Recruiting Form A, 1914.



# Kirst Newfoundland Regiment

ATTESTATION PAPER Regimental No. /// Address Weight 145 Married Single Color. Other distinguishing nar Nearest relative Address. Dependents Present Wage... Occupation Decerations. General Remarks Date of Enlistmen mise and swear that I will be faithful and bear the allegrance to His Majesty, and that I will faithfully serve His Majesty in an place where I may be needed (or in the Colony of Newfoundland, as the case may be against all His enemies and opposers whatsoever, according to the condition of day exce. Declared before me this 24 ld Kevinfokugo

#### DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1115

	Hoper	t John Willia	-9						
Apparent	age	19 years_				24		fe	et 5 inch
Chest me	asurem	ent Girth when f					hes.		0
Distinctiv	e marl	olor: Fair	, Hair	Black,	Eye	98: J	ark	Blue	
		<b>L</b> ine							
		INFORM	MATION	SUPPLIE	D BY	RECI	RUIT.		
lame and	l Addre	ess of next of kin							
				Relation					
. (	a) Christia	n and Surname of Woman t	to whom marr	ied, and whether	spinster o	or widow	(b) P	ace and	late of marriage.
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			Particul	ars as to C	nildren.				
g IF all a	Chris	ian Names	. [		Dat	e and P	lace of I	Birth	
									*
-									
		STA	TEMENT	OF THE	SERV	VICES	S.		*, y
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nich served	Depot	Casualties, &c.	Rank	Dates	rate of		wards G	. C. Pay	certifying correctness
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Joined at	st	* -	oth Febr	7 V		days	years	days	of entries
Joined at_	st	John's on 18	oth Febr	7 V		days	years	days	of entries
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Joined at_	st	John's on 18	oth Febr	7 V		days	years	days	of entries
Joined at_	st	John's on 18	oth Febr	7 V		days	years	days	of entries
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Joined at	Adla	John's on 18	oth Febr	7 V		days	years	days	of entries
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## DESCRIPTIVE REPORT ON ENLISTMENT.

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

Reg. No. 1115

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istincti	ve mar					, Wyost i	ark	Blue		
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				L.						
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nich served	Depot	Casualties	Reductions,	Army Rank	Dates	Service not al- lowed to reckon for fixing the	Service serve not to rech wards G	allowed con to- . C. Pay	certifying corn	rectness
Service to	Dépot wards lim	Casualties	Reductions, t, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens on years   days	Service serve not to rech wards G	allowed con to- . C. Pay	certifying corn	rectness
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Service to	Dépot wards lim	Casualties	Reductions, t, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens on years   days	Service serve not to rech wards G	allowed con to- . C. Pay	certifying corn	rectness
Service to	Dépot wards lim	Casualties	Reductions, , &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens on years   days	Service serve not to rech wards G	allowed con to- . C. Pay	certifying corn	rectness
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Service to	Dépot wards lim	Casualties  ited engagemen  L. John  S. Stefa	t reckons from	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pens on years   days	Service serve not to recl wards G years	allowed con to- . C. Pay	certifying corn	rectness
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Service to	Dépot wards lim	Casualties  ited engagemen  L. John  S. Stefa	t reckons from	Army Rank	Dates  1/15  Mary 11:  Loudo A	Service not allowed to reckon for fixing the rate of pens on years   days	Service serve not to recl wards G years	allowed con to- . C. Pay	certifying con- of entrie	rectness
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R. Williams PRO To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

Surname Williams

Christian Name Robert John.

