



First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 122

Name in full Robert Louis Grieve Age 23

Address St. Michaels Rd.

Married m Height 5'11 1/2" Weight 163 lb.
~~Single~~

Color fair Hair fair Eyes blue

Other distinguishing marks burn or scar on left chest

Nearest relative Wife Beatrice Grieve

Address St. Michaels Rd.

Dependents wife & one child

Occupation Merchant Present Wage \$2000 per annum.

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

I, Robert Louis Grieve, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty and that I will faithfully serve His Majesty in any 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 conditions of my service.

R. L. Grieve

Declared before me this 1st day
of October 1914

George L. Lamb
Capt A Co

24 Monkstown Rd.
St. John's

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of Pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries.
					years	days	years	days	
Service towards limited engagement reckons from <u>2/9/14</u>									
Joined at <u>St. John's</u> on <u>2nd September '14</u>									
<u>Embarked N. Floryel for W.K. 3/10/14</u>									
<u>Columbad</u>									
<u>Embarked Plymouth for M.E.F. 20/8/15</u>									
<u>Disembarked Alexandria & entrained for Cairo 21/8/15</u>									
<u>Embarked Alexandria for Gallipoli 13/9/15</u>									
<u>Landed Anzac Bay Night of 19-20th Sept. 1915</u>									
<u>As Troop leader B.W.D. & Co. 15/10/15. Rejoined Unit, June, 24/1/16.</u>									
<u>Embarked Port Tewfik for B.E.F. 14/3/16. Disembarked Marseilles 22/3/16.</u>									
<u>Went on duty to Dover G.W. & Co. 1/7/16. To England 1/7/16.</u>									
<u>Returned to Dover 6/7/16. Embarked Liverpool for hospital 13/7/16</u>									
<u>Reached London & Co. Depot 19/7/16. Disembarked Liverpool 28/7/16. Discharged medically unfit 24/7/16</u>									
<u>Spent one month in hospital. He is present in London on the 2nd account.</u>									
Total Service forfeited as above									
Total Service towards Engagement to <u>24-11-19</u> (date of discharge) <u>3</u> years <u>84</u> days									
Pension									

C.R. 13

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

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

Name... R.L. Pines

(Date)... Nov 8 1919

(Place)... St. John's

RECEIPT.

C.R. 13

I hereby certify that I have received the 1914-1915

STAR.

No. 13 Name R. C. Greene

Witness W. Hardy

Date 4/12/19

Place St John's

CR

CR 13

RECEIPT FOR ISSUE OF
REMBAND OF 1914-15 STAR.

I certify that I have received an issue
of 3 inches of Riband of 1914-15 Star.

(13) Name R. C. Grieve

Date April 16/19

Please sign and return to Dept. of Militia.

C.R. 13

CIRCULAR LETTER.

St. John's,

March 13th, 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. J. Rendell

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on*

Gallipoli

from *Sept*

1915 to

Oct 10th

1915.

(Date) *11/12/19*

(To) *13*

(Rank) *Pte*

(Name) *Quilley Robert Cecil*

(Place) *St. John's*

* Fill in theatre of war where you served in

Gallipoli, Madras, Lemnos, or Western Egyptian

Frontier.

CR. 73

Extract from Roll of Officers, N.C.Os. and Men Discharged
from The Royal Newfoundland Regiment.

Authority: Pay Office, St. John's.

<u>No.</u>	<u>Rank.</u>	<u>Name.</u>	<u>Date.</u>	<u>Reason.</u>
13	Pte.	S.C. Grove	Nov. 24th 1917.	Med. Unfit.

C.R. 13

Extract of Casualties received from Pay & Record
Office, London, dated July 5, 1916.

#13 Pte. R.C. Grieve. ✓

Gunshot wound left leg.

Admitted 3rd London General Hospital, Wandsworth,
July 5, 1916.

Duplicate.

13

For Original see
File 0/66

4th October, 1946.

4112/165

His Excellency the Governor,
St. John's,
Newfoundland.

Sir,

Lieut. F.H. Knight & No. 12, Pte. R.C. Grieve.

I have the honour to acknowledge receipt of Your
Excellency's letter No. 108, 23/9/46, and copies of the
medical reports have been transmitted to Co. C. 1st and
2nd Battalions as directed.

