

First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 1176

Name in full William Skeans Age 28

Address 10 York St

Married Single Height 5.11 Weight 165

Color Dark Hair Light Brown Eyes Blue

Other distinguishing marks Scar on chin

Nearest relative (Uncle) Edward Skeans

Address Boat House Lane

Dependents None

Occupation Shaffan Present Wage \$40 per month

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment Feb. 22/1915

William Skeans, 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 condition of my service.

William Skeans

Declared before me this _____ day of March 1915.

Handwritten notes and signatures:
- "Re" (circled)
- "William Skeans" (written vertically)
- "Aug 15/1915" (written vertically)
- "10 York St" (written vertically)
- "Boat House Lane" (written vertically)
- "Shaffan" (written vertically)
- "Present Wage \$40 per month" (written vertically)
- "Feb. 22/15" (written vertically)
- "William Skeans" (written diagonally)

C.R. 1176

Wm.Skeans was attested for General service
with the NEWFOUNDLAND REGIMENT on ..February.22nd.1915
Regimental No¹¹⁷⁶ was allotted to Pte. Wm.Skeans.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th, 1919.

C.R. 1176

Abstract from Nominal Roll of Draft embarked for
Overseas per S.S. Stephens March 20th 1915.

No. 7. Platoon.

1176 Pte. W. Skeans.

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

MEDICAL HISTORY

Surname Skeans OF Christian Name William

Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on	19 day of Feb 191	on	day of 191
	at	St Johns.	at	
Declared Age.....		28 years		
Trade or Occupation.....		Chaffaur.		
Height		5 feet 11 inches		
Weight		165 lbs.		
Chest Measurement {	Girth when fully expanded....	37 inches		
		Range of expansion.....		
Physical Development.....				
Vaccination Marks {	Right	Left	Right	Left
	Arm			
Number.....				
When Vaccinated	Never.			
Vision	R. E.—V=		R. E.—V=	
	L. E.—V=		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>Clay Macpherson</i>			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted	at	St Johns.	at	
	on	22 day of Feb 1915.	on	
Joined on Enlistment	Corps.	1st Newfoundland Regt	Corps.	
	Regtl. No.	1176	Regtl. No.	
Transferred to.. ..	Newfoundland			
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

COPIES SENT		
To	No.	DATE
M. OF M.	7473/46	12/5/18
Q.C. IS. BN.		
" 2ND BN.		

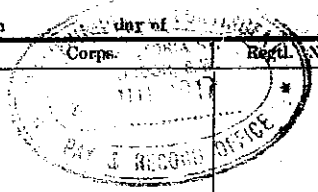
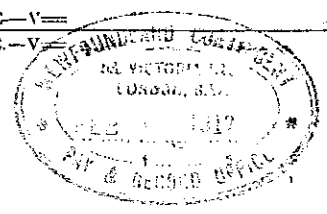



Table II.—Only for admissions to hospital or to the sick list

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing syphilis, admission of treatment
	Day	Month	Year	Day	Month	Year			
3 RD LONDON GENERAL HOSPITAL WANDSWORTH.	5	9	16	30	9	16.	wound of hand.	26.	In France here wounded
LONDON GENERAL HOSPITAL WANDSWORTH.	23	4	17	25	11	17	G. S. W IX 4 R. patella	68	
 MILITARY HOSPITAL	16	12	17	23	2	18	Tubercle of Lung	69	

the case of Warrant Officers treated in quarters

the cause, nature or treatment of the case likely to be of interest or of future use. In cases of readmissions to hospital will be shown. The subsequent progress, including particulars of out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

In his hand while pushing a wagon - on duty - convalescent.

S.M. Smyly
Capt RAMOT

Wounded 14.4.17 in France
Fracture = patella shattered
Joint-tapped, 8cc formalin injected

G.E. Hall
Capt Med.

admitted to haemoptysis which recurred twice though not seriously: two exams of sputum both reported positive by pathologist *Scott*. Gen. Hosp. Glasgow; transferred to Heathfield Inf. Division Hosp. Apr 23.2.18 to await completion of discharge documents & arrangements for his repatriation being completed.