#### Table 1.—GENERAL TABLE.

Birthplace:—Parish		County		
	SPECIAL			AR ARMY.
Examined		Feb. 1915.	on day of	191
	at St Johns		nt	
Declared Age	19 years	days	years	days
Trade or Occupation	1000pe	ν <u> </u>		
Height ,	5 feet	5. inches	feet	inches
Weight		145 lbs.		lbs.
Chest Measurement Girth when fully expanded		35/2inches	•	inches
Physical Development		07.		
Vaccination Marks { Arm	Right	Left	Right	Left.
Vaccination Marks Number			4 - 64	
When Vaccinated	191	4.		
Vision	R.E.—V==		R.E.—y==	
, , , , , , , , , , , , , , , , , , , ,	·L.E.—V===		1. E. – V==	
	(a)		(a)	
(a) Marks indicating congenital peculi- arities or previous disease				•
arities or previous disease				
	(b) T : 1 : 1:	4	(b)	
(b) Slight defects but not sufficient to	(b) Tomails sligh	the salarger.		
Cause Rejection				
	P 6	epherson Cabl-		
Approved by (Signature)	May Ma	epherson		
(Rank)		Medical Officer.		Medical Officer.
	00	Medical Omcer.		Medical Officer.
Enlisted	" St Johns	TIL	at	
	on /3 day of Corps.	Hegtl. No.	on day o	of 191 Regtl. No.
Joined on Enlistment	18 White Ry	C. 1115		
D			100	
Transferred to				
			Part of the second	
Became non-effective by				
	on day of	191	on day	of 191
/8t				
(Signature)				
(Rank)	1			P.T.o.

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	
		9
	*	
	11	1
71/	Killed in Action France Ass	
1.10	sequila in viction made 1.4)	
7		

#### TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation.	Station or Troopship	Date of Arrival or Imbarkation	Date of Departure or Disembarkation
It Johns Man 7.5. astephano 7.5. ORDUNA Edinbergh Caste	20 Mar 15-18 20 Mar 15- 22 Mar 15	20 Mai 16- 22 Mai 15- 30 Mai 15			
Dunious y a cone	Somuis				
				•	

N.F.P/Y Estates No. 108

# 199

# NEWPOUNDLAND CONTINGENT

## INVENTORY of EFFECTS of

0. //	15 The Ry Millians de	• Беввео
EX	TRACT from A.F. B.2090A, dated 2////	<u>6</u>
	of DEATH Hill of Ceal	
ATE	//	
WI	LL: (a) in Pay Book'	
	(b) in Small Book	
	(c) Separate document	
	EXT of KIN: Mr. Enn Mill	
NE	Contract to the second	
	Relationship Mod	
	Address 50	
	A John	
	(J. N. 3	
	Particulars	
	Letter Photo Tardo	
	Solden Snac Book	
	1 Pice Riston	
	I here I work gran	
		The Market of the Control of the Con
	1 May Book of En le	
	1 South of Headen	
	1 Step Hound - Headen	



## ORIGINAL

#### 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		WowPoundland	<b>5</b>	Sc
CORPS	)	Newfoundland	Kegt.	or

Squadron, Troop, Battery or Company O 31 JUL 1916

Regtl. No. 1115

Rank

Private

Name Williams, R.

SWEDUNGLAND EUN INGE 58, VICTORIA ST. LONDON, S.W. AUG 1 1916

Date\_ July 1st., 1916.

Died Place France.

Cause of Death\* Killed in Action.

Nature and Date of Report B 213, 11/7/16.

By whom made O.C., Unit.

Specially state if killed in action, or died from wounds received in action, or from illuess due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Place Grave No. 7, Knightsbridge, 1 mile W.N.W. of Hamel, 4 miles N. of Albert.

Burial | Date July 1st., 1916.

By whom reported Rev. H.S. Reid, att. 87th. Brigade.

(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) do (c) as a separate document do

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 Epeditionary 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

Officer i/c Infantry Section, Srd. Echelon, B. E. F.

Station and Date 27/7/16.

Wt. 12929/4141 400,000 12/15 JFW

Forms B 2000

# COPY.

#### 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.

C	)r }	Newfoumland Regiment	Squadron, Troop, Battery	D Company	
COI	RPS )		or Company )		
Regtl.	No111	15 Rank Pr	ivate		
Name		Williams, R.			
ſ	Date	July 1st, 1916.			
Died	Place	France.			
	Cause of Dea	ath * Killed in Action,			
	Nature and	Date of Report_B 213, 11	/7/16.	•	
	By whom ma	ade 0.C., Uni	t.		
* Speciall	ly state if killed in	a action, or died from wounds received in a exposure while on military duty, or f	ction, or from illness due to f rom injury while on military do	deld operations or to fatiguaty.	e, privation, or
	PlaceGrav	ve No.7, Knightsbridge,	1 m. W.N.W.of	Hamel, $4\frac{1}{2}$ m.N	of Albert
Burial	Date	July 1st, 1916			
	By whom	reported Rev. H.S.Reid,	att. 87th Brig	ade.	
		(a) in Pay Book (Ar	riny Book 64) No	t to hand.	
	whether he levill or not	(0) in Small Book (		п	
		(c) as a separate do	ocument	n n	

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.

