

Newfoundland Forestry Companies

ATTESTATION OF

No. B 211

Name Wm Joseph Woodford

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>William J. Woodford</u> |
| 2. What is your full Address? | 2. <u>7. Cornhill Square</u> |
| | <u>St Johns</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>21</u> Years <u>6</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Machinist</u> |
| 6. Are you Married? | 6. <u>no</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>no</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>yes</u> |
| 9. What is your Religion? | 9. <u>R C</u> |
| 10. Are you willing to serve upon the conditions as embodied in this roll of service as applied to Forestry Companies? | 10. <u>yes</u> { Name |
| | { Corps |

I, William J. Woodford 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.

W. Woodford SIGNATURE OF RECRUIT.

Nothing J. Ellis Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, W. Woodford 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 serve His Majesty, His Heirs and Successors, in the United Kingdom, 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 St Johns on this 28th day of May 1917

Signature of Attesting Officer

M. Sullivan

†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).....

May 28th. 1917.

I agree to be taken in Forestry Companies as incapacitated man as I have only one eye and in the event of losing the sight of my left eye I am only entitled class three pension namely, \$280 per annum.

W. Woodford

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William G Woodford
 Apparent age 21 years 6 months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 145 lbs. inches
 Range of expansion _____ inches
 Distinctive marks Brown Hair gray eye
Scar Right eye lid

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John G Woodford
7 Bonnet Square | Relationship Father
St John Particulars as to Marriage

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

(a)	(b)	(c)	(d)
-----	-----	-----	-----

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____									
<u>Discharged July 9, 1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] _____ " _____

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William J Woodford
 Apparent age 21 years 6 months. Height 5 feet 8 1/2 inches
 Chest Measurement { Girth when fully expanded 145 inches
 Range of expansion _____ inches
 Distinctive marks Brown Hair Gray eyes
Scar Right Eye Lid.

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin John J Woodford
7 Bonmont Square | Relationship Father
St Johns Particulars as to Marriage

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

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Joined at _____ on _____									
<u>Discharged July 29 1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days
 " " Pensions " _____ [" "] " _____

May 28th. 1917.

I agree to be taken in Forestry Companies as incapacitated man as I have only one eye and in the event of losing the sight of my left eye I am only entitled class three pension namely, \$280 per annum.

W. Woodford

Form
O. & C.
1009

~~0000~~ P/332.

MEMORANDUM.

From O.C.
Nfld Forestry Companies.

To Chief Paymaster & O i/c Recds.
Newfoundland Contingent,
58 Victoria St,
London, S. W. 1.

From
Chief Paymaster & O i/c
Records,
Newfoundland Contingent,
London. S.W. 1.
Officer Commanding,
Nfld Forestry Coy's,
Kenmore, Loch Tay. N.B.
~~ANSWER.~~ 17275

Kenmore, Perthshire.

Pay & Record Office.

Oct. 17th. 191 8.

October 24th, 191 8

Herewith N.F.P/11 & 12 re-
ferring to cancellation and
new allotment of 8211 L/Corpl.
W. Woodford. He wishes to change
his allotment from 60¢ per diem
to 40¢ per diem.

Reference obverse: N.F.P/11
& 12 referring to 8211, L/Cpl.
W. Woodford, and 8258, Pte. C.
Smith received and are being
dealt with, please.

Also N.F.P/12 and F.G 6
referring to cancellation and
new allotment of 8258 Pte. C.
Smith. He wishes to change his
allotment from 60¢ per diem to
30¢ per diem.

A. O. [Signature]
Major,
Chief Paymaster & O i/c Recds.
FM/NM.

For your information and
action, please.

NEWFOUNDLAND CONTINGENT PAY & RECORD OFFICE	1918								
Recd. Nos. for	1918								
ACK'D									
Recd. Nos.									
CHIEF									
Comd.									
P. & A.									
R. & C.									
S. & E.									
P. S.									

[Signature] Capt. & Adj. for
O.C. NEWFOUNDLAND FORESTRY COYS.

NEWFOUNDLAND FORESTRY CORPS.

~~NEWFOUNDLAND CONTINGENT~~

ORIGINAL.

CANCELLATION OF ALLOTMENT

ENTERED	N.F.P. / 12.
PAY LEDGERS	
ROLL	
ALLOT. INDEX	
REGISTER	
EXAMINED	

1. I, (No) 8211 (Rank) Supt (Name) Woodford W

hereby apply for cancellation of Allotment made by me on N.F.P. / 11

No. 517 dated 28 May 1917 in favour of

Mrs J. Woodford 7 Convent Square St. John's
for \$ cts 60 per diem.