W. M. ...
Capt. R.A.M.C.

Table III.—Boards, Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations, Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; and of Optical Appliances; Particulars of Dental Treatment, etc.

Date	Brief Details, and Signature
SENIOR MEDICAL OFFICER CAILES AREA 1915 22 MAR 1918 11, EUKNO STABLE SQUARE.	Army Form B 179 completed and Discharge approved. <i>[Signature]</i> Lt.-Col. S.M.O. Cailes Area.

TABLE IV.—SERVICE TABLE.

Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation	Station or Troopship	Date of Arrival or Embarkation	Date of Departure or Disembarkation
<i>St John Well</i>	<i>Feb 22. 15</i>	<i>20 Mar. 15</i>			
<i>T. S. "Stephano"</i>	<i>20 Mar 15</i>	<i>22 Mar. 15</i>			
<i>For S. ORDUN</i>	<i>22 Mar 15</i>	<i>30 Mar 15</i>			
<i>Edinburgh Coils</i>	<i>30 Mar 15</i>				

C.A. 1176

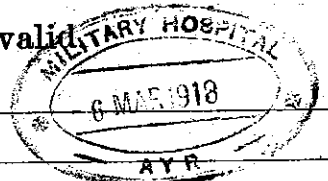
Extract from Casualties received from P & R Office London.

5-9-16.

1176 Pte. Skeans A.

Wd. index 2nd finger (accident)

Medical Report on an Invalid



Station _____

Date _____

Unit *2/1 Newfoundland Regt.*
 Regimental No. *1176*
 Rank *PTE*
 Name *SKEANES, WILLIAM.*
 Age last birthday *30*
 Enlisted { on *Feb 1915*
 at *St John's Newfoundland*

7. Former Trade or Occupation } *Chauffeur*
 7A. If with previous service in Army, state—
 (a) Former Unit;
 (b) Regimental No.;
 (c) Date of Discharge;
 (d) Cause of Discharge. } *n/a*

8. Disability in respect of which invaliding is Proposed.

(Other disabilities should be reported upon in answers to question No. 19).

44 Tubercle of Lung

COPIES SENT		
To	No.	DATE
M. OF M.	<i>7472/46</i>	<i>12/5/18</i>
U.S. 1ST BN.		
.. 2ND BN.		

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

Date of origin of disability. *uncertain*

Place of origin of disability. *uncertain*

Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

*Entry on A.F. B 179 :-
 App. Military Hspl 16/12/17
 to 23/2/18 Tubercle of Lung*

Since October 1917 he always had good health. He was never in hospital save when he was wounded. The first thing he noticed was spitting of blood. He was sent to App. Military Hospital to be treated for this & there it was discovered that he had tubercle & he was transferred to Heathfield on 23/2/18.

Give your opinion as to the causation of the disability, stating whether in your opinion it is—

- (a) attributable to or aggravated by service during the present war, climate, or ordinary military service. (The specific condition to which it is attributed should be stated, see Notes on page 3).
- (b) constitutional or hereditary, and not aggravated by service during the present war.
- (c) attributable to or aggravated by want of proper care on the man's part, e.g., intemperance, misconduct, &c.

attributable to service during the present war: exposure on active service
n/a
no

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

He is a sturdy, well built man, of healthy appearance. There is induration, deficient expansion, and presence of rales over the left apex. The rest of the left lung & also the right lung appear to be healthy. Sputum scanty & shows presence of tubercle bacilli (2 examinations reported positive by Pathologist at Othello hospital). Weight 172 lbs. There has been no haemorrhage for a considerable time and his general condition is much improved. He is at present in Healthfield Sanatorium awaiting repatriation.

