Depot | mited eng | ions, Redu sualties, & | on Desiring the second | Army Rank | 9/1/1 THORY | Dates 15 | Serviallowedt for fixir rate of years | ce not to reckon ing the Pension days | not all reckon G. C years | owed to towards ; Pay days | certifying | 1 |

DESCRIPTIVE REPORT ON ENLISTMENT.
(To correspond with Entries on the Medical History Sheet.)
Applicable to all ranks.

Regello-944

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| (a) | (b) | | . (c) | | (d) |
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| | | | years earys | years early | |
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| oined at St. John's on | 34/16 | • | 4 | | |
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a high C.R. 944 Prho.

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

MEDICAL HISTORY

Surname Wight

Christian Name arthur

Table 1.—GENERAL TABLE.

| Birthplace:—Parish | | County | | |
|--|--------------------------|------------------|-----------|------------------|
| | SPECIAL RE | | REGULAI | R ARMY. |
| | on 28 day of | Q_ 1915. | on day of | 191 |
| Examined | at St Johns. | Jan 16. | at | |
| Declared Age | 25. years Carpenter | days | years | days |
| Height | 5 feet | 4 inches | feet | |
| Weight | leet | 130 lbs. | leet | inches |
| Chest (Girth when fully expanded | | .32 inches | | lbs. |
| Measure- ment Range of expansion | | 35½ inches | | inches |
| Physical Development | | | | |
| Vaccination Marks Arm | Right | Left | Right | Left. |
| (Sumber, | | | | |
| When-Vaccinated | neve | ٤٠ | | Manager 1 |
| Vision | R.EV = 9/6 $L.EV = 6/26$ | , | R.E.—V== | |
| | (a) | | (a) | |
| (a) Marks indicating congenital peculi- arities or previous disease | | | | |
| | | | 7 | |
| (| (b) | | (b) | 16 |
| (b) Slight defects but not sufficient to Cause Rejection | | | | |
| | 2 1 | -, | | |
| Approved by (Signature) | Cheny Man | pherson | L.P. | |
| (Rank) | - | Medical Officer. | | Medical Officer. |
| | | Medical Officer. | | modicar Officer. |
| Enlisted | at St Johns. | 2 | at | f 191 |
| | on 24 day of Corps. | Regtl. No. | on day of | . Regtl. No. |
| Joined on Enlistment | 12 Major Regt. | gut | | |
| Transferred to | | | | |
| Recame non-effective by | | | | Section 2 |
| | | | | |
| | on day of | 191 | on day o | f 191 |
| (Signature) | | | | |
| (Rank) | | | | [Р.т.о. |

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 |
|--------|---------------------------------|
| - | |
| 27,415 | Vas. Fit for foreign Service |
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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 |
|-------|--|--------------------------------------|--|----------------------|--------------------------------------|---|
| Si: 8 | shus nyed | Jany 29-15 | 20 MAR 191 | | | |
| T. 5. | "Stephano" | 20 MAR 191 | 5 22 MAR 1 | 915 | | |
| T.S. | " Ordina" | 22 MAR 191 | 30 mar. 45 | | | |
| Edin | ohns njed "Stephano" "Ordeina" burgh Castle | 30 mar.15 | | | | |
| | | 3-12-62 | | | | |
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REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

| REGIMENT or CORPS | roundland Regt. | Squadron, Froop, Battery or Company | | D Company |
|---|--|--|------------|-------------------------------------|
| Regtl. No. 944 | Rank Privat | 9 | | 9 |
| Name Wight, A. | | | | |
| Date June 28th | , 1916. | / | | • |
| Died Place France. | | | | |
| Cause of Death • K: | illed in Action. | | | |
| * Specially state if killed in action, or dexpo | ied from wounds received in action sure while on military duty, or from | or from illness due to injury while on military | field open | ations or to fatigue, privation, or |
| | (a) in Pay Book (Army | Book 64) | Not t | o hand. |
| State whether he leaves a will or not | (b) in Small Book (if a | t Base) | Not t | o hand. |
| | (c) as a separate docur | nent | Not to | o hand. |

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 Paymaster at the Base (see Field Service Regulations, Part II.), 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.

