



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2604 Name Saml. Cross Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|---|------------------------------------|
| 1. What is your name? | 1. <u>Samuel Cross</u> |
| 2. What is your full Address? | 2. <u>Jambo</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>19</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>lumberman</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. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 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 to be signed by you if you are accepted? | 11. <u>Yes</u> |

FOR THE DURATION OF THE WAR

I, Samuel Cross, 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.

E. ap 26/16

Samuel Cross
R. D. Subbridge

SIGNATURE OF RECRUIT.
Signature of Witness.

Samuel Cross 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 St John's on this 26 day of Apr 1916

Signature of Attesting Officer R. D. Subbridge 2nd Lieut

†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 rank of Private If enlisted by special authority, such will be attached to the original attestation.

Date 1916
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)

C.R. 2604

Samuel Cross was attested for General Service with
the NEWFOUNDLAND CONTINGENT on April 26th 1916
Regimental No. 2604 was allotted to Pte C.R. Saml. Cross.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

C.R. 2604

Street from Original Roll numbered St. John's for persons,
per A.S. HICLIAN, July, 1916.

2504 Pte. Cross S.

(138) ✓

Counter No.

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

All Messages Sent are Subject to the Following Conditions:

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

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

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

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

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____

Line Number	Red	By	Sent	by	Check

Dated December 7, 1916.

To Mr. Henry Cross,
Gambo.

Regret to inform you that the Record Office,
London, officially reports No. 2604, Private Samuel Cross
was wounded November nineteenth, nature of wound not
reported yet.
Upon receipt of further information I shall immedi-
ately wire you and trust that the next report will
be of his convalescence.

J. R. BENNETT,
Colonial Secretary.

FOR TYPEWRITER

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I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)Signature of Sender Geo. H. Bennett Address _____

Line Number	Red	By	Sent	by	Check

Dated April 21, 1917.

To Mr. Henry Cross,
Gambo.

Regret to inform you that Record Office,
London, officially reports No. 2604, Private
Samuel Cross, was at Sixth Stationary Hospital,
Freetown, April sixteenth, suffering from mild
gunshot wound in thigh.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J. R. BENNETT,

Colonial Secretary.

FOR TYPEWRITER

C.R. 2604

Extract of Cablegram received from Pay & Record
Office, London, dated May 11, 1917.

#2604 Pte. S. Cross,

Gynshot Wound right thigh.

At Royal Victoria Hospital, Netley, France,

Admitted on May 9th, 1917

~~Pay~~

Address 2604 Ste. S. Cross:

1st. N. F. S. D. Regt.

Beechfield House
Regents Park Hosp.

Southampton

June 15th/17

Dear Sir

Having lost my badge and not
being able to get one in this town
will you please send me one
and oblige

Yours truly
Samuel Cross.

P. M. RECORD OFFICE	
File No.	3181
RECD.	JUN 18 1917
AMOUNT	
AMOUNT	18/17 5889/1.
File No.	

[Handwritten signature]

CP 2604

Extract from Daily Orders part 11, from Unit The Royal
HZA. Regt. 2005 in the field, dated 1-4-18.

#2604 Pte. S. Cross.

To be Cook from 1-5-18.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 2604 Pt. George J.
 Company. From 23. 7. 17 To 17. 8. 17 (Dates inclusive).
 DR. Classification (See Procedure).

(Substituting A.F. 0.1625). N.E.L. 136.
 Embarked per S.S. _____
 From _____ Date _____
 Draft No. _____ CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	\$	¢	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	\$	¢	£	s	d
	8	Forfeited Pay	50	21	11	50					1	Pay	100	26	26	00			
	9	Allotments		26	13	00					2	Field Allowance	10	26	26	00			
	10				13	00	2	13	5		3	Other Allowances			28	60			
	11/12	Total Stoppages			7	76	1	13	8		4/5	Total @ 4.30 2/3			28	30	1	17	6
	13	Fines									6	Balance Credit Last Period						5	2
	14	Clothing & Necessaries									6a	OTHER CREDITS:							
	15	Arms & Accoutrements										Ration Allowance,							
	16	Barrack Damages										1/17 to 1/17							
	17	Hospital Stoppages										= days @ 1							
	17a	Miscellaneous Stoppages																	
	19	Casual Payments					12	6											
	20	1st Payment					12	6											
	21	2nd "																	
	22	3rd "																	
	23	Final "																	
	24	Balance Debit Last Period					1	0	0										
	28	" Due by Paymaster					1	13	8		27	Balance Due to Paymaster			1	6	2	8	
							1	13	8										

CERTIFIED CORRECT.

