

FIRST NEWFOUNDLAND REGIMENT 4123

ATTESTATION OF

No. *1*

Name *Edward J. LeDrew* Corps

Questions to be put to the Recruit before Enlistment.

1. What is your name? *Edward J. LeDrew*
2. What is your full Address? *Charlottetown
H. J. Bay St*
3. Are you a British Subject? *yes*
4. What is your age? *18* Years *1* Months
5. What is your Trade or Calling? *Fabricator*
6. Are you Married? *No*
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? *No*
8. Are you willing to be vaccinated or re-vaccinated? *yes*
9. Are you willing to be enlisted for General Service? *yes*
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? (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? *yes*

I, *Edward J. LeDrew* 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.

6/9/11/17

Edward J. LeDrew SIGNATURE OF RECRUIT.

James J. Wright Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Edward J. LeDrew* 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 *Grand Falls* on this *10th* day of *Nov* 191*7*

Signature of Attesting Officer *H. J. Fitzgerald S.M.*

† 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 the recruit is to be asked the particulars of his former service, and to produce, if possible, his Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows: (Name).....re-enlisted in the (Regiment).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name Edward J. Ledrew
 Apparent age 18 years, _____ months. Height 5 feet 5 inches
 Chest Measurement { Girth when fully expanded 35 inches wt 116
 Range of expansion 2 1/2 inches
 Distinctive marks Brown hair, eyes blue, complexion fair

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edw. Ledrew
39 1/2 Douglas St | Relationship Son

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.

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 <u>4-11-17</u>									
Joined at <u>St. Denis</u> on <u>November 9-17</u>									
<u>Embarked at St. Denis. Left Nov 29/17</u>									
<u>Embarked at St. Denis St. Missangeles 11-12-17</u>									<u>Admitted to Military Hospital St. Denis, down with influenza at base of lung 1-5-18. Transferred to Hospiot - Sanatorium at St. Denis 1-6-18. Suffered then report A.S.O. of Dept 16-10-18. So transferred for discharge 16-10-18.</u> <u>Arrived Newfoundland 2-11-18.</u> <u>Discharged medically unfit 29-11-18</u>
<u>Hospital St. Denis, down with influenza at base of lung 1-5-18</u>									
<u>Hospiot - Sanatorium at St. Denis 1-6-18</u>									
<u>So transferred for discharge 16-10-18</u>									
<u>Arrived Newfoundland 2-11-18</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 29-11-18 (date of discharge) 1 years 11 days
 " " Pensions " " " " " " " "

C.R. 4123

Extract from Daily Orders Part 11 Unit The Royal
Nfld. Regt., St. John's, Nov. 17th, 1917.

4123 Pts. J. Ledrew.

Attested for General Service with the 1st Nfld. Regt.,
at Grand Falls, with effect from Nov. 10th, 1917, reported
at Headquarters on Nov. 16th, 1917.

C.R. 4123

Extract from Nominal Roll Embarked St. John's for Overseas,
Per S.S. "Florissel" Dec. 11, 1917.

#4123 PTE. E. J. LEDREW.

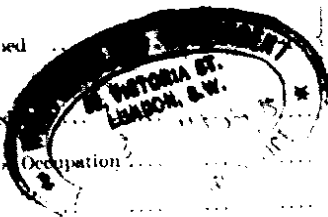
MEDICAL HISTORY

Surname Lee Dow OF Christian Name Edward J Dow

Table I.—GENERAL TABLE.

Birthplace:—Parish Change Island N.D. B. County Nfld.

