



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 2982 Name Edgar Wilton Corps 60th

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

1. What is your name? ..... 1. Edgar Wilton
2. What is your full Address? ..... 2. 3 Spencer St  
St John's
3. Are you a British Subject? ..... 3. No
4. What is your age? ..... 4. 18 Years 1 Months
5. What is your Trade or Calling? ..... 5. Printer
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? ..... } II. ....

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

Edgar Wilton SIGNATURE OF RECRUIT.

Robert Edward Signature of Witness.

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

I, Edgar Wilton 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 Robert Edward

### †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  
Place..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
‡ Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, 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).....



2984

# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 3984 Name Edgar Willan Corps Co. C

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

- 1. What is your name? ..... 1. Edgar Willan
- 2. What is your full Address? ..... 2. 3 Spencer St  
St John's
- 3. Are you a British Subject? ..... 3. Yes
- 4. What is your age? ..... 4. 18 Years 1 Months
- 5. What is your Trade or Calling? ..... 5. Printer
- 6. Are you Married? ..... 6. No
- 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,\* which? } 7. No
- 8. Are you willing to be vaccinated or re-vaccinated? ..... } 8. Yes
- 9. Are you willing to be enlisted for General Service? ..... } 9. Yes
- 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } 10. { Name .....  
Corps .....
- 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? ..... } 11. Yes

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

Edgar Willan SIGNATURE OF RECRUIT.  
R. Edward Signature of Witness.

9.18.16

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

I, Edgar Willan 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 October 1916.

Signature of Attesting Officer W. J. ...

### †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 ..... 1916 } Approving Officer.  
Place .....

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.  
† Here insert the "Corps" for which the Recruit has been enlisted.

\* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) ..... re-enlisted in the (Regiment) ..... on the (Date) .....

# DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edgar Willan  
 Apparent age 18 years 1 months. Height 5 feet 5 inches  
 Chest Measurement { Girth when fully expanded 33 1/2 inches  
 Range of expansion 1 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Sidney Willan  
3 Spenice St Johns | 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.	
(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>18-10-17</u>									Lance Corp. 24-1-18 Reverts to ranks. 2-3-18.
Joined at <u>Johns</u> on <u>October 18-17</u>									
Discharged <u>June 29, 1919</u>									
Embarked <u>St John's St. Margaret to Halifax N.S. 29/78</u>									Embarked for <u>St. J.</u> 23-7-18 joined here depot 27-7-18 joined <u>13th in the field</u> 31-7-18
Admitted <u>3d Coy. Balanitis 7-10-18</u>									
Admitted <u>10th Coy. Corp. 6th Cont. 7-11-18</u>									Admitted <u>15th Coy. Corp. 1st Bde. 8-10-18</u> Des to <u>1st Coy. 15th Bde. 15-11-18</u> Rejoined unit <u>26-11-18</u> Admitted <u>55th Coy. Corp. 19th Bde. 19-12-18</u> Transferred to <u>17-1-19</u> Admitted <u>1st Coy. 1st Bde. 17-1-19</u> Transferred to <u>3d Coy. 1st Bde. 22-1-19</u> Transferred then joined <u>1st Coy. 1st Bde. 3-2-19</u> Discharged for demobilization <u>22-5-19</u> Arrived <u>Halifax 1-6-19</u>
Total Service forfeited as above <u>Demobilization 29-6-19</u>									
Total Service towards Engagement to <u>29-6-19</u> (date of discharge)									
Pensions " " " " " "									



Reg. No. 3984 Rank Private Name William E.

Attested 18.10.17 Address 3 Spencer St. St. Johns.

Allotment 50<sup>th</sup> Allotee Mrs Sydney Willis (Mother)

Date of Allotment 1-11-17 Returned from Overseas \_\_\_\_\_

Embarked for Overseas \_\_\_\_\_ Cause \_\_\_\_\_

Since 1<sup>st</sup> 19-10-17 2<sup>nd</sup> 29-10-17 3<sup>rd</sup> 3-11-17 Vac 7-11-17  
to be L/C. Effect 24.1.18  
H. L. 24.1.18 - 26.1.18, Retd. 26.1.18

C.R. 3984

Extract from Daily Orders Part 11 By Major A.E. Bernard, MC.,  
Commis. 1st Batta. Royal Newfoundland Regt. 23-12-18.