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Signature of Officer in charge of Section Adjutant-General's	(Sgd)	Α.	E.	Clerk	, Capt	for	Lt.Col.
Office at the Base							ection,
				31	rd Ech	elon,	B.E.F.

Station and Date

Jonado		a Etc.		Squ. Batty.   K Corps Newf e. Company   K Period not reckoning towards freedom from estra fine		Company, e	tc. I	and the c	
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
very Camp	9/2/16	pts		Talking on parads	SatStile	8 days Cl.	9/2/16	C.O. DC.	Junear
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	100,000								
			- 22				7.		

Nº 961



## 1ST NEWFOUNDLAND REGIMENT

# ALLOTMENTS

hereby agree, until lurther 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

Dollars and

, Regl. No///5

... Cents, per diem, from my Pay,

ficate other Rel	ative or	Name (in full)		Address	AMOUNT (each pers
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		130 mm 13			
				Total Allotme	ent. S
signed by		nanding Company a		any, signed by the	
-Lu	Officer Co	Call-	(Sig.)	Sufer of to his	Phili
計划性	Oincer Co	Company	(Rank)	Story	

#### NEWFOUNDLAND CONTINGENT.

#### MEMORANDUM.

No. 4755/495

From

PAY & RECORD OFFICE.

1115, Pte. S. JANES.

58, VICTORIA STREET,

LONDON, S.W.

O. C.,

2/1st. Newfoundland Regt.

Ayr.

F.M/W.F. SUBJECT:

Reference Nos.

November 11th 191 6

REPLY

Dated 28-11.16

Kindly hand the enclosed Money Order to the above named soldier, and obtain his receipt. This amount is remitted to him at the request and on account of No. 1704, Pte. E. T. James, now in 3rd. London General Hospital, Wandsworth, please.

Paymaster & 0 1/c Records.

hoted fousell tapt

4594 net. He NGV 3 8 1916 Ack'd. Ans'd. Alie File No

250,000	400037	10000	0255	4000
OΑ	T	LI	<b>1887</b>	

767

Army Form O. 1625. Voucher No.

NON-EFFECTIV	E ACCC	UNT.	
Regiment or corps Pherofoundly No. 1115 Ranky frevally Died (a) marken as mance	and.	01 11:11	
No. 1115 Ranky Prevale	Name	Mille	ams 1
Died (a) en Action at mance	on the	1 of July	191 6.
Decembed at	on the		191

I Certify to the correctness of above in every particular.

Commanding Squadron, Troop, Battery or Company. STATEMENT OF ACCOUNT. Form 1. 2 1 Date Dr. Balance Or. last month /2/ Balance Dr. last month ...... Cash issues (Date of each issue to be stated) Proficiency, Service or good conduct pa days at from Messing allowance days at from\_\_\_\_ Amount produced by the sale of Effects from Amount of Savings Bank balance, including Consolidated stoppage interest (if no balance, to be so stated) Deferred Pay or Gratuity ..... Balance due by the Paymaster Balance due to the Paymaster .....

I hereby Certify that the above account is correct in every particular, and that the is correctly chargeable against the Public (b). debtor balance of £

(e) Here state whether the soldier died intestate, or whether he left a Will. In the latter case the Will should be annexed he sto, if not already sent to War Office with Army Form B, 2090 or Army Form O, 1815.
 (b) Words in Italian to be struck out when there is no debter balance.

191

Paymaster.

day of

Williams, &J.

1115

Lay Loeph.

1

1916. Voucher No.

#### NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

Rank Private R. Williams. No. 1115 Name

Died (a) in action, on the 1st of July 1916 . France Deserted at on the 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop, Battery or Company.