W.N. Barry Camp, Carnoustie
15th Aug 1917.

Macross Thomson Gt.
 O.C. "F" Company.

Army Form B. 179A.

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 Newfoundland*
2. Regtl. No. *2604* 3. Rank. *Lt Cpl*
4. Name *Cross* *Samuel*
 (Surname) (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *Apr 27/16* at *St. Johns*
 in category (or grade).....
7. Former Trade or Occupation *Lumberman*
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
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
 (d) Particulars of Pension or Gratuity (if any)

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 | | <input checked="" type="checkbox"/> |
| (ii.) Previous active service | } n.a. | |
| (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? } n.a.

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.)

He complains of no disability.

16. Was an operation performed? If so, when and what was its nature?

no.

17. If not, was an operation advised and declined?

na.

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?

na.

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?

na.

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. Procmier . Capt R.A.M.
Medical Officer in charge of case.

Station *Boazley D. Camp.*

Date *4-19*

* 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

July 22, 1919

#2604 L/C. Samuel Gross,
Cambo.

Dear sir:-

Please find enclosed Discharge Certificate No. 3164 .

Yours truly

Captain & Quymaster

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2604 Rank L. Bpt Name Cross, Samuel
Intended place of residence Canada

2. Occupation Lumberman
Classification of soldier E Medical Category A I

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, ST. JOHN'S
Date JUL 3 1919
Signature of 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, ST. JOHN'S
Date JUL 3 - 1919
Signature of soldier
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, ST. JOHN'S
Date JUL 3 - 1919
Signature of soldier
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25-4-16 No. of days on Military Service 1182
Discharged from service 5-7-19 Plus 14 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 JUL 5 1919
Signature of Officer Commanding Discharge Depot
The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
Place, ST. JOHN'S
Date July 19/1919
Signature of Officer i/c Records
The Royal Newfoundland Regiment

5
31
30
19
83

2019/3164

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 164 Rank Private Name James J. [unclear]
 Date of Enlistment 25.4.16 Address [unclear] District St. John's
 Occupation Labourer Classification for Discharge C Medical Category 1
 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 2/1/19 _____
 _____ O. C. Discharge Depot.

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.
[Signature]

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with—

- (a) Clothing Allowance payable \$ 60.00
- (b) Clothing Supplied _____

Date 3-7-19 _____ O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 2152 to his home at Yambo and Release Certificate No. 3155 issued.

Date 3-7-19

J.A. Snow 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 19-1-1919

Date 3-7-19

H.A. Snow Maj.
Depot Paymaster.

Discharged approved for 5-9-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.P. 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		

Date 3-7-19

J.A. Snow Capt.
O. C. Discharge Depot.

APPROVED.

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

Eligible for War Service Gratuity

Date 111 5 1919

R.H. Sait MAJOR
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 Occupation.

J. Quase

Signature of Man.

J. H. Snowbush

Signature of the Vocational Officer or his Representative.

Reg. No. 2604

Place **ST. JOHN'S.**

Date **JUL 3 - 1919**

191

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

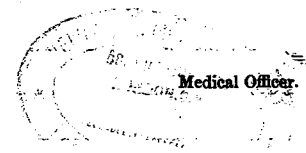
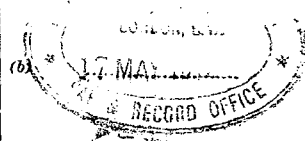
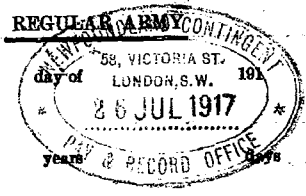
MEDICAL HISTORY