The u/m has been evacuated and is struck off strength of  
Unit.

3984 Pte. E. Willar.

C.R. 3984

Extract from Orders by Major Mathias, T.C. D.S.O. Commanding 2  
1st Batta. Royal Nfld. Regt. 3/7/18.

The following arrived yesterday and is attached to A.C.

3984 Pte. Willar.



C.R. 3984

Extract from Daily Orders Part II Unit The Royal Nfld.  
Regt. St. John's, June 30th, 1919.

The discharge of the undernoted on demobilization has been  
CONFIRMED by officer i/c Records from 29-6-19.

3984 Pte. Edgar Willar.

**C.R.** 3984

**Extract from Daily Orders Part 11 Unit The Royal WFLA. Regt.  
St. John's, June 19th, 1919**

**The discharge of the undernoted on demobilization has  
been APPROVED by C.O. Discharge Depot with effect from 15-6-19.**

**3984 Pte. Edgar Willar.**

C.R. 3984

Extract from Daily Orders Part 11 Depot, St. John's,

Date June 18th 1919.

3984, Pte. E. Willar.

Reported at Headquarters

1/6/19.

RE "Corsican"

which sailed Liverpool. May 22/1919.

C.R. 3984

Extract of DAILY ORDERS PART II ROYAL NEWFOUNDLAND  
REGIMENT IN FRANCE DATED FEB. 16<sup>TH</sup>/19.

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#3984 Pte. F. Willar.

Invalided to U.K. 17/1/19. Injury.

C.R. 3984

Extract of Casualties from Pay & Record Office London, dated  
Jan. 28/1/19.

#3984 PTE. WILLAR.

Was transferred from Lewisham Mil. Hospital to 3rd London General  
Hospital on 22/1/19.

Memo from 3rd L.G.H.

C.R. 3984

Extract of Casualties from Pay & Record Office,  
London, dated 27/1/19.

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The undermentioned was transferred from 3rd London  
General Hospital on 25/1/19 and granted furlough  
to 3/2/19. Considered fit for I, Duty.

#3984 Pte. E. Willar.

Auth:

A.Fs. W.3016 from 3rd L.G.H.

C.R. 3984

Extract of Orders By Lt. Col. B.J. Barton, D.S.O.,  
Commanding 2nd Battalion Royal Newfoundland Regiment,  
4/1/19.

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The following having reported back from the 1st Battalion  
is taken on the strength and posted to "H" Company from  
3/2/19.

#3984 Pte. E. Willar.

C.R. 3984

Jan 22

Dear Mr. Willar:

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

**3984, Private Edgar Willar is at Military Hospital Lewisham, England suffering from inflammation connective tissue feet**

*I trust that later reports will bring news of his convalescence.*

*Any further information received at this Office as to his condition will be at once notified to you.*

*Yours faithfully,*

*Minister of Militia.*



**C. 2.—Casualties.**

**COLONIAL CONTINGENTS ONLY.**

11 C.R. 3984  
 Army Form W. 3026  
 (Continuation Sheets are appended separately.)  
 21 JAN 1915  
 PAY & RECORD OFFICE

**MILITARY**

**HOSPITAL, at**

**LEWISHAM**

Affiliated to \_\_\_\_\_

NOMINAL ROLL of Sick and Wounded from the \* \_\_\_\_\_ Expeditionary Force  
 admitted on 17/1/15 from Hospital/Ship \_\_\_\_\_, disembarked at \_\_\_\_\_

\* Here insert which Expeditionary Force.

NOTE.—Two copies of these Rolls to be forwarded, not later than the day after admission :

- (i) One copy direct to the War Office, **FINSBURY COURT, FINSBURY PAVEMENT, E.C.2.**
- (ii) The other direct to the O. i/c of Records of the Colonial Contingent concerned.

\* The nature of the casualty is required for telegraphing details overseas. If the details given are insufficient, reference back to the hospital for further information is rendered necessary. The following instructions should therefore be carefully followed in all Colonial cases :

- (a) In the case of sickness, the nature and degree should be stated, e.g., enteric, slight.
- (b) In the case of wounds, the nature of the wound, the part of the body affected, and the severity of the injury should be stated, e.g., gunshot, skull, severe.