	STA	ATE	ME	NT	OF ACCOUNT. [For	n 1.
ate	Dr.	£	8.	d.	Or. 2 s.	d.
	Balance Dr. last month				Pay 50 days at \$110 from 13/5to1/5/16	8 8
	(Date of each issue to be stated) £ s. d.				Proficiency, Service or good conduct pay days at from to	3
	Egypt 21 2 <sub>191</sub> 6 1 6 28 2 1 1 6 1 6 1 6				Messing allowance days at from to	
,	France 31 5 , 10 6 10 6	3	12	3	Kit allowance	
	Allotment 50 days @ 60c. \$3000	6	3	3	This account is i	
	Consolidated stoppage			•	received at the Pay of Office to / and therefore subject to a	Rope is
	Canteen Supplies		11	5호	ment if, and as ray be necessary.	
	Balance due by the Paymaster	00				1
	Dalance due by the Faymaster	20	17	6	Balance due to the Paymaster	
	* £	31	4	21	£31 4	28

tify that the above account is correct in every particular, and that the is correctly chargeable against the Public (b). 58, VICTORIA BT.,

LONDON, S.W. 23 NOV disprist

191 --

Paymaster.

ddie died intestate, or whether he left a Will. In the latter case the Will should be annexed to War Office with Army Form B. 2090 or Army Form O. 1815. uck out when there is no debtor balance.

## 1916. Voucher No.

#### NON-EFFECTIVE ACCOUNT.

Regiment or corps 1st Newfoundland

Rank Private No. 1115

R. Williams. Name July on the 1st of

1916

Died (a) in action France Deserted at

on the of 191

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop,

L	ST	ATE	ME	NT	OF ACCOUNT.	[ ]	orm	ì.
Date	Dr.	£	8.	d.	Or.	£	8.	d
	Balance Dr. last month	3	3	3 5	Balance Cr. last month .12/5/16.  Pay 50 days at \$1^{10}\$ from 13/5 to 1/5/16  Proficiency, Service or good conduct pay days at fromto  Messing allowance days at fromto  Kit allowanceto  Amount produced by the sale of Effects from Form 2	11	6	8
	Balance due by the Paymaster	20	17	6	Balance due to the Paymaster			4
	£	31	4	21		31	4	- 500

ertify that the above account is correct in every particular, and that the is correctly chargeable against the Public (6). debtor

58, VICTORIA BT. Dated at LONDON, S.W. this

191 --

Paymaster.

(a) Here was y bother the wide died intestate, or whether he left a Will. In the latter case the Will should be annexed here of notificated year to War Office with Army Form B. 2090 or Army Form O. 1815.

(b) Words in Latter to be struck out when there is no debtor balance.

#### m yer son

### NON-EFFECTIVE ACCOUNT

Revisiont or come let Mewfoundland

Died on motion at Practice

Downtod at

Name B. Williams.

on the lot of July

on the of

THE STATE OF STATE OF

I Certify to the correctness of above in every particular.

Communiting Squadron, Troop Battery or Company.

Cash terms: (Date of each issue to be stated)  £ t. d.	
Egypt 21 2198 1 6 1 6 13 5 7 10 10 6	Messing allowance days at from to
	This account is in accordance with information received at the Pay & Record Office to 3 % and is therefore subject to amend-
	Robert due to the Paymenter

I have Could that the above amount is correct in every particular, and that the

2 3 WOW AND A

Paymen

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[P.T.O.

## Casualty Form-Active Service.

Date o	f promotio	Date of appointm to lance rank  Re-engaged 15.7.15	ent	_ Numeri	cal position on Sf N.C.Os.
1	Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as			Remarks
Date	From whom received	reported on Army Form B. 215, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place -	Date	taken from Army Form B. 213, Army Form A. 36, or other official documents.
16	Unio	Embhid He John Nfld Disembila alexandria Embhid Ph July Visembhid Morseilles Relled in action		10 4.15 1. 9.15 13.9.15 14.3.16 12.3.16	
			for	0%	Sops