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

Capt. for Lt. Col.,

Officer i/c Infantry Records, 3rd . Echelon, B.E.F.

Station and Date 3rd. Robelon, 10/7/16.

FIELD SERVICE.



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

| REGIMENT or CORPS | Squadron, Troop, Batter or Company | 7 3 .Socretary |
|--|---|---|
| Regtl. No. 944 | * Rank Private | |
| Name wight, A. | | |
| Date June 29t | bee 1216e | <u> </u> |
| Died Place Prenoe | | |
| Cause of Death | Filled in Action | |
| * Specially state if killed in action, a | dled from wounds received in action, or from illness deposure while on callitary duty, or from injury while on mili | to field operations or to fatigue, privation, or tary duty. |
| | (a) in Pay Book (Army Book 64) | Not to hand. |
| State whether he leaves a will or not | (b) in Small Book (if at Base) | Not to bands. |
| | (c) as a separate document | Hot to benda |

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.

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Signature of Officer in charge of Section Adjutant-General's Office at the Base Capt. for Lt. Col.,

Station and Date Scholon, 10///10.

(4 11 3) H W V 100,000 8/14

Forms B, 103

| Place | Date of offence | Rank | Cases of drunken- ness | Offence | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial. | By whom awarded | Remarks |
|-------|-----------------|------|------------------------------|---------|--------------------|--------------------|--|--|-----------------|
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| | | ne s | | | | | | | |
| | | | | | | | | Mary Control | [P.T.O. |

Nº 864

concerned, viz.:

Identity Certificate other Relative or No. Priend



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

hereby agree, until further notification by me, and in similar official form to make an Allotment of

to, and for the benefit of the undermentioned Person and Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons

Dollars and

3 mother/ Manne white

NAME (in full)

, Regl. No 244

AMOUNT (each person)

Cents, per diem, from my Pay,

ADDRESS

| signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE.— This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | | | | TO S |
|---|---|------------------------|--|-------------------------|-------------------|-----------------------------------|---------------------------------|------|
| TE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | TE.— This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | | | | |
| TE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE.— This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | | 11.2 | | |
| TE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE.— This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | - | | 1177 | | | | |
| FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE.— This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | X | | | | |
| FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | | | V () | |
| FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | 6.02.5 | | | |
| FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | | | | |
| FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE. This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | | | | |
| FE This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | FE. This form must be completed by the Officer Commanding Company, signed by the Volunteer, coun signed by the Officer Commanding Company and handed to the Paymaster as authority to make required payments on application. | | | | | | | 200 |
| | Sigarthy Wight | E. This form i | must be completed | l by the Officer Co | mmanding Comp | any, signed by | the Volunteer. | coun |
| Officer Commanding | | signed by trequired pa | the Officer Commityments on applications | anding Company station. | ind handed to the | any, signed by the Paymaster a | the Volunteer, s authority to n | nake |
| Officer Commanding Company (Rank) Private | Company Rank Murate | signed by trequired pa | the Officer Commityments on applications | anding Company station. | ind handed to the | any, signed by the Paymaster a | the Volunteer, s authority to n | nake |
| The source of the second | The son | signed by trequired pa | the Officer Commityments on applications | anding Company ation. | ind handed to the | any, signed by the Paymaster a | the Volunteer, s authority to n | nake |
| Officer Commanding Company Rank Private Rank Private | The son | signed by trequired pa | the Officer Commityments on applications | anding Company ation. | ind handed to the | any, signed by the Paymaster a | the Volunteer, s authority to n | nake |

NON-EFFECTIVE ACCOUNT.

