

THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6188 Name Eli Anderson R.C.

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Eli Anderson
- 2. What is your full Address? 2. St. George's Street
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 24 Years Months
- 5. What is your Trade or Calling? 5. fisherman
- 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, Eli Anderson 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.

24/9/18

Eli Anderson SIGNATURE OF RECRUIT.
W. Loughton Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Eli Anderson 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 24 day of Sept 1918
Signature of Attesting Officer Archie J. [unclear]

† 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 SEP 25 1918 1918
Place ST. JOHN'S
Robertson [unclear] 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. St. John's, 15nd

* 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)

Extract from Daily Orders part 11 depot St. John's dated Sept. 30th 1918

#6188 Pte. Eli Anderson.

ATTESTED FOR GENERAL SERVICE WITH THE ROYAL NEWFOUNDLAND REGIMENT FROM

24-9-18

C.R. 6188

Extract from Daily Orders part 11, St. John's (Depot)
Jan. 20th, 1919.

The Discharges of the undernoted on Demobilization
have been Approved by O.C. Discharge Depot from noted dates.

6188 Pte. Eli Anderson.

19-1-19.

PROCEEDINGS ON DISCHARGE

1. No. 6188 Rank Cpl. Name Eli Anderson
Intended place of residence Cadney St George

2. Occupation
Classification of soldier -C Medical Category A. 11

3. The above named man is discharged in consequence of..... DEMOBILIZATION

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
Place
Date JAN 16 1919
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 St Johns 16-1-19
Signature of soldier Eli Anderson
Signature of witness [Signature]

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 Jan 16th 1919
ST. JOHN'S
Signature of soldier Eli Anderson
Signature of witness [Signature]

STATEMENT OF SERVICE

7. Enlisted for service 15. 10. 18 No of days on Military
Discharged from service 19. 1-19 plus 28 days Service 128 Days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.
Place ST. JOHN'S
Date JAN 19 1919
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place St Johns, Nfld
Date February 16/1919
Officer i/c Records
The Royal Newfoundland Regiment

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6188 Rank PTV Name Anderson E. G.
 Date of Enlistment 15 10 18 Address RODROY District St. George's
 Occupation Fisherman Classification for Discharge 2 Medical Category A 3
 Recommendation S.M.B. Disability Rating

Passed to Demobilization Officer with following documents:—

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
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 14-17-18 W. H. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am in a position to resume civilian occupation.

E. G. Anderson

Particulars passed to Vocational Officer for information and action.

Date

2. Clothing.

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable \$60.00
- (b) Clothing Supplied Joseph A. Anderson

Date 16-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R504 to his home at Samson Codroy and Release Certificate No. 806 issued.

Date 16-1-19 CB Dickes Capt.
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 16-2-19

Date 16-1-19 W. M. M. Capt.
Depot Paymaster.

Discharge approved for 19. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36.....	B 268.....	B 121.....	1	N.F. Med.....	D.F. 1.....	1	governor
B 178.....	W 3494.....	B 122.....		Board 1st.....	" 2.....	2	
B 178a.....	D 400A.....	B 1915.....	2	do 2nd.....	" 3.....		
B 179.....	D 400B.....	Form L.....	1	do 3rd.....	" 4.....		
B 179a.....	D 400C.....	Form K.....	1	do 4th.....	" 5.....		
B 179b.....	B 103.....	ME 2.....	1		" 6.....		
B 179c.....	B 120.....	M 93.....					

Date 16. 1. 19 CB Dickes Capt.
Demobilization Officer.

APPROVED.

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

Date JAN 19 1919 R.H. Sait Capt.
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.
Date A.G. B 2079/1919

7
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ROYAL NEW ZEALAND REGIMENT.

Medical Examination Held at Adypts on Sept 24 1918

1. Name Elv. Anderson Age (a) Declared 20
(b) Apparent

2. Do you know of anything wrong with you? Capture 3 years ago.

What severe illnesses have you had? None.

Syr. Bliss
Comp San.
Wank. Scar on lig tor of foot

~~6188~~
6188

3. Height 5 ft 6 1/4 Weight 150

4. Eyesight (a) Left 6/6 (b) Right 6/6

5. Physical Defects (Examine after strenuous exercise) -

6. Examination of Lungs -

Measurement (a) Expiration 35 (b) Inspiration 33

7. Examination of Heart -

8. Examination of Urine -

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears—(Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? yes 5 years ago J.H. Bond
11. Name and address of next of kin Father John. Bondy. St. Georges Dist.

REMARKS—

A11

Archib. Galt
W. Anderson
Medical Examiner

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 work at fishing

Eli Anderson

Signature of Man.

Arthur C. Call

Signature of the Vocational Officer or his Representative.

Reg. No. *0 188*

Place **ST. JOHN'S,**

Date *Jan 16th*

191 *9*

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. & 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.

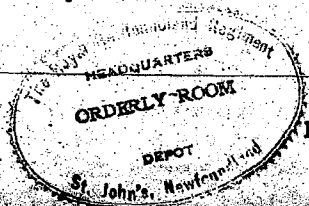
Name in full *Anderson, Eli.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6188*
 Intended address *Codroy, St. George's District.*
 Height on discharge Feet
 Color of hair on discharge *Black.*
 Complexion *Fair*
 Color of eyes *Blue.*
 Descriptive Marks *Vaccination left arm, 4 marks.*
 Figure on discharge *Normal.*
 Christian name of Father *John.*
 Christian name of Mother *Amelia.*
 Wife's maiden name in full }
 Date and place of marriage } *not married.*
 Christian names of children }
 Place and date of soldier's birth. *Codroy, July 14th 1898.*
 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) *Eli Anderson* (Rank) *Pte.*
 Station *Prince's Link* Date *11/12/18.*

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.

J. R. Steele
 Medical Officer i/c Hospital,
 Unit, or Command Depot.



Station _____ Date _____

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B.121.
39.

Regiment of Royal Newfoundland Regt

Number of Sheet One
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade
No.	<u>6788</u>	Age on	<u>20</u> years	<u>Private</u>
<u>Ch. Anderson</u>		months		
Joined	Date	Place and Date of Enlistment		Religion
Joined	Date	<u>St. John's</u>		<u>PC</u>
Joined	Date	Period of	with Colours <u>14 1/2</u> years.	Place of Birth
Joined	Date		with Reserve <u>3 1/2</u> years.	<u>Colony.</u>

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 16 ²/₁₉</u>					

To be carried over.