If a limb has been amputated the fact should be recorded.

Admissions to the outlying sections of the hospital should be shown separately. If the distance of these sections should render it impossible to forward the rolls the day after the admissions, the sections should be instructed to send lists (on these Army Forms) direct to the War Office, and to the Colonial Contingent Record Office concerned.

Regtl. No.	Rank	Name (Surname first)	Corps (Battn. numbers to be shown, also full title of Colonial Unit)	Casualty * (See note in large type above).
3984	Pte.	Willar, E.	R. Nfld Regt. <del>1st</del>	I.C.T. Feet

C.R. 3984

Extract from Casualties of sick and wounded M.C.O's and men  
of the Expeditionary Force - France, dated Nov. 30th 1918.  
List No. H.A. 32195.

3984 Pte. Willar E.

Balliattis.....Dis to Terlinctham Btts. Camp Boulogne on 10  
Gen. Dep. Result 15th Nov'18.

C.R. 3984

Extract from Casualties.....List No. 31806.

3984 Pte. E. Willar.

L/Nfld.R. Am. 10 Con. Dep. Escult 7 Nov.18.

Balanitis.Slt.

C.R. 39 84

Extract from War Office List No. H. A. 30926. dated Nov. 3rd. 18

#3984 pte. E. Willar

admitted to 1 Co on Depot Boulogne 27. Oct. 1918 Sick

SICK.

C.R. 3984

Extract from List of Wounded and Sick N.C.Os. and Men of the Expeditionary  
Force -- France, dated 16th. October, 1918.

List No: H.A. 30083.

3984 Pte. E. Willar

1/Newfoundland.....Balanitis Mild.....Adm. 25th. Gen. Hos.  
Hardelet 8th. October, 1918.

C.R. 3984

Extract of daily orders part 11 by Lieut. Col. ~~BERNERS~~ BERNERS

D.S.O., commanding 2nd., Bat. Royal ~~W~~ld, Regt. Dated 2/3/18

3984 L/c.E. WLLAR ✓

Reverts to the ranks at his own request.

C.R. 3984

Extract of Daily orders part 114 from Unit 4/1st  
Roy 1 Newfoundland Regiment, Headquarters, dated  
January 24, 1918 .

#3984 Pte. E. Willar.

To be Lance Corporal with effect from 24/1/18.

C.R. 3984

Extract of Nominal Roll of 2nd. Battalion to B. E. F., embarked

Southampton. 25/7/18

#3984 Pte. E. Willar.



C.R. 3984

Extract from Nominal Roll Draftt "H" Company embarked  
S.S. "Florizel" Jan. 29th, 1918.

3984 L/Cpl. Willar E.

C.R. 3984

Extract from Daily Orders Part 11 Unit The Royal Wfld.  
Regt., St. John's, Oct. 18th, 1917.

3984 Pte. E. Willar.

Attested ~~for service~~ Oct. 18th attached to  
the Wfld. Regt. and posted to C. Company.

E. Willard

C.R. 3984.

P. R. O.

**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 Artillery*
2. Regtl. No. *3984* 3. Rank *Pte*
4. Name *Willard Edgar*  
(Surname) (Christian Names)
5. Age last birthday *18*
6. Posted for duty on ..... at .....  
in category (or grade) .....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.  
(b) Date of Discharge ;  
(c) Cause of Discharge.  
(d) Particulars of Pension or Gratuity (if any)
8. If the disability is an injury was it caused  
(a) in action (b) on field service  
(c) on duty (d) off duty ?
9. If a Court of Inquiry was held on an injury state :—  
(a) When  
(b) Where  
(c) Opinion of Court

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

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.)

*Complains 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. Procumier. Capt Rame.*

Medical Officer in charge of case.

Station .. *Haystack*

Date .. *28-3-19*

\* 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

1277/1

Military Hospital,  
Lewisham,

22nd January 9

3984, Pte. E. Willar

✓  
757

Pay to 3784 Willar £5:0:0

Lewisham Military Hospital  
January 22/19

Please

3984  
pay to Mr. C. Wilton  
1st Newfoundland Regt.

~~£ 3 - - -~~  
£ 3 - -

O.K. £ 3-0-0

M.R. 23/1/19

Receipt No. 921



M. J. Abbott  
MAJOR. R.A.M.C.  
22a.

No. 1277/1

N.F.P./80.