Surname Cross Christian Name Samuel

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY CONTINGENT	
	Right	Left	Right	Left
Examined	on 25 day of April 1916		on 26 JUL 1917	
Declared Age	19 years 5 days		years & RECORD OFFICE days	
Trade or Occupation	Lumberman			
Height	5 feet 4 inches		feet	inches
Weight	140 lbs.			lbs.
Chest Measurement	Girth when fully expanded... 36 1/2 inches		inches	
	Range of expansion... 3 inches		inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V=	6/6	R.E.—V=	
	L.E.—V=	6/6	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)	<i>Samuel Peterson</i>			
(Rank)	Major Medical Officer.			
Enlisted	at <i>B Johns</i> on 25 day of April 1916		at _____ on _____ day of _____ 191	
	Corps.	Regtl. No.	Corps.	Regtl. No.
Joined on Enlistment	1st Rfld Regt 2604			
Transferred to	<i>Newfoundland</i>			
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				



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 Office 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 *Samuel Cross*

Regiment from which discharged *Royal Newfoundland*

Regimental number *2604*

Intended address *Osambo*

Height on discharge *5* Feet *4*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *S. S. O. Lt. buttock*

Figure on discharge *medium*

Christian name of Father *Henry*

Christian name of Mother *Elizabeth*

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, Jan. 18, 1897*

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)

Samuel Cross / 6th
(Rank)

Station

St. John's

Date

5-5-19

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.

Medical Officer i/c Hospital.
Unit or Command Depot.

Station

Date

Army Form B. 103.

Regimental Number 2604

Casualty Form—Active Service.

Regiment or Corps Royal Newfoundland

Rank Private Surname Cross Christian Name Samuel

Religion Church of England Age on Enlistment 19 years 3 months

Enlisted (a) St. John's Terms of Service (a) Duration Service reckons from (a) 26-4-16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended Re-engaged Qualification (b)
or Corps Trade and Rate

Occupation Lumberman A. Lloyd Wood Signature of Officer.

Date	Report From whom received	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.
		Embarked ...		27 MAR 1916	
		Disembarked...		16 MAR 1916	
			1st Battalion	4-4-18	
20/5/18	W. Cross	To be Cook from			
		Granted leave to W.R.		11/2/19	B.213
		Apptd. S/Cpl (Lance)		7/4/19	B.213
		Arrived in W.R.		23/4/19	

Int

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoing-Smith, &c. W. 11814—M1183 160028 1/17 (27227) SP & Co, Ltd. Forms B.103/4 E.134. (P.T.O.)

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 20th, 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, *SAMUEL*..... 2. Surname, *CROSS*.....

3. Rank, *R. P. Pl.*..... 4. Regtl. No. *7604*.....

5. Address in full to which future payments of gratuity are to be forwarded, *Yambo R.R.*.....

6. Date of enlistment in the Regiment, *Apr. 23/16*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge, ~~*Mr. Elizabeth Cross*~~ *No*.....

8. Relationship of such dependents, ~~*Wife*~~ *No*.....

9. Address in full of such dependents, ~~*Yambo R.R.*~~ *No*.....

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*.....
France Belgium & Germany.....

12. Give total length of time which you served on active service, whether in Nfld. or Overseas, *3 years*.....
..... 1.....

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

..... *No*

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?
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?

..... *No*

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

19. Are you now serving in the Regt.?

..... *No* If not give: (a) Date of discharge

..... *July 3/19* (b) Reason for discharge

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.

..... *France, Belgium & Germany from Oct 1916*

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: *J. Cross*

Place of Residence: *Gaymo B.B.*

Declared before me at: *St Johns,*

This *14th* day of *July* 19*19*.....

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.
John M. McCarthy

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....	<i>6 mes.</i>	<i>4 70 00</i>
.....
.....

Certified correct.

Paymaster

[Signature]

July 23, 1919

#2604 L/C. Samuel Cross,
Gambo, B.B.

Dear Sir:-
Referring to your application I enclose cheque for seventy
dollars (\$70.00), being amount of first payment due you on account
of the war service Gratuity.

Yours truly

Captain & paymaster.

C.R. 2604

RECEIPT.

FOR ISSUE OF BRITISH WAR MEDAL 1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British War Medal 1914-1919.

Name.....Samuel Cross.....