14. If the disability is an injury, was it caused—

- (a) In action?
- (b) On field service?
- (c) On duty?
- (d) Off duty?

n/a

15. Was a Court of Inquiry held on the injury?

- If so—(a) When?
- (b) Where?
- (c) Opinion?

n/a

16. Was an operation performed? If so, what?

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

n/a

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding, and state whether they are attributable to or have been aggravated by service during the present war.

nil

20. Do you recommend—
(a) Discharge as permanently unfit, or
(b) Change to England?

Discharge as permanently unfit for military service of any kind

W. H. ... Capt. ...

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

~~except~~

Station *Rye*

W. H. ... Lt. Col.

Date *22 Feb 1919*

S.M.O. Gales Area
Officer in charge of Hospital.

*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.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pension vary directly according to whether the disability is, (a) caused or aggravated by service in the present war, (b) due to causes not connected with present war, viz. (1) earlier active service, (2) climatic disease in pre-war service, (3) ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.

(iv.) In answering question 21 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

1. (a.) State whether the disability is clearly attributable to—

(i.) Service during the present war;

yes

(ii.) Climate;

no

(iii.) Ordinary military service;

no

(iv.) Want of proper care on the man's part, e.g., intemperance, misconduct, &c.; or

no

(v.) Whether it is constitutional or hereditary.

n/a

(b.) If due to one of the first three of these causes, to what specific conditions do the Board attribute it?

exposure on active service

22. Has the disability been aggravated by any of the conditions mentioned in Question 21, and if so, which?

n/a

23. Is the disability permanent?

yes

24. If not permanent, how soon do the Board recommend re-examination?

n/a

25. What is the degree of disablement at which, in the Board's opinion, he should be assessed for pension purposes at present?

Total at present - 100%

Degrees of disablement should be expressed in the following percentages:— 100, 80, 70, 60, 50, 40, 30, 20, less than 20, or nil.

26. If an operation was advised and declined, was the refusal unreasonable?

n/a

27. Do the Board recommend—

(a) Discharge as permanently unfit, or

(b) Change to England?

Discharge as permanently unfit for military service of any kind

28. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic training) is desirable in a—

(a) Sanatorium;

(b) Hospital;

(c) Convalescent home;

(d) Asylum; or

(e) Other institution either as an in-patient or an out-patient, and if so the period for which recommended.

Sanatorium treatment desirable. He is at present in Stratfield. Infectious Diseases Hospital, Ayr.

29. With reference to Army Council Instruction No. 144 of 1917, is any surgical appliance recommended?

n/a

30. Does the man require the constant attendance of another person?

no

Station **MILITARY HOSPITAL**
 Date **22 MAR 1918**
 Approved **175**
 Station **175**
 Date **22 MAR 1918**
1, BURNS GARDEN SQUARE.

W. J. ... Lt. Col. President.
 S.M.O. Gaiters Area.
W. ... Members.

Mrs. ... Col.
 Administrative Medical Officer.

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.

Regtl No. 1176 Rank Private Name Thomas W. [Signature] Unit 2nd Battalion who was repatriated

to Halifax on 13/1/18 Authority Cause OR.

STATEMENT OF ACCOUNT		DR.	CR.
PARTICULARS	£	s	d
Balance Dr. from Allotment days @ <u>3/5/18.</u>	10	0	0
Cash Payments: <u>10/5/18.</u>	10	18	4
Other Debits: <u>Parent's Damage</u>			6
<u>Miscellaneous Exp.</u>			3
Total Debits			20 19 4
Balance due by Paymaster			3
Balance Cr. from <u>Person pay book</u>			14 12 8
Pay <u>28 days @ \$1.00</u>			28 00
Field Alice <u>28 days @ \$1.00</u>			28 00
Other Alices days @ \$			130 80
Other Credits:			16 6 7
Total Credits			120 19 3
Balance due to Paymaster			3

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

Hayley Pown Camp May 11 1918 (Place) (Date)

Made up/Checked in accordance with information received in the Pay & Record Office 13/4/18 to 10/15/10 and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London, 12/1/18 191

Chief Paymaster & Officer i/c Records.

C.R. 1176

Extract from Communication despatched to His Governor
from Major G.S.O. St. John's, dated May 16, 1918.

The following man embarked at Liverpool on March 15th
for Halifax is being sent home for discharge:-

#1176 Pte. Skeans.

C.R. 1176

Extract from Preliminary report of Medical Board held on Thursday
Feb. 20th 1919.