# DUPLICATE. Army Form B. 2090A.

## 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)	8	Squadron,	
COURS - lots	ionfoundland Ross. T	Croop, Battery }-	D Gompany
CORPS )	0	r Company )	
			MOUNDLAND CONTINUE 58, VICTORIA ST.
Regtl. No. 1115	Rank Prity	ate	LONDON, S.W.
		, •	* AUG 2 1916
Name Williams,	Re		PAY & MELONO OFF
/ Date_ July 1	et., 1916.		
Dave	3000		
Died Place Promo	R.		
Cause of Death*			
( Cause of Death	Kailled in Adtions		
Nature and Date of	Report B 213, 11/	2/10.	
Pur urkam mada	O O Their		
By whom made			
* Specially state if killed in action, o	or died from wounds received in action sosure while on military duty, or from	, or from illness due to injury while on military	field operations or to fatigue, privation or duty.
Place Grave II	0. 7. Buightsbridge	. 1 mile WeN	.W. of Hamel, 41 mile
	lot., 1913.		
. 1			
By whom reported	d Rove Hese Reid	att. 87th.	Brigade.
	(a) in Pay Book (Army I	Book 64)	Not to hand.
	(w) in ray book (in my r	700K 04/	moo op man
State whether he leaves a will or not	(b) in Small Book (if at 1	Base)	do .
	(c) as a separate documen		do .
	(c) as a separate documen	16	1
All private documer	nts and effects received fro	om the front or	hospital, as well as the Pay
			orwarded to the War Office.
			ed soldier of his wishes as to
the disposal of his estate sh			
A duplicate of this	Enaditionary Force of Field	Dishussia Off	entre Paymaster at Home, eer as the case may require,
together with the deceased	's Pay Book (after withd	rawal of any wi	ll from the latter). If the
deceased's Small Book is at			
		088	omce with this report.
	e of Officer in charge	W.	Cont. Por 74 Cat
Office a	on Adjutant-General's } —at the Base	02210er 1/c	Capt. for Lt. Col.,
97	7/18.	Brd.	Echelon, B. E. F.
Julion and Dave			
Vt. 12929/4141 400,000 19/15 JFW	Forms B 2000A		
No. of the last of			

October 20th 1919.

Secretary, Board of Pension Commissioners, City.

Re Mo.1115.Pte K. J. Williams. Deceased.

Deardir:

April 5th, I beg to state that the amount paid in continuance of this soldier's allottment is six hundred and two dollars, and forty cents (\$602.40)

Yours truly.

Major.& Paymester.

SEPARATION ALLOWANCE. Claimant Williams, Elen (nother, widow). on account of Robert & Williams. No. 1115 Rank. Pto Decision... Aproved. ............... With Rendele frent Col Mi Howley leaft Date 10/5/19 Instructions \* Allotment of 604 per day payable to Emma Williams his Mather from 3/3/15 to 31/3/19 Discontinued on account of Pension Board

15 Kin a 1-7-16

Like est.

NOTICE.

# ROYAL NEWFOUNDIAND REGIMENT.

(Separation Allowance Branch )

IMOTHER.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath, and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace and returned

"The Paymaster" Separation Allowance Branch, St. John's, Nfld. Name in full of soldier. Rank. Rog't. or Unit. om Williams, pewate. Regt. No. Age of soldier. 19 when he soliched Married or Single. Name in full of mother. Age. Emma Wellamo, 4 Occupation. Permanent Give name of your husband. Age. Where Employed. If your husbend is not supporting you state the reason. 6. If your husband is a chronic invalid and totally incapacitated, state nature of maledy. ( A Modical Certificate must be enclosed with this document stating from what date husband has been totally incapaci-tated, and for how long incapacity is likely

blecable

If you are a widow, state date and place of death of your husband.

Have you married again since death of above mentioned husband;

Names of your other children. Address in Age. Occupation Married wal William - 24. Eninder. usic Welliams OT 517219/8V-1/ Williams William alleho am Williams

State amount earned by (a) Yourself Average \$1.50 per week 10. (b) Your huse and. . State amount and source of any other More 11. income. State value of real property belonging / to you and your husband. 12. State value of personal property 13. belonging to you and your husband. If husband is dead state value of 14. Wohns real and personal property left by him. Actual amount contributed by soldier 15. during the year prior to enlistment. Was this amount contributed weekly or / weekly 16. Did this amount include payment of son's 17. boardmitte. State your son's trade or occupation prior 18. to enlistment. 19. State emount of his wages per week. State name and address of his last 20. employer. 21. State amount of monthly support from son since enlistmen t. State amount of allotment received 222 by you from son since enlistment. State from what date did you receive rown 23. allotment ? Actual emount contributed by Monthly. 24. Weekly from early 12 girls matel their man Ula - milhi Are my of these children in the employ of you or your husband?