Date.....2.6.19.....

Place.....Port. Blandford.....

C.R. 2604?

RECEIPT.

FOR ISSUE OF RIBAND OF VICTORY MEDAL 1914-1919.

I certify that I have received an issue of
2 inches of Riband of Victory Medal-1914-1919.

NO. *2604* NAME *Samuel Cross*

DATE *1.12.20*

PLACE *Port. Bedford*

SEP 21 1921

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Samuel Cross

in respect of his service as No. 2608 Rank Pte.

Name S. Cross Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received By S. Cross Pte.

Signature Samuel Cross

Date 23/9/21

Address Middle Beach Jamaica

[P.T.O.]

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 2604

Regiment or Corps 211 Newfoundland Regt

C.R. 1840

Rank Pr. Surname Cross Christian Name Samuel

Religion C of E. Age on Enlistment 19 years 3 months.

Enlisted (a) 26/4/16 Terms of Service (a) War. Service reckons from (a) _____

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
or Corps Trade and Rate _____

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, etc, during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents
Date	From whom received				
		Embarked	Southampton	11 OCT 1916	
		Disembarked ...	ROUEN	12 OCT 1916	
		Joined Battalion		22 OCT 1916	
<u>21/10/16</u>	<u>6^C Unit</u>	<u>Wounded in Action</u>	<u>France.</u>	<u>19/11/16</u>	<u>B213 21/11/16</u>
	<u>5 Amb. Co.</u>	<u>Admitted shell shock. Transf</u>	<u>S.S.</u>	<u>19/11/16</u>	<u>SD 6446</u>
	<u>2 Gen Hosp</u>	<u>Admitted w. Shock</u>	<u>Home</u>	<u>21/11/16</u>	<u>HA 4419</u>
	<u>29th B.D.</u>	<u>Joined Base Dep.</u>	<u>Gone</u>	<u>18/12/16</u>	<u>Gone Fall</u>
	<u>Unit</u>	<u>Re-joined Battalion</u>	<u>France</u>	<u>25/12/16</u>	<u>B213</u>
			<u>With BATT. 23. L. 17</u>		
<u>15.4.17</u>	<u>Unit</u>	<u>Wounded in Action</u>	<u>France.</u>	<u>14 APR 1917</u>	<u>B213</u>
<u>16.4.17</u>	<u>27 F.A.</u>	<u>Ad. 2 train. 4. M. R. High</u>	<u>S.S.</u>	<u>14.4.17</u>	<u>S.D. 3015.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. & A. G. & Sons Ltd., Printers, Old Bailey, E.C. 4.
Forms B. 121.

Number of Sheet 1st

Regiment of _____

Signature of O. C. Company Chapman

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay	
No.	<u>2604</u>	Age on	<u>19</u> years <u>3</u> months	<u>Lumberman</u>	<u>Captain</u>	
Joined _____ Date _____	<u>Cross Samuel</u>	Place and Date of Enlistment	<u>St. John's</u> <u>April 26 1916</u>	Religion		
Joined <u>W. Condit</u> Date _____		Period of	{ with Colours <u>3</u> ^{<u>48</u>} years. with Reserve <u>3</u> ^{<u>68</u>} years.	Place of Birth		
Joined _____ Date _____			<u>6 of England</u>	<u>Newfoundland</u>		

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
<u>Ripon</u>	<u>13-11-17</u>	<u>Plt. S.</u>		<u>absent from parade 11-0 am</u>	<u>Sgt. Turner</u>	<u>5 days C.B.</u>	<u>13-11-17</u>	<u>Capt. Talbot</u>	<u>EDT</u> <u>No. 7 COMPANY, NORTHERN COMMAND DEPOT, RIPON.</u> <u>23 NOV 1917</u>
				<u>certified EDI altd Capt. OC</u>					
				<u>St. John's Demobilized 1919</u>					

To be carried over

Army Form B. 121.

C.R. 2604

Extract from Daily Orders Part II Unit The Royal Hfld.
Regt. St. John's, July 7th, 1919.

The discharge of the undernoted has been APPROVED by O.C.
Discharge Depot with effect from 5-7-19.

2604 E/Cpl. Saml. Cross.