From: NEWFOUNDLAND CONTINGENT

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

*J.M.S.* Officer Commanding,  
Military Hospital,  
Lewisham,

22nd January 1919

24 JAN 1919 191

Subject: 3984, Etc. E. Willar

ANSWER.

With reference to the following telegram (757) from the Hon. Minister of Militia, received

To Chief Paymaster & O.i/c Records  
Newfoundland Contingent  
58 Victoria St.  
London, W1

Pay to 3984 Willar £5 0:0

Reference attached. This man was transferred to No 3 London Gen. Hosp on Jan 22<sup>nd</sup> 1919. please

Chief Paymaster & O. i/c Records.

*A.A. Russell Maj.*



*M. Abbott*  
MAJOR, R.A.M.C.  
REGISTRAR



No. 6626/510

*★ # 038114*

NEWFOUNDLAND CONTINGENT

N.F.P./79

From: Chief Paymaster & O. i/c Records,  
Newfoundland Contingent,  
58, Victoria Street,  
London, S.W. 1.

To: Officer Commanding,  
2/Bn Royal Newfoundland Regt.  
Winchester.

30th April 1918

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

Subject: 3984, Pte. E. Willar,

Receipt hereunder.

With reference to the following telegram (3798) from the Hon. Minister of Militia, received 26/4/18

*At 7. lower 4/11 for* LIEUT. COLONEL  
OFFICER COMDg BATTN  
1st. Newfoundland Regiment

Pay to 3984 Willar £5:0:0

Draft £5:0:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of Five Sounds on account of cable remittance from Newfoundland.

*Edgar Willar*

Chief Paymaster & O. i/c Records.

No. 3984 Rank Private

No. 3984 Rank Pte Name Willot G

Pay 100  
 10  
 140  
 30 Wk  
 60

DEBITS	Date	£ s d			CREDITS	Period		Date	Date	£ s d
						From	To			
Balance					Balance		20-12-18			12 12 7 ✓
Acquittance Rolls					Pay @ Net Rate		21-12-18 25-1-19	36	60	2160 4 8 9 ✓
Hospital Advances		1 00			<i>Pl. from Hosp.</i>		25-1-19 3-7-19	10	2/1	1 0 10 ✓
A.B. 64.					<del>19-2-2</del>					18 2 2
P. & R.O. Payments					<i>Pay.</i>		24/1/19 1/2/19	7	60	4 20 17 3
Cash R 1058			10 0 0							18-19-5
Cash R 1100			7 0 0							
Cash 921			3 0 0							

1  
 £1.0.0  
 Wk 25/1/19  
 £21-0-0

RECEIVED BY THE COMMANDANT  
 17/12/18



**Nº 2963**



**1ST. NEWFOUNDLAND REGIMENT**

**ALLOTMENTS**

I, Edgar Willa, Regl. No. 3984

hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and Twenty 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 November 1/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>3037</u>	<u>Mother</u>	<u>Edmund Sarah Willa</u>		<u>50</u>
			<u>3 Spencer St St John</u>	
			Total Allotment, \$	<u>50</u>

**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  
 Company  
St John St  
6-11-1917

(Sig.) [Signature]  
 (Rank) [Rank]

Willard, E

3984

Hay Sept

June 29, 1919

#3984 Pte. Edgar Willar,

Spenser St.,

City

Dear Sir:-

Please find enclosed Discharge  
Certificate No. 3515.

Yours truly

Paymaster & C. <sup>captain.</sup> i/c Records.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 3984 Rank Pte Name William Edgar  
 Intended place of residence Spencer St St John's  
 2. Occupation Printer  
 Classification of soldier A Medical Category AI

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 JUN 13 1919  
 Date ST JOHN'S *J. A. [Signature]* Commanding Discharge Depot  
 The Royal Newfoundland Regiment

### CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.  
 Place and date JUN 12 1919  
ST JOHN'S *W. Edgar* Signature of soldier  
*J. A. [Signature]* Signature of witness

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

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.  
 Place and Date ST JOHN'S  
JUN 12 1919 *W. Edgar* Signature of soldier  
*W. J. [Signature]* Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 18-10-17 No of days on Military  
 Discharged from service JUN 15 1919 Plns 14 days Service 620

### APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.  
 Place ST JOHN'S *R. H. [Signature]* Officer Commanding Discharge Depot  
 The Royal Newfoundland Regiment  
 Date JUN 15 1919

### CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed  
 Place St John's, Nfld *M. Bowley* Officer in Charge of Records  
 Date June 29/1919 The Royal Newfoundland Regiment

*R. H. 2079/2515*

31  
31  
30  
17  
110  
365  
255

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3984 Rank Plr. Name William Edgerton  
 Date of Enlistment 18-10-17 Address Spencer St District St Johns  
 Occupation Printer Classification for Discharge F Medical Category 141  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

N. F. 136	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 11-6-19 O. C. Discharge Depot. [Signature]

### 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 12-6-19 [Signature]

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \_\_\_\_\_
- (b) Clothing Supplied \_\_\_\_\_

Date 12-6-19 O i.c. Re-clothing \_\_\_\_\_



**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. \_\_\_\_\_ to his home at Spencer St and Release Certificate No. 2076 issued.

Date

13-6-19

J.A. Lawcraft  
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 29-6-19

Date

13-6-19

H. M. News H  
Depot Paymaster.

Discharge approved for

15-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P136	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
B179c	B 120	M 93		

1 Form B

Date

13-6-19

J.A. Lawcraft  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date

JUN 15 1919

R.H. Sait 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 class of work*

*Edgar Willan*

Signature of Man.

Reg. No. *3984*

*H. Hunter*

Signature of the Vocational Officer or his Representative.

Place

*St Johns*

Date

*June 13th 1919*

# The Royal Newfoundland Regiment

Class for Demobilization: —

*6*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

*10.6.19*

Regimental No

*3984*

Name

*Hillar Edgar*

Rank

*Pte*

Address

*Spencer St.*

Present Medical Category

*A1*

Recommended for: —

(a) Immediate discharge

(b) Standard Medical Board

Members of Board

*R.H. East Capt*

O.C. Discharge Depot.

*P. Peterson*

Senior Medical Officer

*See Burden*

M. O. Depot

The Royal Field. Regiment

DEMOBILIZATION

No. 3984 Rank

Name *W. L. E.*

Warned for demobilization on

JUN 12 1919

**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 Artillery* ..... 7. Former Trade }  
 2. Regtl. No. *3994* 3. Rank..... *Pvt.* ..... or Occupation }  
 4. Name *Willas* ..... *Edgar* ..... 7a. If the soldier claims previous service in  
 (Surname) (Christian Names) Army, he should state—  
 5. Age last birthday. *18* ..... (a) Former Regts. or Corps ;  
 with Regtl. Nos.  
 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 B (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. *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? }

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.)

*No complaints of no sensibility*

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.

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. Proemer Capt RMC*  
Medical Officer in charge of case.

Station .. *Hazley Down*

Date .. *28-3-19*

\* 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



## 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 *Edgar Willer*

Regiment from which discharged *Royal Newfoundland*

Regimental number *3984*

Intended address *Spencer St. St. Johns.*

Height on discharge *5* Feet *7*

Color of hair on discharge *Light*

Complexion *Fair*

Color of eyes *Brown*

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

Figure on discharge *Medium*

Christian name of Father *Sydney*

Christian name of Mother *Sarah*

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

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

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

Place and date of soldier's birth *St. Johns. 31<sup>st</sup> March 1900*

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)

*Edgar Willer.*

*Pte*  
(Rank)

Station **ST. JOHN'S.**

Date *11/6/19*

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.

Station \_\_\_\_\_

Date \_\_\_\_\_



St John's  
July 22<sup>nd</sup> 1919

Lieut Col Rensell

Dear Sir:-

In consequence of my leaving for  
USA I would kindly ask you, if possible,  
to let me have the balance of my war Service  
Gratuity, also my brother's (Ex) Lt Willan 813  
who is at present in U.S.A. The family will  
be leaving and I think it would be better  
for me to be with my parents and also to  
try and better myself financially. We  
will be leaving by the S.S. Rosalind on  
Thursday July 24<sup>th</sup>. In considering time etc.  
I trust you will give this your immediate  
attention.