Such cancellation to take effect on the Thirty First day of
October 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above-nominated cancelling date, and that in the event of such non-delivery, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at Keenore
Oct 16 1918

COPI	
TO	
M. OF L.	<u>16867/170 22/10/18</u>
O.C. "B" Co.	
.. 2nd	
Allotter. <u>W. Woodford</u>	

Approved and Witnessed:
W.S. Cross

O.C. "B" Company.

NOTED
<u>Amkator</u>
..
Date: <u>16 Oct / 18</u> 15

N.B. - To be made out TRIPLICATE and delivered to the Pay & Record Office not later than the date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/16.

275

NEWFOUNDLAND FORESTRY CORPS.

N.F.F.C. / 11.
P.F.C.

NEWFOUNDLAND CONTINGENT

ORIGINAL.

ALLOTMENT

I, (No.) 8211 (Rank) Left (Name) Woodford W

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and Forty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person)	
			\$	¢
<u>Mother</u>	<u>Mrs J Woodford</u>	<u>7 Convent Square</u> <u>St John's</u>		<u>40</u>
				<u>40</u>

COPIES SENT

TO	NO.	DATE
W. OF M.	<u>16867/1170</u>	<u>22/10/18</u>
O.C. 1st Bn.		
" 2nd Bn.		

This Allotment to take effect from and including 1st Nov 1918

NOTE:- This Form must be completed and signed by the Soldier, counter-signed by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L.10, 9/12/16.

(Sig.) W. C. Crowe
 Officer Commanding,
 " " Company.

Dated at St. John's
Oct 11 1918

NOTED
 Dated 16 Oct 18 B
 (Sig.) W. Woodford
 Allottee



Department of Militia, Newfoundland
Medical Department

Medical Report on an Invalid

NOTES :

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps," "possibly," "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

STATEMENT OF CASE

Station.....**Headquarters**.....

Date..... **20/6/19**.....

- | | | | |
|-------------------|---------------------------|-------------------------------|-----------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 24. |
| 2. Regimental No. | 8211. | 6. Enlisted on | May 28/17. |
| 3. Rank | L/C. | at | St. John's. |
| 4. Name | Woodford, W.J. | 7. Former trade or occupation | Stationmaster. |
| | | 8. Disability | |
| | | | Myalgia. |

9. History
He complains of dead aching pain in legs during last 12 Months. He stated he suffers with epileptic fits. last fit he says was 10 days ago. Difficulty of hearing in L. Ear.

10. What is his present condition ?

Pain in legs from hips down after walking any distance --- Movement at Hips complete--- as Muscle wasting. Wax in Left Ear.
(This is the important question. Be brief—the clearer the case the less need be written. Read note f above).

Department of Military Neurology
Medical Department

11. Was sanatorium advised and refused ?
operation

12. Do you recommend discharge as permanently unfit ? **Y**

Signature **J. ST. P. KNIGHT... MAJOR**

Rank or Qualification

Remarks if any by Officer in Charge Hospital.

Place Signature

Date Rank

Department of Military Neurology
Medical Department

Opinion of the Medical Board

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words

13. For pension purposes, the disability x **May** be considered as aggravated by:—
due to
- (a) ~~Service during this war.~~ (b) ~~Climate.~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10). If not give differing opinion and additional findings.

Has had the pains for past 12 months.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market?

- (b) PENSIONABLE DISABILITY—To what extent is his ^{10%} capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service?

(State in percentage.)

10% 3 Months & treatment.

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperance (b) Misconduct

18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from the Army
~~retention in~~

Remarks if any:—

N. S. FRASER,
President

Signature **F. S. TAIT**,

L. PATERSON: MAJOR:

Place **St. John's**,

Date **June 21/19**,

APPROVED

Station

Date



(SGD) CLUNY MACPHERSON: MAJOR:
Administrative Medical Officer.



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 *Woodford, William,*

Regiment from which discharged *Royal Newfoundland*

Regimental number *8211.*

Intended address *7 Convent Sq.*

Height on discharge *5* Feet *9*

Color of hair on discharge *Dark.*

Complexion *Fair.*

Color of eyes *Blue.*

Descriptive Marks *Scar on R eye L eye & hand.*

Figure on discharge *Med.*

Christian name of Father *John,*

Christian name of Mother *Ann.*

Wife's maiden name in full _____

Date and place of marriage _____

Christian names of children _____

Place and date of soldier's birth *St John's. 22 Feb. 1895*

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) *Wm Woodford*

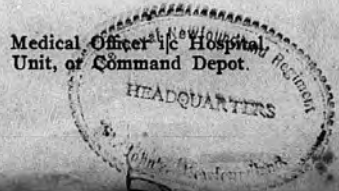
Station *St John's*

Date *196-19* (Rank) *S/Quartr.*

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



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

MEDICAL HISTORY

OF

Surname Woodford Christian Name William J

Table I.—GENERAL TABLE.

