

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *2365*

Name *M. R. Russell*

Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <i>McLuille Royston Russell</i> |
| 2. What is your full Address? | 2. <i>82 Freshwater Road</i> |
| 3. Are you a British Subject? | 3. <i>Yes</i> |
| 4. What is your age? | 4. <i>18</i> Years <i>3</i> Months |
| 5. What is your Trade or Calling? | 5. <i>Letter Carrier</i> |
| 6. Are you Married? | 6. <i>No</i> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <i>Yes</i> |
| 9. Are you willing to be enlisted for General Service? | 9. <i>Yes</i> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? | 10. { Name
Corps THE DURATION OF THE
FOR THE DURATION OF THE |
| 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. <i>Yes</i> |

I, *M. R. Russell* 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.

M. R. Russell SIGNATURE OF RECRUIT.

F. March 31 *R. P. Halloway* Signature of Witness.

M. R. Russell OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, *M. R. Russell* 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 *31st* day of *March* 19*16*
Signature of Attesting Officer *R. P. Halloway* *Leut.*

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 19*16* } Approving Officer.
Place

† 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: (Name) re-enlisted in the (Regiment) on the (Date)

C.F. 3365

M.R. Russell was attested for General Service with
the NEWFOUNDLAND CONTINGENT on March 31st 1916.
Regimental No. 2365 was allotted to Pte M.R. Russell.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

C.R. 2365

Extract from Volume 1 of the Report of St. John's for 1865.

18/0/15.

2365 Pte. R. Russell.

C.R. 2365

Extract from Merinal Roll of RFLD, Regt. Draft No. 22
Proceeded Overseas, 24-3-17 Southampton 25-3-17.

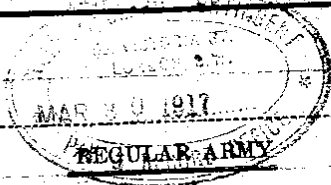
2365 Pte, M.R.Russell.

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

MEDICAL HISTORY

Surname Russell OF Christian Name Melville

Table I.—GENERAL TABLE.



Birthplace:—Parish _____ County _____

SPECIAL RESERVE.

Examined on 29th day of March 1916 on _____ day of _____ 1911
 at Sanit John's WA at _____
 Declared Age 16 years 3 mos days _____ years _____ days
 Trade or Occupation _____
 Height 5 feet 10 inches _____ feet _____ inches
 Weight _____ lbs. _____ lbs.
 Chest Measurement { Girth when fully expanded... 34 inches _____ inches
 Range of expansion... 3 inches _____ inches
 Physical Development... _____

Vaccination Marks {	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Arm				
Number				

When Vaccinated _____
 Vision { R.F.—V=6/6 R.E.—V=—
 L.E.—V=6/6 L.E.—V=—

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to Cause Rejection

Approved by (Signature) Liamon Patoka Medical Officer. Medical Officer.
 (Rank) Capt

Enlisted at Belfast on 29th day of March 1916 on _____ day of _____ 1911

Corps.	Regtl. No.	Corps.	Regtl. No.
<u>1st Wfe Reg</u>	<u>2305</u>		

Became non-effective by _____ on _____ day of _____ 1911 on _____ day of _____ 1911

(Signature) _____ (Rank) _____ P.T.O.

PAY LIST

DUPLICATE MAIL COPY

Army Form O. 1525

191 Voucher No.

NON-EFFECTIVE ACCOUNT

Regiment or corps **ROYAL NEWFOUNDLAND REGIMENT**
 No. **2365** Rank **Private** Name **Russell, M. R.**
 Died (a) **Intestate** at **France** on the **20th** of **November** 191**4**.
 Deserted at _____ on the _____ of _____ 191**1**.

I Certify to the correctness of above in every particular.

{ Commanding Squadron, Troop,
Battery or Company.

STATEMENT OF ACCOUNT

[Form 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.	
	Balance Dr. last month				Balance Cr. last month	20.11.14	7	17	4
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____				
	£ s. d.				Proficiency, Service or good conduct pay days at _____ from _____ to _____				
	191				Messing allowance _____ days at _____ from _____ to _____				
	"				Kit allowance				
	"				Amount produced by the sale of Effects from Form 9				
	"								
	Consolidated stoppage								
	Balance due by the Paymaster	7	17	4	Balance due to the Paymaster				
		£	7	17		£	7	17	4

This account is in accordance with advices received at the Pay & Record Office to **26/9/18** and may therefore be subject to amendments if and as may be revealed by subsequent advices.

CHECKED.
[Signature]
26.9.18

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ _____ is chargeable against the Public Account.