26. If not receiving support from other children, state cause. Explain Fully. 27. With whom are you residing at present ? 28. Have you made a previous claim for Separation Allowance. If not, why ?prot Give particulars. 29. Are you already in receipt of Separation Allowance from any source ? If so, how much? 37. Are you already in receipt of any payment from any Patriotic Fund ? If so, how much. 31. Was the soldier at the time of his enlistment an employee of the Mild. Government. 32. In what capacity and in what place ? Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment About which 33. If so, how much. I herewith make this solemn Declaration conscientiously believing the same to be true and knowing at to be of the same force and effect as if made under Oath and in Virtue of the Emidence Act. Signature of Applicant. Place of Residence. 40. Calo Diclared and subscribed before me at...... .....day of Malen. Signature of Barrister of the Supreme Court, Stipendiary Magietrete, Motary Public or Justice of the Peace of Manual This opplication must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation the above statements are correct and the soldier first above mentioned is the sole support of the applicant. Signature of Clergyman .... Bigmature of member of the Patriot Fund Cormittee.

May 6th., 1919

Registrar of Vitel Statistics, City.

Dear Sir:-

Will you kindly furnish me statement showing date of Marriage of Williams Williams, son of the late Henry Williams and Emma Will of No.50 Cabet street?

Yours truly,

Captain, Paymaster à Officer i/c Records

May 19,1919

Mrs. Emma Williams.

#50 Cabet Street,

City.

Dear Madam :-

Referring to your application for Retreactive Separation Allowance, I enclose chaque for Three hundred and minteen and thirty-three cents (\$319.33) in payment of same.

Yours truly

Paymaster & Officer 1/c Records

THE BOAR OF HUNSION COMMISSIONERS OF NELD. 5-4-1919 The Raymaster & Officer i/c Records, St. John's Wild. DEAD AND HISSTHE MEN. No. /115 Rank Ma. News R. Williams I have the honour, by direction to advise you that a pension has been awar -ded to to e Mathed of the marginally noted, as follows: 1/1/16 Hame Cenma Williams sciress 30 Cabet SX 31/3/19 Pension 8600 Fension commences 2.7.16 Kindly govern yourself accoraingly, and advise me what deductions will have to be made. I have the honour to be, Sir. Your obedient servant Emma Williams 50 Cabri st Westmeet 31/3/19

Nº 961



## 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

Cents, per diem, from my Pay,

Dollars and ....

entity tificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)		Address	Amoun'
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	1				
		4-14-12-15-		Total Allotment, S	
8		er Commanding Company as		Company, signed by the Volut to the Paymaster as authority	
g.) <u></u>	Luce	Officer Commanding	(Sig.)	HJ AJ	Hill
	ACT .	Company	(Rank	1	

7

1115

Mrs.Emma Williams,

50 Cabot Street,

City.

Dear Madam, -

I enclose herewith cheque for \$116.58, being the amount due you as Administratrix of Estate of late Robert J.Williams. I also enclose letter of Administration.

Yours truly,

D/Paymaster



The Royal Nfld. Regt.

Dept. of Militia, ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militi			
and the second	John's.		1.92
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Memorial P	aque issued	in respect of	SENTON A
the late No	/115	Rank	76
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Royal News	Dadland Rega		. '\
	Gom	m. Willea	~
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Add1 685	····/		000



Fold Here

## ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

a minbh

11661

[P.T.O.]

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

Mrs Emma Williams (Mother)

is/are forwarded herewith to

in respec	t of his service as No. 1115 Rank Pto
	2.
Name	Roberts J. Williams Royal Nfld. Regt.
Rece	cipt of the same should be acknowledged hereon.
Received	2 Medes
Received	0
Signature	Mis bruma Williams
Date	Det 1/21 So Robot Street
	so Robot Street
Address_	V / / /

ST. JOHN'S, - OCTOBER 21, 1981.

DEPARTMENT OF MILITIA, CITY.

GENTLEMEN.

I beg to acknowledge receipt of yours of Sept. 29th enclosing three photographs of grade of 1115 Pte. R.J. Williams.