I am etc

(Ex) Pte E Willan 3984

R.A.F.L.D. Regt.

OK/W

M.

Payment of balance authorized  
W. J. P.

73/7/19



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..... *Edgar* ..... 2. Surname..... *Willan* .....  
3. Rank..... *Private* ..... 4. Regtl. No..... *3984* .....  
5. Address in full to which future payments of gratuity are to be forwarded.....  
*Mrs J. Martin*  
*63 Carvers Hill*  
6. Date of enlistment in the Regiment..... *10-9-17* .....  
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....  
8. Relationship of such dependents.....  
9. Address in full of such dependents.....  
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.....  
*No*  
12. Give total length of time which you served on active service, whether in Nfld. or Overseas..... *21 Months* .....  
*1 1/2 9 Months* ..... *1 1/2* .....

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

..... *Royal Naval Reserve* ..... *Oct 1916* .....

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

..... *no* .....

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

*No*

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

*No*

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

*No*

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

*Yes*

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

*Own Request*

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

*Yes*

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....

*Yes*

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.....

*No*

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

Signature of Applicant: *Edgar Willar*  
 Place of Residence: *Cp. Wm J. Martin, 63 Carter Hill City*  
 Declared before me at: *St. Johns, N.J.*  
 This *14th* day of *June* 19*19*....

*John M. Carthy*  
 Signature of Barrister of the  
 Supreme Court, Stipendiary Magistrate,  
 Notary Public, Justice of the Peace,  
 or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	to	for	War Service	Net amount
	Soldier.	Dependent.	Beneficiary.	due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	

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

# MEDICAL HISTORY

OF

Surname Wiles

Christian Name Erge

Table I.—GENERAL TABLE.

Birthplace:—Parish St. Johns County H. Fla.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	18 <sup>th</sup>	Oct. 1917		191
	at	St. Johns	at	
Declared Age	18	years	1	months
Trade or Occupation	Printer			
Height	5	feet	5	inches
Weight		115		lbs.
Chest Measurement	Girth when fully expanded		31	inches
	Range of Expansion		2 <sup>1</sup> / <sub>2</sub>	inches
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm	/	/	
	Number			
When Vaccinated				
Vision	R. E.—V— L. E.—V—	6/6 6/6	R. E.—V— 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>Lammert Peterson</u>			
(Rank)	Major			
	Medical Officer.			Medical Officer.
Enlisted	at	St. Johns Fla	at	
	on	18 day of Oct. 1917	on	day of 191
Joined on Enlistment	Corps.		Corps.	Regtl. No.
		1 <sup>st</sup> Fla Regt		3984
Transferred to	ROYAL NEW JERSEY REGIMENT			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

3984

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

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>3rd London General Hospital Wandsworth</i>	<i>22</i>	<i>1</i>	<i>19</i>	<i>25</i>	<i>1</i>	<i>19</i>	<i>Sy. feet.</i>	<i>3</i>	<i>Improved. Fit for duty</i>	<i>J. H. G. J.</i>





1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Edgar Willar, Regl. No. 3984

hereby agree, until further notification by me, and in similar official form to make an Allotment of 5 Dollars and 50 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 November 1/17.

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3037	Mother	to Lydia (Sarah) Willar	3 Spencer St St John	50
Total Allotment, \$				50

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.) W. H. H. H.  
 Officer Commanding  
 Company  
St John St  
 6-11-1917

(Sig.) E. Willar  
 (Rank) Pvt

DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$210<sup>00</sup>

July 23 1919

Received from the First Newfoundland Regiment  
the sum of two hundred & ten Dollars.  
~~on account~~ of Pay. W. E. Y.  
balance Edgar Willer

Ch. No.	3644	Initials	W. E. Y.
Pay Ledger	224	Initials	W. E. Y.
Gen. Ledger		Initials	

Regtl. No. \_\_\_\_\_ Roll \_\_\_\_\_

*[Handwritten signature]*



No. 3984

Rank P6

Name E. W. Wells

---

CP 3984

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL 1914-1919

---

I certify that I have received a issue of  $\frac{3}{4}$  inches  
of Riband of British War Medal-1914-1919.

(Ex 3984)

NAME ..... *Edgar Willar* .....

(Date) ..... *28/10/19* .....  
(Place) ..... *Haymarket Pa.* .....