1176 PTE. Wm. Skeans.

2nd Board. Recommended Discharge from the Army as Permanently
Unfit. Remain in Jenson Camp.

March 21, 1919

#1176 Pte. William Skeans,
Jensen Camp,
City

Dear Sir:-

Please find enclosed "Discharge Certificate
No. 1358."

Yours truly,

Captain,
Paymaster & O.i/c Records



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 *William Shean's*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *1176*
 Intended address *of Mr. Sullivan Barner Road.*

Height on discharge *5* Feet *ft 11 1/2*

Color of hair on discharge *Light*

Complexion *fair*

Color of eyes *blue*

Descriptive Marks

Figure on discharge *medium*

Christian name of Father *John*

Christian name of Mother *Jane*

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. *hillside*

Nature and locality of civil employment required *to happen*

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) *William Shean's*

Station *St John's* Date *May 27 1875* (Rank) *1st*

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. Burden

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

Station *St John's*

Date *May 27 1875*

Casualty Form—Active Service.

Regiment or Corps SMALL NEWFOUNDLAND REGIMENT

Regimental No. 1176 Rank Pte Name Stearns W.

Enlisted (a) 22/2/15 Terms of Service (a) 1 year Service reckons from (a) Feb 22/15

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

Extended Duration Re-engaged Aug 15/15 Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	St. John's Nfld	22/2/15	
		Disembarked	Alexandria	1/9/15	
		Embarked	St. Said	2/9/16	
		Disembarked	Hauseilles	10/9/16	
	Unit	W. Ch. Battalion	France	4/7/16	B 213
	88 FA	Ad 2/16	Amvised W. Ch. Regt. Throug.	2/9/16	ED 2699
	St. Andrew	Inv. to England. of	8 th Lt. Col. Wimmerant (Sgd)	4/9/16	W 3083



(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 should be given.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

P.T.O.

Army Form B. 103.

Regimental Number *1176*

Casualty Form—Active Service.

Rank *Private* Surname *Shears* Christian Name *William*
 Religion *Roman Catholic* Age on Enlistment *28* years months
 Enlisted (a) *1915* Terms of Service (a) *Duration* Service reckons from (a) *22/1/15*
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate *11 MAY 1918*
 Occupation



Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 218, Army Form A. 35, 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. 218, Army Form A. 35, or other official documents.
Date.	From whom received				
		Embarked	<i>Hampton</i>	<i>1/2/17</i>	
		Disembarked	<i>France</i>	<i>2/2/17</i>	
		<i>Joined Battalion</i>	<i>France</i>	<i>17/2/17</i>	<i>B 213</i>
<i>15/4/17</i>	<i>Unit</i>	<i>Wounded in Action</i>	<i>do</i>	<i>14/4/17</i>	<i>B 213</i>
<i>30/4/17</i>	<i>10 COS</i>	<i>Ad Gen R. Knave & P. Ankle</i>	<i>France</i>	<i>15/4/17</i>	<i>ED 3422</i>
<i>28/4/17</i>	<i>3 Cos G. Hosp</i>	<i>Ad Gen R. Knave & P. Ankle</i>	<i>Boulogne</i>	<i>16/4/17</i>	<i>428584</i>
	<i>Princess Elizabeth</i>	<i>Invalided to England</i>		<i>22/4/17</i>	<i>W 3083</i>
		<i>E. To line</i>	<i>St. Joe</i>		
			<i>876 No 1 Reg Infantry</i>		
			<i>Col 2 3rd Bchelon</i>		

(15) 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.
 (16) Signifier, Sheehey-Smith, & Co. W. 2027—M200 1000 7/17 Printed by C. P. & S., Ltd. Form B. 103 2/1954. I.P.T.C.

DEPARTMENT OF MILITIA.

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 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashed. 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 & RECORDS OFFICE, ST. JOHN'S.

Christian names. *William*..... 2. Surname. *Skinner*.....

3 Rank..... *Pvt*..... 4 Regtl. No. *1174*.....

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

..... *J. Green Camp*.....