Yours truly,

Emma pillions 50 labor Street

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

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

C.R. 1115

St. John's, Nfld., Feb. 27, 1920

Emine William Street

Department of Militia,

CITY.

Gentlemen:

I beg to acknowledge receipt of my sons Memorial Scroll, also His Majestysthe Rings message, please accept my very best thanks for same. Recipt for 1914-1915 Star is also enclosed.

Yours truly,

900. In 5

mil.

CR. 1115 Jan. 20th. 1920 Mrs Williams Dear Madam: - 1115 Private Williams With reference to your enquiry of this date concerning pension matters, I am informed that pension for \$20.00 commences from Jan. 1st of this year. When the increase came into effect prior to that date the rate was \$16.00 per month, so that the amount of allotment cheque received by you monthly was really \$2.00, or \$2.60 more that the smount of pension would have been if it had been payable from date of death; so that in actual fact a debit balance of \$62.40 is shown against your account by overpayment. However, I do not think it is likely that the Pension Commissioners will make deductions to write this off, but will allow it to stand as at present. It meens, of course, that there will be no cheque for difference between allotment and pension payable in your case. Yours faithfully. Lieut.-Col. Chief Staff Officer.

### RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1115 Namo Grama Welliams

Witness. Waterwaren

Place De Johns Mfo

m. P

10

13th Nevember, 1916.

Dear Madam,

I have the honour to inform you that I am now in receipt from the Pay and Record Office, Lendon, of particulars of gravesites.

No. 1115, Private R. Williams, was buried on the 1st July, by Rev. H. S. Reid, in Grave No. 7.

Knightsbridge, 1 mile W.N.W. of Hamel, 44 miles N. of Albert.

Yours faithfully,

Colonial Secretary.

Mrs. Emma Williams, 50 Cabot Street.

C.R. 1115

Extract of Casualty List received from PARO., London dated Aug.lst.1916. The following Casualties of the Newfoundland Contingent are reported under various dates:-

1115 Pte. R. Williams.

Killed.

July 26, 1916.

Dear Madam,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, to-day reports that your son, No. 1115, Private Robert J. Williams, was killed in action July 1st.

Yours sympathetically.

Colonial Secretary.

Mrs. Emma Williams. 50 Cabot St.

Extract from Mominal Roll of "D" Go. 1st Bm. Regt. Embarked at Devemport for Active Service 20-8-15.

1115 Pte. R. Williams.

Disembarked Alexandria 31-8-15 proceeded to Abbassia, Caire, same date. Embarked at Alexandria for Gallipeli 13-9-15. Extract from Neminal Rell of Draft embarked for Overseas per SiS. Stephane March 20th. 1915.

No. 6 Plateon.

1115 R. Williams.

C.R. 1115

Robert J. Williams was attested for General Service

with the NEWFOUNDLAND REGIMENT on ... Feb. 16th 1915.

Regimental No. 1115 was allotted to Pte Robert J. Walliams.

AUTHORITY:

Record Defiger ......

Dept. of Militia; 1911

March 25th, 1919.

treated for Seneral Service

with the 23 1908 9. 51 . 45 4 the trad for Connec 1 Service

HOTELOUS BESTOM BUTCH BUTCH SECTION SECTIONS

Date of	d (a) eb 16	Rank Phy Rank Terms of Service (a)	yk J	Service reci	kons from (a) Februs, erical position on all of N.C.Os.
	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or othe official documents.
		Imbarked St. John'  1.8e.Joarked Alexan  b.Joarked for Gallin  Embk'd Port Suez  Disembk'd MARSELLLE	dria	39.4.15 1.9.15 13.9.15 14.3.16 22.3.16	
L 1916	Unt	Killed in Action	France	_ 1 - Jul	1916 F23
Im	1			a	SCIENT CAPTA FOR O. 10 INFANTRY RECOR G. H. G.: 810 ECHEL

# Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

THE RESERVE AND THE PARTY NAMED IN	ental Number	and Name		Enlistment T	rade	Good Conduct Badges, Service I	Pay or Profic	. Signature of O. C. Company	Althanas
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eded	Date		•	(with Colours 427 years 70	ace of Birth				
ed	Date			Period of with Reserve 365 years.	ace of Birth				
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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