Examined
 Declared
 Trade or Occupation
 Height
 Weight
 Chest Measurement } Girth when fully expanded
 Range of Expansion
 Physical Development
 Vaccination Marks { Arm
 Number
 When Vaccinated
 Vision
 (a) Marks indicating congenital peculiarities or previous disease
 (b) Slight defects but not sufficient to cause rejection
 Approved by (Signature)
 (Rank)
 Enlisted
 Joined on Enlistment
 Transferred to
 Became non-effective by
 [Signature]
 [Rank]



SPECIAL RESERVE.
 on 10th day of Nov 1917
 at Grand Falls
18 years 1 Month
4 above
5 feet 5 inches
116 lbs
35 inches
32 inches

REGULAR ARMY.
 on _____ day of _____ 191____
 at _____
 year _____ days _____
 COPIES SENT
 M. J. N. 11/15/1917
 O.C. 1st Bn. 11/15/1917
 15 OCT 1918
 inches
 inches

Right Left

Right Left

R.E. V
 L.E. V
 (a)
 (b)

R.E. V
 L.E. V
 (a)
 (b)

Lamm Peterson
 Medical Officer.

Medical Officer.

at Grand Falls
 on 10th day of Nov 1917
 Corps. Regtl. No.

at _____ day of _____ 191____
 Corps. Regtl. No.

1st Bn 4123
Regt
ROYAL NEWFOUNDLAND REGIMENT.

on _____ day of _____ 191____
 [Signature]
 [Rank]

on _____ day of _____ 191____
 [Signature]
 [Rank]

Age 16
Period of Service 6 months
Duration of illness since onset of first definite symptoms 2 months

Nature and duration of treatment hitherto given. Isolation Dec. Rest, outdoor life, Tonic treatment

PRESENT CONDITION.

(1) General—

Temperature range. 97 - 102° Present weight. 100 lbs
Cough. Yes Highest known weight, if ascertainable. 112 lbs
Sputum, amount. Nil a very slight Height 5 ft 7 in
" character. Nil Sweats. Yes
Haemoptysis. Nil Dyspnoea.
Able to get about, or confined to bed. Able to be about part of the day.

(2) Condition of organs affected by tuberculosis—

(a) Lungs.

Crepitant rales over Both lung
T B found in sputum.

(b) Other organs.

Normal

(3) Complications present. Emaciation & Anemia

(4) Other diseases present. Nil

(5) Residential treatment is, in my opinion, essential. Yes.

Remarks.

Date 5/5/18

Signature H B Lawson
Capt. RMC

OFFICE USE

LAST PAY CERTIFICATE

N.F.F./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 28/5/17
 Regt No. 4/23 Rank Private Name Le Drew Unit: 21 Royal Newfoundland who was Repaired
 to Newfoundland on 11/10/18 Authority _____ Cause _____

STATEMENT OF ACCOUNT

DR.	PARTICULARS	£			s			d			CR.
		£	s	d	£	s	d	£	s	d	
	Balance Dr. from										
	Allotment 26 days @ 60	15	60	3	4	1					
	Cash Payments:										
	Other Debits:										
	Total Debits				3	4	1				
	Balance due by Paymaster				11	10	3				
					14	14	4				
	Balance Cr. from										
	Pay 26 days @ 100										
	Field Allow 26 days @ 100	28	60	5	17	6					
	Other Allowances days @ 5										
	Other Credits:										
	Total Credits								14	14	4
	Balance due to Paymaster								14	14	4

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay book of

H.D. Camp Winchester Oct 25 1918
 (Place) (Date)

W. L. D. G. Corp
 O.C. "R" Company.

Made up & checked in accordance with information received in the Pay Record Office London to 25/10/18 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

Telephone:
9 Kennington.

THE GROSVENOR SANATORIUM LTD.,
Kennington Nr. Ashford,
Kent.

Medical Report.

Name of Patient: 4123 Pte Le Drew, E. J.
Royal New Zealand Regiment
Report.

The above named Soldier, 4123, Pte
Le Drew, E. J., of the Royal New Zealand
Regiment, is suffering from
Pulmonary Tuberculosis, and in
my opinion is no longer fit for
Military Service.

COPIES SENT		DATE
1	16/10/18	15 OCT 1918

Signed Malcolm Dunbar

MEDICAL SUPERINTENDENT

Date...