Regiment or corps

on the 28

191

Deserted at

No. gefel

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company.

| | ST. | ATE | V B | NT | OF ACCOUNT. | [For | m 1. |
|------|------------------------------|-----|-----|-----|--|------|---------|
| Date | Dr. | £ | 8. | d. | Or. | e s | . d. |
| | Balance Dr. last month | | 10 | 2 | Balance Or. last month 12 heart 1. Pay days at from 5 to 71 he from 5 to 71 he from 5 to 71 he from 5 to 72 he from 12 he from 14 he from 15 to 72 he from 15 to 73 he from 15 he from 1 | 6 . | 9 1 2 5 |
| | Balance due by the Paymaster | 10 | 181 | 43. | Deferred Pay or Gratuity | 7 | , 2 |

| I | hereby | Certify | that | the | above | account | is | correct | in | every | particular, | and that | the |
|-----------|----------|---------|------|-----|--------|-----------|------|----------|------|-------|-------------|----------|-----|
| debtor be | alance o | f £ | | i | correc | tly charg | eabi | le again | st t | he Pu | tlic(b). | | |

Dated at

day of

191

Paymaster.

(a) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Italies to be struck out when these is no debtor balance.

Wight, A. Lay Well.

Castalty Form—Active Service. Regiment or Corps Newfoundland Regimental No. 944 Rank Pts Name Newform (a) 1998 Enlisted (a) 29/116 Terms of Service (a) 600 Kean Service reckons from (a) 1998 Date of promotion to present rank to lance rank roll of N.C.Os.

Extended Qualification (b) Re-engaged 15.8-15 Qualification (b) Report Record of promotions, reductions, transfers, casualties, etc., during active service, as Remarks taken from Army Form B. 218, Army Form A. 36, or other official documents. reported on Army Form B. 213, Army Form Place Date From whom A. 36, or in other official documents. The Date received authority to be quoted in each case. Embrid St John Nfla 20-2-15 Lisembled alexandria 1.0.15 Emble of for Julipole 13.9.15 Endska Pt Sug 14.3.16 Himbha Marseilles 22.3.16 28.6.16 Unit Bomb Was France 28.6.16 6 1/2 Infantly decord 9.7.2 8.7.16

FIELD SERVICE.

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.

| REGIM or CORE | 18t Newlo | undland Regiment | Squadron, Troop, Battery or Company | D Company |
|---------------------|------------------------------------|---|--|---|
| Regtl. N | To. 944 | Rank Private | | |
| Name_ | Wight, A. | | | THE STREET |
| (I | lateJune_28 | th, 1916. | | |
| Died P | lace France. | | | |
| l c | ause of Death • K1 | lled in action. | | |
| 1 | Nature and Date of | Report | | |
| I | By whom made | 0.G., Unit. | | |
| * Specially | state if killed in action, or expe | lied from wounds received in actionsure while on military duty, or from | n, or from illness due injury while on milita | to field operations or to fatigue, privation, or ry duty. |
| (| Place | | | |
| Burial | Date | | | |
| | By whom reported | ı | | |
| | (| (a) in Pay Book (Arm | y Book 64) | Not to hand. |
| | hether he leaves l or not | (b) in Small Book (if | at Base) | Not to hand. |
| | | (c) as a separate docu | iment | Not to hand. |
| | All private documen | ts and effects received | from the front | t or hospital, as well as the Pay |

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.

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

Capt. for Lt.Col..

Officer 1/c Infantry Records, 3rd Echelon, B.E.F.

Station and Date 3rd Echelon, 10/7/16.

1916. Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

lst Newfoundland

No. 944

Deserted at

Rank Private

Died (a) Intestate

France

Name A. Wight. on the 28th of June

on the of1916 . 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,

| | ST | ATE | ME | T | OF ACCOUNT. [Form 1. |
|------|------------------------------|-----|----|----|---|
| Date | Dr. | £ | 8. | d. | Or. 2 8. d. |
| | Balance Dr. last month | 1 4 | 10 | 8 | Balance Cr. last month 12th. Max. 16 6 9 Pay 47 days at \$10 from 3/501/7/6 \$51 Proficiency, Service or good conduct pay days at from to Messing allowance days at from to Mit allowance days at from to This account is in account at in profice to the from the f |
| | Balance due by the Paymaster | 10 | 14 | 5 | Balance due to the Paymaster |
| | £ | 17 | 1 | 6 | £17 1 6 |

hereby Certify that the above account is correct in every particular, and that the is correctly chargeable against the Public (5).