6. Date of enlistment in the Regiment... *Feb. 22nd 1915*.....

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 dependents... *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. *Served from Feb. 22nd 1915*.....

to March 13/18 (Overseas).....

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 under Reg. No. 1126.....

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?.....

Yes.

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?.....

Not applicable.....

19. Are you now serving in the Regt.?..... If not give:- (a) Date of discharge..... (b) Reason for discharge.....

Mar. 13th 1919.....

Being medically unfit for General 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.....

Egyptian Frontier¹⁹¹⁵, France, Belgium. 1917.....

21. (a) Are you receiving treatment from the Civil Re-establishment Com.?.....

(b). If (a), are you in receipt of full pay and allowances from that Committee?.....

Yes..... 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 made under oath.

Signature of Applicant: *William J. Jones*

Place of Residence: *Denise, Calif.*

Declared before me at: *St. Johns*

This *28th* day of *March* 19*49*.

Chas. O'Neill Courage
Signature of Barrister of the *Notary*
Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>6 mos.</i>	<i>420.00</i>
.....
.....
Certified Correct.			Paymaster.	

1918 - 1918

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 15.00

Sept 30 1918

Received from the First Newfoundland Regiment
the sum of 15 Dollars.
on account of Pay
balance

Ch. No. <u>3336</u>	Initials <u>EW</u>
Pay Ledger <u>290</u>	Initials <u>WA</u>
Gen. Ledger.....	Initials.....

Regtl. No. Rank

October 31st. 1918.

No. 1176, Pte. W. Skeans,
Jensen Camp,
C i t y.

Dear Sir:

I enclose herewith cheque for
\$10.00, being amount due you as pay on account.

Yours truly,

Capt.
Paymaster

C.R. 1176

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 1176 Name Pvt William Skians

Witness. W. J. Skians

Date Dec 12th 1919

Place Leavenworth Camp

C.R. 1176

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 STAR.

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

Name *W. J. Jones*

Date *28/3/19*

Place *W. J. Jones*

for L. Brown

Please sign, and return to Dept. of Militia.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B, 121.

Number of Sheet 1

Signature of C. O. Company [Signature]

Regiment of Newfoundland

Printed and Sold by Gale & Folds, Ltd., Wellington Works, Aldershot. 2/6 per 100, 20, 712-s.

Regimental Number and Name <u>176 Skeans W.</u>		Trade <u>Chaffeur</u>	
Age on <u>28</u> years - months		Good Conduct Badges, Service Pay or Proficiency Pay	
Date of Enlistment <u>28.12.1915</u>		Punishment awarded	
Period of <u>with Colours 4²⁰ years.</u>		Names of Witnesses	
<u>with Reserve 3⁶⁵ years.</u>		<u>R. C. Alford</u>	

Place	Date of Offence	Rank	Case of Drunk. excess	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
		<u>Plt</u>		<u>Medically unfit</u>	<u>[Signature]</u>	<u>3</u>			

COPIES SENT

To	No.	DATE
M. OF M.	<u>7473/46</u>	<u>1915/16</u>
O.C. 1ST. BN.		
" 2ND. BN.		

To be carried over

February 14, 1920

Cashier,
Nfld. Savings Bank,
City

Dear Sir:-

I enclose two cheques amount
to Two hundred and sixty dollars (\$260.00), payable
to W. Skeans, #1176, Royal Nfld. Regiment.

Please open savings Bank
Account for Mr. Skeans, and let me have "Pass
Book" for same.

Yours truly

Major

Magister.

Oct. 25 25

Edward Skeans Esq.

Kilbride, St. John's, W.

Ref 276 Pte. Wm. Skeans. (dug.)

Dear Sir,

We are forwarding by registered mail a parcel of bulbs for planting in the grave of your late nephew, the above named soldier.

In course of time the grave will be sodded over, with the exception of a strip one foot wide, in front of the headstone, where the bulbs are to be planted. Further instructions are contained in the address envelope attached to the parcel.

Your kind attention to this matter will oblige,

Very truly yours,

Lieut.

O. J. Records.