101

C.R. 412

Extract from Nominal Roll of repatriation Draft, Embarked for
Newfoundland 16/10-18.

FOR DISCHARGE UNDER A.F. B.179.

4123 Pte. LeDrew, E.J.

MLC.

C.R. 4123

Extract from Telegram to Military St. John's, dated Oct. 17th 1918.

Being sent home for Discharge:

4123, LeDrew.

from Civil Hospital without Army Form B 179. No time to prepare.

C.R. 4125

Abstract from Daily Orders part 11, Depot. Co. John's
dated Feb. 14th., 1918.

The und-mentioned r turned from Overseas and reported
at depot. 8/11/1918.

4 4125 Pte. E J. LeDrew.

DC.

C.R. 4123

Extract from Daily Orders Part II Unit the Royal H.A. Regt.,
St. John's, Nov. 15th, 1918.

4123 Pto. J. McDrew.

Admitted to Barracks Hospital 13-11-18.

YH.

13. For pension purposes, the disability is May be considered as ~~Ordinary Military Service~~
(a) ~~Service during this war~~ (b) ~~Climatic~~ (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.
Height 119 lbs. pulse 120 temp 100°
A small pox rash over arms, face, back & legs

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? 100%
(b) PENSIONABLE DISABILITY—To what extent is his 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.) Not while in Hosp.
Remarks if any:—

16. Is the disability permanent?
17. Has the disability been aggravated by (a) Intemperance no (b) Misconduct no

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

19. If fit subject for Hospital do you recommend admittance to Small pox Hosp - yes
General Hospital,
Naval and Military Convalescent Hospital,
Jensen Tuberculosis Camp.

20. We recommend discharge from retention in the Army permanently unfit
Remarks if any:—

Signatures..... [Signature] President
..... [Signature]
..... [Signature]

Place [Signature]
Date Nov 15 1918

APPROVED.....
DIRECTOR OF MEDICAL SERVICES
NOV 15 1918

[Signature]

C.R. 4123

Extract from Daily Orders part 11, Depot. St. John's dated ~~Dec~~ ^{Nov}. 18th.

HOSPITAL

4123 Pte. E LeDrew.

DISCHARGED FROM BARRACKS HOSPITAL 15-11-18.

CF 478

Extract from Medical Board held on Friday Nov. 16th, 1918

4123 Pte. Ledrew, H.J.

Recommended Discharge-Permanently Unfit and Admission to
Smallpox Hospital.

M.H.

Extract from Daily Orders, Part 11, UNIC: The Royal Wfld. Regt.,
dated Dec. 10th. 1918.

SERGEANT DREW.

4123 Pte. Edward LeDrew

Having been found Medically Unfit is Discharged from 29/11/18.

S E C O N D B O A R D

Form 2179 N. M. D.

Report of Medical Board.

Station St. John's, Nfld Date December 13th., 1918
 No. and Rank 4123 - Private Age 19 Height 5'6"
 Name L. DREW, EDWARD J. Complexion Fair
 Unit Royal Newfoundland Eyes Blue Hair Light
 Address Change Islands
 Former Trade Fisherman
 Enlisted at St. John's On 16/11/17
 Disease or Disability Original PULMONARY TUBERCULOSIS

(The Board will please note how the soldier's appearance corresponds with above description.)

Subsequent

Present Condition (Compare with previous Board)

*Weight 170 lbs
Chest same condition as last Board*

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market?

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

Enter fensca Camp

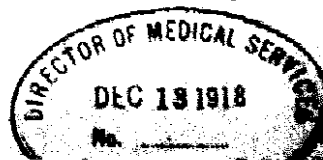
Members of Board

[Signature]

[Signature]
[Signature]
[Signature]

Approving Medical Officer.

D. M. S. NEWFOUNDLAND.



Proceedings on Discharge.