NEWFOUNDLAND CONTINGENT
58, VICTORIA ST.
LONDON, S.W. 1
26 SEP 1918

NEWFOUNDLAND CONTINGENT
[Signature]
CHIEF PAYMASTER & OFFICER IN CHARGE

Dated at _____ this _____ day of _____ 191**8**

(a) Here state whether the soldier died intestate or whether he left a Will. In the latter case the Will should be annexed hereto, if not already sent to the Contingent Office, Form B. 2090 or Army Form O. 1515.
(b) Words in Italics to be struck out when there is no debtor balance.

DUPLICATE.

FIELD SERVICE.

CR 230
Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

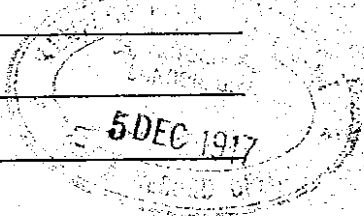
REGIMENT OR CORPS "1st Newfoundland Regt." Squadron, Troop, Battery or Company C. Co.

Regimental No. 2385 Rank Private.

Surname Russell. Christian Names M. R.

Date 20/11/17. Place France.

Died Cause of Death* Killed in Action



Nature and Date of Report B 213 d/23/11/17.

By whom made O.C. Unit.

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

State whether he leaves a Will or not (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received
(c) as a separate document Not received.

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

G.H.Q., 3rd. Division.

Station and Date 27/11/17. Signature of Officer in charge of Section [Signature] 2nd Lt. for Major, Adjutant-General's Office at the Officer i/c No. 1 Infantry Section.

CF 2365

#2365 Pte. Melville R. Russell.

Extract of Casualty list received December 1, 1917.
Killed in Action November 20th.

H

December 1, 1917.

Dear Sir,

I regret to inform you that the Record Office of the First Newfoundland Regiment, London, today reports No. 2365, Private Melville R. Russell, was killed in action on November 20th.

Yours sympathetically,

Colonial Secretary.

Mr. Edward Russell,
82 Freshwater Rd.

May 15th, 18.

Dear Mr. Russell:-

I am writing to inform you that it is my regrettable duty to forward to you, one package of effects, which belonged to your son, the late #2365 Pte. R. Russell of The Royal Newfoundland Regiment.

I am enclosing herewith, receipt. Will you kindly sign same and return at your earliest convenience.

Assuring you of my deepest sympathy in your bereavement, and in the added sorrow which the receipt of these effects must entail.

I am,

Yours sincerely,

Captain.

Mr. Edward Russell,

82 Freshwater Road,
St. John's.

Enc'l 1.

PERSONAL EFFECTS.

Received from Militia Department

Package of effects of the late *Wm. R. Russell*
Q. 2365.

Signed *Edward Russell*

Date: *May 16/18*

No. of Paper 998

PERSONAL EFFECTS.

Name Russell R. No. 7365
Rank Pr. Regiment R.M.F.C.

Article	Where stored	Notified by
1 Package containing 5 Relig Books 2 Photos Cards 1 Comb in Case 1 French Dictionary		✓
	Final disposal	

Remarks :- Cas Report: K.I.A. 20-11-17
Next of Kin: Ed Russell +
82 Freshwater Rd
St Johns

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.

C.R. 2365

NAME *Walter Russell*

DATE *19*.....*1919*.

PLACE *Catalina*

Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 2363

Regiment or Corps 2/1 Newfoundland Regt.

Rank Pte

Surname Russell.

Christian Name M. R.

Religion Methodist

Age on Enlistment 28 years

Enlisted (a) Self Terms of Service (a) Duration 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, &c., 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 <u>Hampton</u>	<u>25.3.17</u>	
			Disembarked ... <u>Rover</u>	<u>26.3.17</u>	
			Joined Battalion	<u>18 APR 1917</u>	<u>B. 213</u>
<u>4 NOV 1917</u>		<u>Killed in Action.</u>		<u>20 NOV 1917</u>	
			<u>J. H. ...</u>	<u>20/11</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, Shoening-Smith, &c.

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121

Form B. 121
 Smith & Sons Ltd., Printers, Old Bailey, E.C. 4
 75/77/79/81/83/85/87/89

Number of Sheet

Signature of O. C. Company

Good Conduct Badges, Service Pay or Proficiency Pay

Regiment of *Newfoundland*

Regimental Number and Name <i>2103 Russell MR</i>	Enlistment Age on <i>18</i> years <i>3</i> months	Rank <i>Private</i>	Causes of Discontinuance
Joined <i>Sept</i> Date <i>5/9/16</i>	Place and Date of Enlistment <i>St John's</i>	Rank	
Joined _____ Date _____	Period of (with Colours) <i>2.35</i> years (with Reserve) <i>3.65</i> years	Date of Offence	
Joined _____ Date _____	Place of Birth <i>St John's</i>	Date of Offence	
	Names of Witnesses <i>St John's</i>	Date of Offence	

Place	Date of Offence	Rank	Causes of Discontinuance	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<i>Killed in Action 20/7</i>					

To be carried over