58, VICTORIA 87.
LONDON, S. W.
2 3 NOV 1916 of

191

Paymasier.

, or whether he left a Will. In the latter case the Will should be annexed h Army Form B. 2090 or Army Form O. 1815.

Commanding Squadron, Troop,

MONORPHOUNT ACCOUNT

Regiment or corps

Died (a) Intesta te

1st Newfoundland

No. 944

Rank Private

Name A. Wight.

France

on the 28th of June

Balance due to the Paymaster

1916 .

Deserted at

on the

191

I Certify to the correctness of above in every particular.

Battery or Company. STATEMENT ACCOUNT. Form 1. Dr. Date d. 8. 8. d. Balance Dr. last month Balance Cr. last month 12th May .. 16 Pay 47 days at \$110 from 13/5to 1/7/16 Cash issues 10 12 (Date of each issue to be stated) Proficiency, Service or good conduct pay days at from___ Egypt 21 2 1916 Messing allowance days at 13 3 10 from to Kit allowance 10 Amount produced by the sale of Effects from llotment Form 2 4 16 47 days @ 50c. \$2350 Amount of Savings Bank balance, including Consolidated stoppage interest (if no balance, to be so stated) Deferred Pay or Gratuity

I hereby Certify that the above account is correct in every particular, and that the 58, VICTORIA BT is correctly chargeable against the Public (6).

LONDON, S. W.

Paymasier.

217

1

ed intestate, or whether he left a Will. In the latter case the Will should be annexed at Office with Army Form B. 2090 or Army Form O. 1815.

when there is no delter internet.

Balance due by the Paymaster 10 14

£17

This account is in accordance with information received at the Pay & Record Office to 2%N/ and is therefore subject to amend-ment if, and as may be found necessary.

Nº 863

This is to Certify that:

(Relation or otherwise) mother
by arthur Det Wicht

(Name*) The annie Det Wight (Address) Shore Brook, Sonne Bay



1ST NEWFOUNDLAND REGIMENT

IDENTITY CERTIFICATE

is the person nominated

Rank Private Regl. No 944

om K No 864 dated march 3rd 1015

| NOTE — Allotments will be payable at the Regimental Pay Department Dible, on and after the 7th day of the month that for which Pay is due. On Week Days than 11 a.m. to p.m. and 2.30 to 4 p.m.; Saturdays, 11 a.m. Payments can only be made on production of this Certificated Specimen Signature Witness to) Signature | Allote |
|--|--------------------|
| MAR - 3 1915 NOTE.—Allotments will be payable at the Regimental Pay Department Office, on and after the 7th day of the month that for which Pay is due. On Week Days town 11 a.m. 10 p.m. and 2.30 to 4 p.m.; Saturdays, 11 a.m. Payments can only be made on production of this Certificate Specimen Signature Witness to Signature Office Paid Amount Payee's Signature Date Paid Amount Payee's Signature Date Paid Amount Payee's Signature Story 17 00 Story 15 50 Payee's Signature | follow |
| NOTE —Alloments will be payable at the Regimental Pay Department Office, on and after the 7th day of the month that for which Pay is due. On Week Days tomil II a.m. to p.m. and 2.50 to 4 p.m.; Saturdays, 11 a.m. Payments can only be made on production of this Certificate Specimen Signature Specimen Signature of Allotee Payee's Signature Date Paid Amount Payee's Signature Date Paid Amount Payee's Signature Stab h 15 50 | follow |
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Secretary, Board of Pension Commissioners, 0 i t y.

Dear Sir.

Re #944, Pte. Arthur Wight

Referring to your letter of Jan.14/'19
I beg to state that the amount paid in continuance
of this soldier's allotment is \$458.50 (Four
hundred and fifty-eight sollars and fifty cents)

Zours truly,

Paymaster.

May 9th. 1918. Semuel Wight, Esq. Shoal Brook. Bonne Bay. Dear Sir .-I emclose herewith cheque for \$55.87. being the balance of the Latate of the late No. 944. Private A. Wight, payable to you as Administrator. I also enclose Letters of Administration. Yours faithfully. Cant. & Paymester & Officer i/c hecord.s. Encl. 2. J/H.