Birthplace:—Parish St John's Nfld County

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>28th</u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191_____	
	at <u>St John's</u>		at _____	
Declared Age	<u>21</u> years <u>6 mos</u> days		_____ years _____ days	
Trade or Occupation	<u>Machinist</u>		_____	
Height	<u>5</u> feet <u>8</u> inches		_____ feet _____ inches	
Weight	<u>145</u> lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded.... inches		_____ inches	
	Range of Expansion... inches		_____ inches	
Physical Development				
Vaccination Marks	Arm			
	Number	<u>One</u>		
When Vaccinated				
Vision	R.E.—V=		R.E.—V=	
	L.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) <u>glass eye, Right.</u> <u>4. Scar. over Right Eye</u> <u>Lid.</u>		(b)	
Approved by (Signature)	<u>Lammie Paterson</u>			
(Rank)	<u>major</u>			
	Medical Officer.		Medical Officer.	
Enlisted	at <u>St John's</u>		at _____	
	on <u>28th</u> day of <u>May</u> 191 <u>7</u>		on _____ day of _____ 191_____	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment				
Transferred to	<u>Nfld Forestry Co. 8211.</u>			
Became non-effective by				
(Signature)	on _____ day of _____ 191_____		on _____ day of _____ 191_____	
(Rank)				

NEWFOUNDLAND FORESTRY CORPS.

~~NEWFOUNDLAND FORESTRY CORPS.~~

DUPLICATE ORIGINAL.

CANCELLATION OF ALLOTMENT

ENTERED	<i>PH</i>
PAY LEDGERS	N.F.P. 118.
MIL. ROLL	<i>P.S.</i>
ALLOT. INDEX	<i>PH</i>
REGISTER	
EXAMINED	

1. I, (No) 8211 (Rank) 1st Lt (Name) Woodford W
 hereby apply for cancellation of Allotment made by me on N.F.P./11
 No. 517 dated 28 May 1917 in favour of
Mrs J Woodford 7 Convent Square St John's
 for \$ cts 60 per diem.

Such cancellation to take effect on the Thirty First day of
October 1918.

2. I agree to accept all risks and consequences of this appli-
 cation failing to reach Headquarters, St. John's, in time to become
 operative at above-nominated cancelling date, and that in the event
 of such non-delivery, and thereby the Allotment continuing to be
 paid to the Allottee, I also agree to such further stoppage in the
 Pay Books as may be necessary, or otherwise to refund such overpaid
 amount or amounts.

Dated at St. John's Oct 15 1918 W Woodford
 Allotter PH

Approved and Witnessed:
W. S. Crane
 O.C. "B" Company.

NOTED
 Duplicate
 Date 16 Oct 1918
 W. S. Crane

N.B. - To be made out TRIPPLICATE and delivered to the Pay & Record
 Office not later than the date of cancellation, in accordance
 with P. & R.O. C.L./10, 9/12/13.

The Royal Nfld. Regiment

DEMOBILIZATION

No. *1211* Rank

Name *Woodrow W*

Warned for demobilization on

JUN 25 1919

No. 275

DUPLICATE ORIGINAL

NEWFOUNDLAND FORESTRY CORPS.

~~NEWFOUNDLAND CONTINGENT~~

ENTERED
PAY LEDGERS
NUM. REC. N.F. 5/11
INDEX
REGISTER
EXAMINED

ALLOTMENT

I, (No.) 8211 (Rank) S/Plt (Name) Woodford W.

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and Forty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person)	
			\$	c.
Mother	Mr J Woodford	1 Court Square St Johns		40
				40

This Allotment to take effect from and including 1st Nov 1918

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. G.L. 10, 9/12/16.

(Sig.)

W. Crowe
Officer Commanding,
Company.

Dated at

St. John's
Oct. 11 1918

NOTED
DM. E. C.
C.O.M.S. CEN.
11/11/18

(Sig.)

W. Woodford
Allottee

NEWFOUNDLAND FORESTRY CORPS.

~~NEWFOUNDLAND CONTINGENT~~

ENTERED
PAY LEDGER
NUM. ROLL
ALLOT. INDEX
REGISTER
EXAMINED

CANCELLATION OF ALLOTMENT

TE
PY

1. I, (No) 8211 (Rank) Private (Name) Woodford W.

hereby apply for cancellation of ALLOTMENT made by me on N.F.P./11

No. 517 dated 28 May 1917 in favour of

M^r J. Woodford 7 Convent Square St. John's

for \$ 60 cts per diem.

Such cancellation to take effect on the Twenty First day of

October 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above-nominated cancelling date, and that in the event of such non-delivery, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at St. John's Oct 16 1918

W. Woodford
Allottee

Approved and Witnessed
[Signature]
O.C. "B" Company.