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. <u>4125</u>	Army Rank <u>Private</u>												
Name <u>LeBrew Edward J</u> <small>(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)</small>													
Corps <u>ROYAL NEWFOUNDLAND REGIMENT.</u>													
Battalion, Battery, Company, Depot, &c. <small>(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)</small>													
Date of discharge _____													
Place of discharge _____													
<i>Description at the time of discharge.</i>													
<p>1. Age _____ years _____ months</p> <p>Height _____ feet _____ inches</p> <p>Chest measurement { girth when fully expanded _____ ins. range of expansion _____ ins.</p> <p>Complexion _____</p> <p>Eyes _____</p> <p>Hair _____</p> <p>Trade _____</p> <p>Intended place of residence (To be given as fully as practicable) _____</p>	<p style="text-align: center;">Descriptive marks.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center; margin: 0;">COPIES SENT</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">To</td> <td style="width: 30%; text-align: center;">No.</td> <td style="width: 40%; text-align: center;">DATE</td> </tr> <tr> <td style="text-align: center;">M or M</td> <td style="text-align: center;"><u>16608/169</u></td> <td style="text-align: center;"><u>15 OCT 1916</u></td> </tr> <tr> <td style="text-align: center;">(1st BN</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2nd BN</td> <td></td> <td></td> </tr> </table> </div>	To	No.	DATE	M or M	<u>16608/169</u>	<u>15 OCT 1916</u>	(1st BN			2nd BN		
To	No.	DATE											
M or M	<u>16608/169</u>	<u>15 OCT 1916</u>											
(1st BN													
2nd BN													
<p>(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)</p>													
<p>2. The above-named man is discharged in consequence of _____</p> <p>_____</p> <p>_____</p>													
<p>(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)</p>													
<p>3. Military character:—</p> <p>_____</p>													
<p>4. Character awarded in accordance with King's Regulations:—</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>													
<p>Certified that the above is an accurate copy of the character given by me on Army Form B. 2067* and that Army Form D. 400 was awarded in this case.</p>													
<p>Initials of Commanding Officer.</p>													

To be filled in on the soldier quitting the Colours.

* Form B. 2067 has been issued to

The Royal Newfoundland Regiment

DEMOBILIZATION

CIVILIAN CLOTHING GUARANTEE

I, No. 7123 Rank Private Name Edward J. LeDrew
hereby undertake to supply myself with civilian clothing, consisting of one suit of clothes, one cap, one tie, one collar, one overcoat, within 14 days from date, in consideration of being issued with clothing allowance to the amount of \$ 60⁰⁰
Date 9/12/18

E. J. LeDrew

Signature of Soldier

E. Walsh

Signature of Witness

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 *Le Drew, Edward, John*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *4123*
 Intended address *Change Islands*
 Height on discharge *5* Feet *6*
 Color of hair on discharge *Light*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *Scars on left leg below knee*
 Figure on discharge *solid*
 Christian name of Father
 Christian name of Mother
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children
 Place and date of soldier's birth. *Change Islands, Sept. 22 1899*
 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) *Edward J. Le Drew*

(Rank) *Pte*

Station *St Johns*

Date *Nov 13 th / 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.

Joseph A. [Signature]
 Medical Officer i/c Hospital
 Unit, or Command Depot

Station *St. John's, Nfld.*

Date *Nov. 13/18*

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 28th, 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.

Christian name... *Edward J.* 2. Surname... *L. H. New*

3. Rank... *Pvt* 4. Regt. No. *4123*

5. Address in full to which future payments of gratuity are to be forwarded.....

..... *Green Camp*

6. Date of enlistment in the Regiment... *Nov. 9th 1917*

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 on account of another soldier? *Not Applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service.....

..... *No*

12. Give total length of time which you served on active service,

whether in Nfld. or Overseas, *Started from Nov. 9th 1917*

to Nov. 28th 1918 (C. VERMIA)

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

Had one enlistment Reg. No. 4123

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?.....

Yes

16. Have you, during the present war, served in the Imperial Forces?.....

No

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.....