I have the honour to be,

Sir,

Your obedient servant,

Capt.,

Paymaster & Co. 1/c Records.

ET/NW

ORIGINAL

NEWFOUNDLAND CONTINGENT.

MEMORANDUM.

No. 4111/413 (cont'd.)

From
PAY & RECORD OFFICE,
58, VICTORIA STREET,
LONDON, S.W.
4th October, 1916.

To Officer Commanding,
2/1 Newfoundland Regiment,
Newton-On-Ayre,
Scotland.

**SUBJECT: LIEUT. F.H. KNIGHT,
No.13, PTE. R.C. GRIEVE.**

REPLY

Dated 1916

Reference Nos.

Please return **ORIGINAL** and retain **DUPLICATE.**

Sir,
I have examined No.13 Pte. R.
Grieve and found him unfit for
duty and would recommend extension
of leave for one month from this
date.

I have the honour to be,
Sir,
Your obedient servant,

(Sd.) F.W. Burden,
Lieut. & M.O.

To Capt. C.R. Ayre,
Officer Commanding,
Headquarters, St. John's.

F. W. Burden
Capt.,

Paymaster & O. i/c Records.

December 2, 1918.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 13, Private Robert C. Grieve, who was previously reported wounded behind left ear, is now reported wound almost healed, November 10th.

This information was received by mail.

Yours faithfully,

Mrs. Beatrice Grieve,
City.

Colonel Secretary

C.R. 13

Extract from Casualties received from P & H office,
London, Oct. 23, 1918.

13 Pte. Grieve, R.C.

Bullet wound behind L. Ear. 10-10-18.

A. C. 13
Extract from Nominal Roll Co. 1st. Bn. Nfld. Regt.

Embarked, at Devonport for Active Service 20-8-15

Disembarked Alexandria, 31-8-15, Proceeded to Abbassia,
Saido, same date. Embarked ~~for~~ Alexandria for Gallipoli
13-9-15.

13 Pte. R. Grieve.

C.R. 13

Extract from Roll embarked St. Johns per S.S. "Portland"
Company Oct. 4, 1911.

13 Roberts C. Grieve

C.R. 13

Robert Cecil Grieve was attested for General service
with the NEWFOUNDLAND REGIMENT on... Sept. 2nd. 1914.
Regimental No 15 was allotted to Pte. Robert C. Grieve.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th. 1919.

Country Form - Active Service

Regiment or Corps *1st Newfoundland Regt.*

329

Regimental *C.R.* *13* Rank *plc* Name *Loire, C.R.*

Enlisted (a) *Oct. 2/14* Terms of Service (b) *Duration of War* Service reckons from (a) _____

Date of promotion to present rank _____ Date of appointment at lance rank _____ Numerical position on roll of N.C.Os. _____

Extended _____ Re-engaged _____ Qualification (b) _____

Report Date	From whom received	Record of promotions, extensions, transfers, casualties, etc., during active service, as reported on Army Form B. 23, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks when from Army Form B. 23, Army Form A. 35, or other official documents.
		Embarked St. John's, Nfld.		3/10/14.	COMP. SENT TO H.Q.
		Disembarked Alexandria.		1/9/15.	ST. JOHN'S, N.F.L.D.
		Embarked for Gallipoli.		13/9/15.	
11/10/15.	Unit.	Bullet W., behind left	Suvla Bay.	10/10/15.	12 SEP 1917
		Bar; B 215.			
15/10/15.	5th. Can. Camp.	Admitted	5th. Can. Stat. Hosp., Cairo.	15/10/15.	B 14987.
29/1/16.	Unit	Joined Unit		26/1/16.	B 215.
		Embarked Port Suez		14.3.16	
		Disembarked MARSEILLE S		22.3.16	
		<i>Mounted G. S.V.</i>	<i>Tunna</i>	27.10	<i>8011694</i>
		Transferred to England	<i>1st Coy. Rec.</i>	8 JUL 1916	<i>1st Lt</i>
			<i>Capt.</i>		

Spec 70-44
[Signature]

1st Lt
CAPTAIN
FOR D. 10 INFANTRY RECORDS
G.H.Q. 3rd ECHELON.