Bonne Day Hour 1919 spoulbrock QHH 5221 Dear sie i think i am intitled to some thing as my son give his life a cansome for his king and countary and for this great peace wich has come to all of us i am twould that he gave the life mobiley for his hing and Countary i have one son that can wark another who, has been a envelaid last Win years sixty i am geting Samuel Wight

Nº 864



1ST NEWFOUNDLAND REGIMENT

ALLOTMENTS

| | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | fication by me, and in sir | milar official form to make an | Ulotment of | | | | |
|--|--|----------------------------|---|----------------------|--|--|--|--|
| 16.4 | Dollars and Cents, per diem, from my Pay | | | | | | | |
| o, and for the benefit of the undermentioned Person $\frac{and}{dr}$ Persons, such payment to be made on proof | | | | | | | | |
| of identity of, and production of the relative Identity Certificates by the Person and or Persons | | | | | | | | |
| concerned, viz.: | | | | | | | | |
| Certificate other | r Wife, Child, Relative or Friend | Name (in full) | Address | AMOUNT (each person) | | | | |
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| signed | orm must be comp by the Officer C ed payments on a | ommanding Company and h | Total Allotment, S nding Company, signed by the Volu- anded to the Paymaster as authority | nteer, co | | | | |

DEPARTMENT OF MILITIA. REGIMENTAL PAY BRANCH.

PAY VOUCHER. \$ 55 Stone May 8th Received from the First Newfoundland Regiment Regtl. No.

No. Gift Rank Ste Samuel Wight Shoal Brook. Bonnel Bay ON HIS MAJESTY'S SERVICE

s arolines it weeks it sernich s To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia, attheren st. 9

ST. JOHN'S. Nfld.

Dept. of Militia,
St. John's,

I beg to acknowledge receipt of
Memorial Plaque issued in respect of services of
the late No. Attack.
Rank
Royal Newfoundland Regt.

When Samuel Weeks (Sgd.)

Address Samuel Brook. Thomas Relationship.

Shool Brook mar 18 in/20. Department of militia: St Johns C.R.944 Dear Sir I beknowlodge with many thanks His majesty the Kings message. and memorial &-eroll-In memorial of my Dear Son. No 944 Arthur wight 1 St Royal NY ToD Regt. yours very truly Jord Samil wight

Shool Brook mar 18 in/20 Department of militia: St Johns C.R.944 Dear Sir= I beknowlodge with many thanks His majesty the Kings mersage. and memorial &-eroll-In memorial of my Dear Son. No 944 Arthur wight 1 St Royal Ny ToD Regt. yours very truly Jaro Samil wight

RECEIPT.

C.R. 944

I hereby certify that I have received the 1914-1915

STAR.

No 944 Namo Cte, A wight. Dec

Witness. Mrs annie wight

Date January 1920

Place Shool Brook

Bonne Bey

 an^{6}

TRACER.

DEPARTMENT OF THE COLONIAL SECRETARY, NEWFOUNDLAND.

TO BE SUBSTITUTED ON FILES FOR ORIGINAL DOCUMENTS DURING TEMPORARY REMOVAL.

| - FROM - Mrs Samuel 1 | Wight office At A |
|-----------------------|--------------------------|
| 28 Der/6 | Dight Shoal Block Bonnes |
| Subject. Of her | REFERRED TO Nep J'master |
| son. Kin a: | UNDER DATE Joinfiy |
| | A |

the my top Page 1 office and to within the title

pertindicts as to that it is possible for you to do.

Deputy Colonial Secretary.

Mws. Semuel Wight, Shoal Brook. Bonne Bay.

> Ann. 11 mas. J. . Howley. Prymarter's Danti-

2000 W-7-4-16. M

January 9, 1917.