Receipt for Army Book 64

No. 3984 Name E. Willard

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

Date August 11<sup>th</sup> 90  
Place Philadelphia Pa.

Name Edgar Stillan

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

107

**Casualty Form—Active Service.**

Regiment or Corps **Royal Newfoundland**

Rank **Private** Surname **W. Edgar** Christian Name **Edgar**

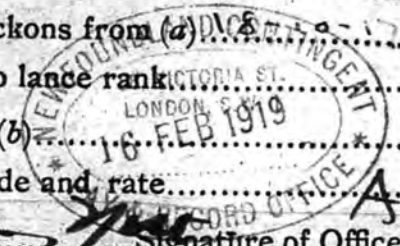
Religion **C of E** Age on Enlistment **18** years **1** months

Enlisted (a) **18-10-17** Terms of Service (a) **Detention** Service reckons from (a) **18-10-17**

Date of promotion to present rank ~~18-10-17~~ Date of appointment to lance rank **18-10-17**

Extended { } Re-engaged { } Qualification (b) **16** or Corps Trade and rate **A**

Occupation **Printer** Signature of Officer **W. Edgar**



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		AI <b>Embarked</b>	<b>Southampton</b>	<b>25.7.18</b>	
		<b>Disembarked</b>	<b>France</b>	<b>26.7.18</b>	
	<b>D.I.B.D</b>	<b>Joined</b>	<b>Rouen</b>	<b>27.7.18</b>	<b>Roll</b>
		<b>Joined Battalion</b>		<b>31 JUL 1918</b>	
	<b>36 CCL</b>	<b>Ad Galanties</b>		<b>7/10/18</b>	<b>E.D. 2056</b>
	<b>25 Gene Hp</b>			<b>8/10/18</b>	<b>HA 30083</b>
	<b>1 Coasep</b>		<b>Bayeague</b>	<b>27/10/18</b>	<b>HA 30926</b>
	<b>D.F.D</b>	<b>Arrived</b>	<b>Rouen</b>	<b>19/11/18</b>	<b>Roll</b>
		<b>Joined</b>	<b>Field</b>	<b>26/11/18</b>	<b>E. 213.</b>
	<b>44 CCL</b>	<b>Ad av. faat</b>		<b>13/12/18</b>	<b>E.D. 509</b>
<b>7.1.19</b>	<b>Adm. 55 G. 20. Abta. 2nd.</b>		<b>(Doulgne)</b>	<b>19.12.18</b>	<b>HA. 33314</b>
<b>7.1.19</b>	<b>General. In L.K. by "Jan Breydel"</b>			<b>17/1/19</b>	<b>HA. N. 3083</b>

(a) In the case of a man who has been engaged for, or enlisted into Section D Army Reserve, particulars of such re-engagement or enlistment will be required.  
 (b) Signaller, Shoosmith, etc.  
 W. 307-M2093 1000m 7/17 (25696) C. P. & S., Ltd. Form B. 103 E. 1355.

NEXT OF KIN: **Sidney W. Edgar, 5 Spencer St St John's Wfld.**

**Casualty Form—Active Service.**

Regiment or Corps **Royal Newfoundland**

Rank **Private** Surname **W. Edgar** Christian Name **Edgar**

Religion **C of E** Age on Enlistment **18** years **1** months

Enlisted (a) **18-10-17** Terms of Service (a) **Detention** Service reckons from (a) **18-10-17**

Date of promotion to present rank ~~18-10-17~~ Date of appointment to lance rank **18-10-17**

Extended { } Re-engaged { } Qualification (b) **16** or Corps Trade and rate **A**