(a) In the case of a man who has re-engaged for, or enlisted in to Section B, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) A.C. Signaller, Shoelag Smith, etc., etc., also special qualifications in technical Corps duties.

Squadron, Troop, Battery and Company Conduct Sheet

Army Form B. 121.

Number of Sheets
 Signature of G. Company

REGIMENT OF

Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100, 20/12 5.

No.	Regimental Number and Name		Enlistment		Trade	Manner of Discharge	FURNITURE AWARDED	Amount of Award on Discharge (with 50%)	REMARKS
	Joined	Date	Age on 28 years	months					
13	Spivey R.		28		Parade				
	Joined	Date	Date of Enlistment	with Colours	with Reserve				
	Joined	Date							
	Joined	Date							
Time	Date of Offence	Rank	OFFENCE						
Edinburgh	13/3/15	Pte.	Absent from 2 p.m. parade		Corp. Ryall	2 days C.B.	24/3/15	2 days C.B.	R.H.D. dt
Edinburgh	1/5/15	Pte.	Dirty brasses on mount. my Guard.		Capt. Renner	2 days C.B.	3/5/15	2 days C.B.	J.E.D.B. 22/4/15
Stots Camp	22/7/15	Pte.	Absent from Tattoo till 12 noon 25/7/15.		Corp. Ryall	4 days C.C.	25/7/15	4 days C.C.	Drinks 5 days pay
Stots Camp	10/6/15	Pte.	Dirty brasses at parade mount.		Cpl. Strick	3 days C.C.	11/6/15	3 days C.C.	J.E.D. 7
Stots Camp	23/6/15	Pte.	Absent from parade, 8.30 pm		Cpl. Manning	3 days C.C.	24/6/15	3 days C.C.	J.E.D. 7
Conventie	28.7.17		Drunk in High Street about 10.30 pm		Dr. ...	Admonished	3/7/17	Admonished	
Edinburgh	21.7.17		Present on parade till 10.30 pm		Dr. ...	4 days C.C.	21/7/17	4 days C.C.	
			Present about 10.30 pm						
			To be omitted over						

Army Form B. 121.

NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 13 9th Prince R.
 Company. From 1.7.17 To 10.4.17 (Dates inclusive).
 DR. Classification (See Procedure).

(Substituting A.F. O. 1523). N.F.P./36.
 Embarked per Bill. _____
 From _____ Date _____
 Draft No. 478 CR.

Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d	Date	Pay Book Col.	PARTICULARS	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	100	10	10	00	
	9	Allotments							2	Field Allowance	10	10	10	00	
	10								3	Other Allowances					
	11/12	Total Stoppages							4/5	Total @ 4.86 2/3			11	00	2 5 3
	13	Fines							6	Balance Credit Last Period					
	14	Clothing & Necessaries							6a	OTHER CREDITS:					
	15	Arms & Accoutrements								Ration Allowance,					
	16	Barrack Damages								/ /17 to / /17					
	17	Hospital Stoppages								= days @ /					
	17a	Miscellaneous Stoppages													
	19	Casual Payments													
	20	1st Payment						2 5 3							
	21	2nd "													
	22	3rd "													
	23	Final "													
	24	Balance Debit Last Period													
	25	" Due by Paymaster							27	Balance Due to Paymaster					2 5 3
								2 5 3							

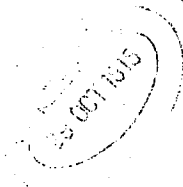
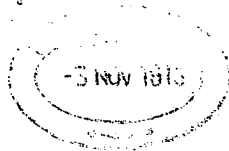
Barry Camp Commodore
6 Apr 1917.

CERTIFIED CORRECT.

G. L. Lucas of the
 O.C. "Z" Company.

TELEGRAPHIC ADDRESS:
"BAINE GREENOCK"
CODE A.B.C. 4TH & 5TH EDITIONS.
TELEPHONE NO 42.

Clyde Buildings.
Greenock 23th October 1915



The Secretary,
War Office,
L O N D O N .

Sir,

We confirm wire sent you to-day stating that Private R.C. Grieve had been reported wounded and asking you if you could give us any information as to the nature of the wounds, and if they were serious or not, also the name of the Hospital he has been taken to.