Not applicable

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.?..... If not give:- (a) Date of discharge.....

Nov. 29. 1918. (b) Reason for discharge..... (B). Being no longer physically fit for War Service.

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.....

No.

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. (a). *Yes*..... (b). *Yes*.....

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 sworn to before a court of law.

Signature of Applicant: *Edward J. R. Drew*

Place of Residence: *Janet Camp*

Declared before me at: *St. Louis*

This *22nd* day of *March* 19*19*

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits. *Chas. E. Hunt*
Notary Public

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>1 60</i>	<i>70 00</i>
.....
.....

Certified Correct. Paymaster.

May 26, 1920

Edward J. LeDrew,
Change Islands,
H.D.B.

4123

Dear Sir:

I enclose cheque for \$1.21, representing balance found to be due you, on the closing of the Books of the London Pay & Record Office.

Yours truly,

Major
Paymaster

Enc.

ON HIS MAJESTY'S SERVICE.

Dept. of Militia

St. John's

C.S.O.F. (Plaque Section),

mfed.



Royal Arsenal,

~~London, S.E. 18.~~

950115

4/23

To ensure that as far as may be possible none of the next of kin of those who have fallen in the War shall fail to receive the Memorial Plaque, it is requested that on receipt of the enclosed Plaque this card be signed at the bottom and posted. No stamp is required.

Mrs May Tedrow

K. 1633.

45m (10) G/21-[869] W3189/TRO8318 GOM 1/22 (O.P. 17) 3567 U & S 198

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B, 121.

Form B, 121

Number of Sheets

1

Regiment of

1st New York Cavalry

Regimental Number and Name

4125 Leckow Capt.

Company

11 1st Cavalry

Platoon

1st Platoon

Joined

Joined

Joined

Left

Date

Date

Date

Date

Place

Date of

Rank

Grade

of Service

Service

Number

of

Days

Present

Handed to [unclear] [unclear] [unclear]

COPIES SENT
DATE
15 OCT 1918

To be filled out

ARMY FORM B, 121

64 Holmwood

St Johns 3

Dear Sir 4123

I am answered your
questions wish you want
to find out if my father
is Pet Edward. Edwards
wife are neither will I
think you ought to
know that I am his
wife as when he died
he was in St Johns the
minister send and try to get
something for his child
and he had answered
Back saying that there
was sent anything for the
child because ~~he~~
married before he was
discharge from the Army
so I give up trying then

But if there is anything
for him to get I would
be more than glad if you
forward and let me know
I am looking at St Johns
now and my father took
the child for me and
last year my father was
away and now my Brother
is looking after him he is
three year old my Papers
been a long time coming
down to me. my husband
mother is dead so if the
child can get anything
I would like for you
to forward on to me at
Hayward St John and I
will come and see about
it yours truly Mary Sadler
64 Hayward Ave

4123

May 7 25

Mrs. Mary LeDrew,
McCallum Harbour,
Hermitage Bay.

Dear Madam:
I wrote you on 14th. March asking for information concerning the next of kin of #4125 Pte. E. LeDrew. It is desired, for cemetery record purposes, to know whether he was married. Our records simply show that his next of kin was Mary LeDrew, without stating if she is his mother or his widow.

Will you kindly favour me with a reply.

Yours very truly,

Lieut. Col.
Chief Staff Officer.

CIR 4123

July 6 25

Mrs. E. Le Drew,

64 Hayward Ave.

City.

Dear Mrs. Le Drew,

My recent was written for this reason - when your husband joined up he gave his sister as his next of kin; later he gave Mary LeDrew, but did not state whether mother or wife. It was necessary to verify this point for record purposes - hence our query.

However, I have forwarded your letter to the Pension Board, and if you will call at that Department they will tell you whether anything can be done by way of paying you a pension.

I thank you for the information contained in your letter.

Yours very truly,

Lieut. Col.

Chief Staff Officer.