Dear Mademica to formard horselfs letter, under data

I am in receipt of your letter of the 28th December and I am forwarding the same to the Paymaster's Department here, asking them to procure what information is possible in connection with this matter and to forward the same to you direct.

concerned. I procuse yours truly,

the my the head differe and he would have been here her

little, but there will probably ha a malaneo for

witten ten. Wight, if you would not been full

on taxablers as to shot it is provide for you to no.

Deputy Colonial Secretary.

I been too benout to be.
Townstellant secret.

Mrs. Semuel Wight, Shoel Brook. Bowne Bay.

Deputy Colonial Secretary.

Paymenter's Dept.

January 9, 1917.

Sir.

I beg to forward herewith letter, under date 28th December, from Mrs. Samuel Wight, of Sheal Brook, Bonne Bay, asking information regarding her son's clothing and balance of wages due him. I shall be glad if you will take up this matter direct with Mrs. Wight. So far as clothes and money left with his relatives in England is concerned. I presume you will be able to do very little, but there will probably be a balance due him by the Record Office and he would doubtless have had some effects with him, which would come forward through that Agency. I should be glad, therefore, in writing Mrs. Wight, if you would give her full particulars as to what it is possible for you to do.

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

Deputy Colonial Secretary.

Dear Madam,

It was with the deepest regret that the Government received a cable from the Record Office, London, reporting that your son, Private Arthur White, had been killed in action on the 28th of June last.

Permit me to tender you on behalf of the Government, as well as for myself, the sincerest sympathy in this time of correw. We all feel the loss of our leved once and the whole community unites in sympathy with you at this time.

It is, I have no doubt, some comfort to think that your brave boy come ferward early as the call of king and Country and has given his life, after a gallant fight, in defence of the principles of Right-counces, Truth and Liberty. His name will be inscribed upon the glorious Rell of Heneur and be held in fragrant memory by all his fellow countrymen. We are proud of our brave lads and equally proud of the noble and loyal fathers and mothers who be unselfiably gave their boys when the Call of Duby come. Though your noble son has laid down his earthly weapons he is wearing to-day the Seldier's Crown of Victory, and when peace again reigns emenget us it will be your speud thought that he did his part to the fallest extent in bringing again that condition of things.

I trust that you may have the comforting presence of the Pather of us all.
With my sincerest sympathy.

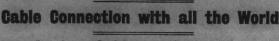
lieve me to be.
Your obedient sermut

graph Market

Mrs. Samuel Stant Brook,

Colonial Secretary.

VFOUNDLAND POSTAL TELEGRAPH





All Messages Sent are Subject to the Following Conditions:

I request that the following Tele

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

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

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

The control of the N.P. T. over the Message shall be deemed to have nitrely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message is to its destination, it may be entrusted by the N.P. T. (and the N.P. T. shall have full power so to entrust the Message for further transmission by her through Jany systep,, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N.P. T. exclude the N.P. T. when t

| (NOT TRANSP Signature of | | The Bel | my | _Address | | |
|-----------------------------|-----|---------|----|----------|-------|--|
| Line | Pod | Bu 6 | | | Dheck | |

Dated

To

July 10, 1916.

Mr. John Campbell.

Norris's Point.

Wight

Regret to inform you that No. 944, Private Arthur White, son of Mrs. Samuel White, Shoal Brook, Bonne Bay, was killed in action on June twentyeighth. Kindly inform relatives.

J.R. BENNETT

Colonial Secretary.

arfied according to the foregoing Conditions, by which I agree to abide,

Just Might

NE VFOUNDLAND POSTAL TELEGRAPHS



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

| AND DESCRIPTION OF THE PARTY OF | | | | | |
|--|-----|--------|----------------|-------|--|
| Line Number | Red | Ву | Sent by | Oheck | |
| Dated | | July 1 | 0, 1916. | -01 | |
| To | _ | Mrs. S | muel White, wi | | |
| | | 8 | hoal Brook, | | |
| | | | Benne Bay. | | |

Regret to inform you that No. 944, Private Arthur Wigh White was killed in action on June twentjeighth. J.R. BENNETT

Colonial Secretary.