Thanking you in anticipation.

We are,

Your obedient Servants,

H Baine *J. Hamilton*
W. Rice

*Information
has been sent to
Baine + Hamilton
in answer to telegram
11/10/15. J.H.B.*

*The Soldier's number is 67
of Company
Newfoundland Regiment.*

*The wire sent you on above date mentioned the
name of the Regiment.*

5th November, 1915.

Messrs. Baime & Johnston,
Clyde Buildings,
GREENOCK.

Sirs,

Your letter of 28/10/15 has been
forwarded by the Secretary of the War Office
and received to-day at this office. Available
information with regard to No. 13, Private R.C.
Grievs was posted to you on the 1st instant.

I am, Sir,

Your obedient Servant,

Capt.
Paymaster & Officer i/c Records.

WESTERN UNION

ANGLO-AMERICAN  DIRECT UNITED STATES
CABLEGRAM

No. Form 1.

90/47.

<i>Prefix</i>		<i>Code</i>		<i>At</i>		<i>By</i>		FOR STAMPS
WORDS	CHARGE							
WESTERN UNION								THIS FORM WILL BE ACCEPTED AT ALL POST OFFICE TELEGRAPH STATIONS.

NOT TO BE TELEGRAPHED. TO PREVENT MISTAKES PLEASE WRITE DISTINCTLY. Casualty Sublogram.

To U.S.M. GOVERNOR
ST. JOHNS (NEWFOUNDLAND)

LEUTENANT HERBERT RENDALL CONVALESCENT THIRTIETH GRIEVE
GUNSHOT WOUND SCALP ADMITTED FIFTH CANADIAN STATIONERY
HOSPITAL CAVALRY BARRACKS ABBASSIA CAIRO DECEMBER FIFTEENTH.

TIME HERE.

NOT TO BE TELEGRAPHED.

Having read the conditions printed on the back hereof, I request that the above telegram be forwarded by the Western Union Telegraph-Cable System, subject to the said conditions to which I agree.

Signature _____ Address **83, VICTORIA ST., S.W.**

CABLE ADDRESSES REGISTERED IN ANY PART OF THE WORLD, OR WITH ANY COMPANY, ARE AVAILABLE OVER THE LINES OF THE WESTERN UNION TELEGRAPH-CABLE SYSTEM.

~~ORK~~ 13

Sept. 2

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

~~Mrs. Robert G. Graven~~

in respect of his service as No. 13 Rank Pte.

Name ~~R. G. Graven~~ (D) Royal Nfld. Regt.
Nfld. Forestry Co

Receipt of the same should be acknowledged hereon.

Received Victory + British War

Signature Beatrice S. Graven medals

Date Sept. 13 1921

Address 100 St. John's St.
Marine + Fisheries Dept.

C.R. 13

No. 110.

Government House,
St. John's, Nfld.
10 Oct. 1916.

Sir,

I have the honour to state that I have recently received an application on behalf of 1E Pte. R. Grieve for consideration as a candidate for a Commission.

Pte. Grieve has been twice wounded, at Gallipoli and on July 1st, and is now on furlough recovering from a wound through the calf of the left leg. I think that he will be fit for service in about one month. He is, in civil life, a gentleman of considerable position. He tells me that if the men who originally enlisted were still with the 1st Platoon of "A" Co. he would have preferred remaining in the ranks but that, with younger soldiers taking their places, he would prefer to be considered a candidate for Commissioned rank.

He has a defect in speech- a pronounced stutter- but I think that he can convey the ordinary words of command; and he is accustomed to handling men and knows the ways of Newfoundlanders.

In civil life, he has been addicted to drink; but I have his assurances that, on active service, he has always been sober and that his conduct sheet is free from crime. I should myself accept his assurance that, as an

4074 officer, he would always be sober. But, no doubt, in weighing his merits as a candidate for a Commission, the Officer Commanding would

examine his record in I have the honour to be,

connection with this particular defect. Please

Sir,
Your obedient servant,

W. P. Davidson
Governor.

Capt. J. A. Timewell.

*copy to contacts
of this letter to Colonel Hudson CMG*

sent to Major Whitehead.

3. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay... .. Class _____

6. Campaigns, Medals and Decorations

Certificate of education

7. His accounts are correctly balanced and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) _____
(Date) _____ Commanding _____ Battalion _____ Regiment.

8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) John N. Kelly _____ (Signature of Soldier.)
(Date) 24/1/17 _____ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.
_____ (Signature of Soldier.)

10. Statement of service.

Service towards engagement to _____ (the date to which the record of service is completed) _____ years _____ days.
Further service _____ (the date of confirmation of discharge) _____
Total ... " " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for _____ (date)
(Place) _____
(Date) _____ Signature _____

Commanding officers (or the Paymaster if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital Chelsea, a descriptive return of the man on Army Form D. 400.



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 *St. John's*
Date *Oct 5/17*

- | | |
|----------------------------------|---|
| 1. Unit <i>1st. Newfoundland</i> | 5. Age last birthday. <i>32</i> |
| 2. Regimental No. <i>13</i> | 6. Enlisted on <i>1. 10. 10.</i> |
| 3. Rank. <i>Plt</i> | at <i>St. John's</i> |
| 4. Name. <i>Ernie Loban</i> | 7. Former trade or occupation. <i>Printer</i> |

8. Disability

Gen. Leg. (cap)

9. History *Was wounded at Gallipoli Oct. 1915
Again wounded in France through leg.*

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

*Leg this great. caused limp or
paraplegia on it.
wound in head.*

11. Was sanatorium operation advised and refused?

12. Do you recommend discharge as permanently unfit?

Signature

J. W. Borden

Rank or Qualification

MD

Remarks if any by Officer of Hospital.

Place

Signature

Date

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 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 *Graese Robert*

Regiment from which discharged *1st. Newfoundland*

Regimental number *13*

Intended address *Chorran House (Bain Johnson Co)*

Height on discharge *5* Feet *—*

Color of hair on discharge *Brown*

Complexion *Fair*

Color of eyes *Blue*

Descriptive Marks *None*

Figure on discharge *Medium*

Christian name of Father *Walter Baine*

Christian name of Mother *Helen*

Wife's maiden name in full *Matrini Shannon*

Date and place of marriage *London Feb 1905*

Christian names of children *Helen Edith Elizabeth Hope*

Place and date of soldier's birth *St Johns March 12 1883*

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)

R. C. Graese

Station

St Johns

Date

Oct 5/17

(Rank)

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

W. R. ...

Medical Officer in Hospital,
Unit, or Command Depot

Station

St Johns

Date

Oct 5/17

DEPARTMENT OF MILITIA.

NO. 4

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claim War Service Gratuity under Order-in-Council dated January 26th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question 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.

1. Christian name *Robert Cecil* 2. Surname *Rieve*
3. Rank *Private* 4. Regt. No. *13*

5. Address in full to which future payments of gratuity are to be forwarded. *40 Bannister Street, St. John's*

6. Date of enlistment in the Regiment. *Sept 2nd 1914*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Not applicable*

8. Relationship of such dependents. *Not applicable*

9. Address in full of such dependent. *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance or account of another soldier? *Not applicable*

11. Were you on active service only in field. If so, give dates, and particulars of such service. *Not applicable*

12. Give total length of time which you served on active service, whether in field or overseas. *Sept 2nd 1914 till Nov 26 1917 or 1 year 8 1/2 days*

Signature of Applicant:

A.C. Rieve
Corcular Road

Place of Residence:

Declared before me at:

A. Rieve
April 1919

This

day of

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trates, Notary Public, Justice of the
Peace, or Commissioner of affidavits

William O'Kelly
Christchurch

POST DISCHARGE PAY.

Date paid Paid Soldier

Paid Dependent

War Service
Gratuity
6 mos.

Net amount
due

44.20

Certified Correct.

Paymaster.

Confirmation

C.R. 13

NEWFOUNDLAND CONTINGENT

TELEGRAM full-text TO MINISTER OF MILITIA, ST JOHN'S.

No. 81.

Dated 23/9/20.

Coded by J.L.

Regret to inform you- death of- Robert- Cecil- Grieve- at-
Matlock- September 22nd-

MILITARY

h