Occupation **Printer** Signature of Officer **W. Edgar**



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		AI <b>Embarked</b>	<b>Southampton</b>	<b>25.7.18</b>	
		<b>Disembarked</b>	<b>France</b>	<b>26.7.18</b>	
	<b>D.I.B.D</b>	<b>Joined</b>	<b>Rouen</b>	<b>27.7.18</b>	<b>Roll</b>
		<b>Joined Battalion</b>		<b>31 JUL 1918</b>	
	<b>36 CCL</b>	<b>Ad Galanties</b>		<b>7/10/18</b>	<b>E.D. 2056</b>
	<b>25 Gene Hp</b>			<b>8/10/18</b>	<b>HA 30083</b>
	<b>1 Coarsey</b>		<b>Biqueque</b>	<b>27/10/18</b>	<b>HA 30926</b>
	<b>D.F.D</b>	<b>Arrived</b>	<b>Rouen</b>	<b>19/11/18</b>	<b>Roll</b>
		<b>Joined</b>	<b>Field</b>	<b>26/11/18</b>	<b>E. 213.</b>
	<b>HH CCL</b>	<b>Ad av. foot</b>		<b>13/12/18</b>	<b>E.D. 509</b>
<b>7.1.19</b>	<b>Adm. 55 G. 20. Abta. 2nd.</b>		<b>(Doubtful)</b>	<b>19.12.18</b>	<b>HA 33314</b>
<b>7.1.19</b>	<b>Adm. 55 General. In L.K. by 'Jan Breydel'</b>			<b>17/1/19</b>	<b>HA N. 3083</b>

(a) In the case of a man who has been engaged for, or enlisted into Section D Army Reserve, particulars of such re-engagement or enlistment will be required.  
 (b) Signaller, Shoosmith, etc.  
 W. 307-M2093 1000m 7/17 (25696) C. P. & S., Ltd. Form B. 103 E. 1355.

NEXT OF KIN: **Sidney W. Edgar, 5 Spencer St. St. John's, Nfld.**

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. F. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.  
 (586) W5017/2124 1000m 6/15ms 23 56

Forms  
B. 121.  
23.

Regiment of

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

Number of Sheets *1*

Signature of O. C. Company *[Signature]*

Regimental Number and Name		Enlistment	Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>3984 Willan Edgar.</i>	Age on <i>18</i> years <i>1</i> months	<i>Printer</i>	
Joined _____ Date _____		Place and Date of Enlistment) <i>St. John's</i> <i>18-10-17</i>	Religion	
Joined _____ Date _____		Period of { with Colours <i>255</i> years. with Reserve <i>365</i> years.	Place of Birth	
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
<i>Nazellydown Camp</i>	<i>2.5.18</i>	<i>Pte</i>		<i>Late on 3pm. parade</i>	<i>Sgt. Spurrell</i>	<i>3 days' C.D.</i>	<i>2.5.18</i>	<i>2nd Lt. Edue</i>	<i>[Signature]</i>
				<i>Demobilized St. John's, 29 <sup>6</sup>/<sub>19</sub></i>					
				To be carried over					

Army Form B. 121.

Δ3984

# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 3984 Rank Plt. Name Willard Edger  
 Date of Enlistment 18-10-17 Address Spencer St. District St. John's  
 Occupation Printer Classification for Discharge F Medical Category H.  
 Recommendation S. M. B. \_\_\_\_\_ Disability Rating \_\_\_\_\_  
 Passed to Demobilization Officer with following documents:—

N. F. 136	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 11-6-19 O. C. Discharge Depot. [Signature]

### 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 19-6-19 [Signature] [Signature]

#### 2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied [Signature]

Date 12-6-19 O. C. Re-clothing \_\_\_\_\_

**3. Transportation and Release Certificate.**

The above named has been provided with Travelling Warrants No. 2076 to his home at Spencer St and Release Certificate No. 2076 issued.

Date 13-6-19 *J.A. [Signature]*  
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 13-6-19 *[Signature]*  
Depot Paymaster.

Discharge approved for 13-6-19  
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	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	2 Form B
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2		" 6	
B179c	B 120	M 93			

Date 13-6-19 *J.A. [Signature]*  
O. C. Discharge Depot.

**APPROVED.**

Documents as above forwarded to:—  
Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date JUN 15 1919 *R.H. [Signature]*  
O. C. Discharge Depot.

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

Date June 24/19 *[Signature]*



Reg. No. *3984* Rank *Plt* Name *Willis E.*

Attested ..... Address *Spencer St.*

Allotment ..... Allottee ..

Date of Allotment ..... Returned from Overseas *1-6-19*

Returned on S S *Loreen* Cause *Widowage*

*11-6-19*  
*15-6-19*

~~PASSED TO DEMOBILIZATION OFFICE~~  
~~DISCHARGE APPROVED ON DEMOBILISATION~~