NOTED
<u>[Signature]</u>
G.M.S. Can
Date <u>16 Oct 18</u> B Co's

N.B. - To be made out TRIPPLICATE and delivered to the Pay & Record Office not later than the date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/18.

No. 275

NEWFOUNDLAND FORESTRY CORPS

ENTERED
PAY LEDGER
N.F.P.
NUM. INDEX
REGISTER
EXAMINED

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 824 (Rank) Sgt (Name) Woodford W.
 hereby agree, until further notification by me, and in required form,
 to make an Allotment of _____ dollars and Forty cents
 per diem, from my pay, to and for the benefit of the undermentioned
 Person and/or Persons. Such payments to be made on proof of identity
 of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$ c
Mother	Mrs J. Woodford	7 Court Square St Johns	40
			40

This Allotment to take effect from and including 1st Nov 1918

NOTE:- This Form must be completed and signed by the Soldier, counter-
 signed by the Officer Commanding his Company, and forwarded to the
 Chief Paymaster in accordance with P.&R.O. C.L.10, 9/12/16.

(Sig.) [Signature]
 Officer Commanding,
 " " Company.
 Dated at Keemore
Oct 16 1918

NOTED
 Disb. at
 Date 11 Oct 18 com.
 (Sig.) [Signature]
 Allottee

Nº 517



Newfoundland Forestry Companies.

ALLOTMENTS

I, William Woodford, Regl. No. 8211
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
Dollars and sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} 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.:

Allotment begins May 25th / 17

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)	
516.	Mother	Jane Woodford	7 Bonnet Sq. St Johns		60
Total Allotment, \$					

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.) M. Sullivan
 Officer Commanding
a Company
St Johns
May 25th 1917

(Sig.) W. Woodford
 (Rank) Private

NEWFOUNDLAND CONTINGENT

ALLOTMENT

I, (No.) 211 (Rank) Sgt. (Name) Woodford W.

hereby agree, until further notification by me, and in required form, to make an Allotment of _____ dollars and forty cents per diem, from my pay, to and for the benefit of the undermentioned Person and/or Persons. Such payments to be made on proof of identity of the Person and/or Persons concerned, viz.,

Whether Wife, Child, other Relative or Friend.	NAME (In Full)	ADDRESS	AMOUNT (Each Person) \$ c
Mother	W ^m J. Woodford	Convent Square St. Johns	40
			40

This Allotment to take effect from and including 1st Nov 1918

NOTE:- This Form must be completed and signed by the Soldier, countersigned by the Officer Commanding his Company, and forwarded to the Chief Paymaster in accordance with P.&R.O. C.L. 1910.

(Sig.) W. S. Crowe
 Officer Commanding,
 " " Company.
 Dated at St. John's
Oct 16 1918

NOTED
W. Woodford
 (Sig.) Allottee
 Date 16. Oct. 1918
 B. Co'y

NEWFOUNDLAND CONTINGENTCANCELLATION OF ALLOTMENT

1. I, (No) 8211 (Rank) Sgt (Name) Woodford W
 hereby apply for cancellation of Allotment made by me on N.F.P./71
 No. _____ dated May 1917 in favour of
Mr J J Woodford 7 Rowntree Square St John's
 for \$ _____ cts 60 per diem.

Such cancellation to take effect on the thirty first day of
October 1918

2. I agree to accept all risks and consequences of this application failing to reach Headquarters, St. John's, in time to become operative at above-nominated cancelling date, and that in the event of such non-delivery, and thereby the Allotment continuing to be paid to the Allottee, I also agree to such further stoppage in the Pay Books as may be necessary, or otherwise to refund such overpaid amount or amounts.

Dated at St. John's
Oct 15 1918 W Woodford
 Allotter W J G

Approved and Witnessed:
W. J. Crow
 O.G. " B Company.



N.B. - To be made out TRIPLICATE and delivered to the Pay & Record Office not later than the date of cancellation, in accordance with P. & R.O. C.L./10, 9/12/18.

The Royal Newfoundland Regiment

Class for Demobilization; —

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 21-6-19

Regimental No R 11

Name Woodford W. J. Rank Sgt

Address Convent St.

Present Medical Category B

Recommended for: — { (a) ~~Immediate~~ discharge
(b) Standard Medical Board

Members of Board

R. H. Last Major
O.C. Discharge Depot,

W. Paterson
Senior Medical Officer

Geo. Burden
M. O. Depot

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS
DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE 17/8/76

NAME Woodford William J. Service No. 8211 army
NON Matricule No W.W.I.
CPC No. 290322
CCP No
WVA No. 1
AAC No

Information Received from: Teley SNF.
Information reçue de:

Date of Death 2/8/76
Date du Décès

Place 1
Endroit

Distribution: WSR-DASG
VI - ASS
DO - BD
HO - BC

Pour le chef,

for Chief, Central Registry Division.
Dépôt central des dossiers.

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