NOTE FOR OPERATOR:

This message is not to be sent until Receiving Office notifies that message to Mr. Campbell, Norris's Pt., has been delivered and acted upon.

Autract of Casualties received from Pay & "courd office, London, dated July 10,1916.

#944 Pto. A. Wight. \/

Killed in Action 28/6/16.

C.R. 944

Extract from Residual Holl of "D" do. let Bm. Hild. Rogt. Embarked at Devemport 20-8-15. for Active Service.

944 Pte. A. Wight.

Disconterior Alexandria 51-8-15 provended to Abbassis, Oniro,

Extract from Reminel Rell of Draft embashed for everyoses per 3.5.Stephene Murch 20th,1918

#944 Pte .A. White .

C.R. 944

Arthur Wight

was attested for General service

with the NEWFOUNDIAND REGIMENT on . Jan. 29th 1914.

Regimental No 944was alloted to Pte. Arthur Wight.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

| Enliste Date of pre | promotion sept rank | 19/ Terms of Service (a) 14 | Name Who | of the state of th | cons from (a) A 29/11 frical position on all of N.C.Os. |
|---------------------------|------------------------|--|-----------|--|--|
| Date | From whom received | Record of promotions, reductions, transfers, essentials, etc., during sciive service, as reported on Army Form B. Els, Army Form A. St, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 218, Army Form A. 36, or other official documents. |
| 28.6.16 | Die | I mixed St. John's, 1. Se worked Alexandr hundered for Gallipol Embk'd Port Suez embk'd MARSEI LLOS Bomb Wounds, Killid in Action | a | 203.45 1-9.15 13.9.15 14.3.16 22.3.16 | B 2.13. |
| Jus. | 9. N. Q. 8.7.16 | | Offices 3 | 1/c 2 | Capt for Li bot., afantry Records, children, B. L. J. |

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100.20,712-s.

Number of Sheet.

| Regim | ental Number | and Name | S CONTRACTOR | Enlistment T | rade | 0.10 1.51 5.1 | | | William |
|-----------------------------------|--------------------|----------|---------------------------------|--|-----------------------------------|------------------------------|---|-----------------|---------|
| No. GH44 Joined Joined Joined | Date Date Date | | <i>b</i> . | Age on 25 years — months Date of Enlistment Jan 29 1915 B | Despeuler eligion Methodist | Good Conduct Bedges, Service | ey or Profi | -co, Fnj | |
| Place | Date of Offence | Rank | Cases of Drunk- enness | OFFENCE | Names of Witnesses | Punishment awarded | Date of award or of order dispensing with trial | By whom awarded | REMARKS |
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| | 22% | . · | | lesing profane language in tent mentor dimation | Knight Phener | bdays ce. | 227/15 | do, | 241 |
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Casualty Form-Active Service.

Regiment or Corps Newfoundland Regimental No. 944 Rank Pte Name Wight A. AHG 1 Enlisted (a) 29.1.16 Terms of Service (a) for year Service reckons from (a) Jan Date of promotion) Date of appointment) Numerical position on to present rank to lance rank roll of N.C.Os. Extended Quarter Re-engaged 15. 8-15 Qualification (b) Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as taken from Army Form B. 213. reported on Army Form B. 213, Army Form Place Date . From whom Army Form A. 36, or other Date A. 36, or in other official documents. The received official documents. authority to be quoted in each case. Embka St John Nila 20.3.15 Limbbed alexandra Embk'd for Gallepole Enother Rt Sug 14.3.16 Limb ka Marselle 22.3.16 28.6.16 Unit France 28.6.16 13 213 6 1/2 Safanty Records 4. 7.2

| pre | promotion t sent rank | Date of appoint to lance ran | k S | r¥1 | rical position on lost of N.C.Os. |
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| e | From Whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case, | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
| | | Lise Straed Alexandr Lise Straed Alexandr Linearzed for Gallipol | a | 20-3-15 | |
| 6 | Dis | Embk'd Port Suez Bomb Wounds, Killed in Action | France | 14.3 16 22.3.16 286.16 | B 213. |
| ` | | Muca in version | are | erk. | Capt for lt) |