



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. *6228*

Name *James Snook*

Corps *RC.*

Questions to be put to the Recruit before Enlistment.

1. What is your name? *James Snook*
2. What is your full Address? *St Albans*
3. Are you a British Subject? *Yes*
4. What is your age? *27* Years Months
5. What is your Trade or Calling? *Law*
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, *James Snook* 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.

James Snook SIGNATURE OF RECRUIT.
3/10/18 *Epl J. Snook* Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *James Snook* 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~~ signed the declaration and taken the oath before me at on this *3* day of *Oct* 191*8*

Signature of Attesting Officer *CRB Abbott*

†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 } 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, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

C.R. 6228

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.,
St. Johns for Oct. 5th, 1918.

6228 Pte. Jas. Snook.

Attested for General Service With The Royal Nfld. Regt., from
3-10-18.

C.R. 6228

Extract from Daily Orders part II, Depot
St. John's dated January 24th., 1919.

The discharge of the undernoted on demobilization
have been APPROVED by O. C. Discharge depot
on 24-1-19.

#6228 Pte. Jas. Snook.

C.R. 6228

Extract from Daily Orders part II, Depot St. John's
dated Feb. 25th., 1919.

The discharge of the undernoted on demobilisation have
been CONFIRMED by Officer i/c Records on 21-2-19.

#6228 Pte. James Snook.

February 21st, 1919

#6228 Pte. James Snook,

St. Alban's,

Fortune Dist.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 942."

Yours truly,

Captain,
Paymaster & O.i/c Records

Enc'l 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6228 Rank Pte Name James Snook
 Intended place of residence St Albans Fort
 2. Occupation Police
 Classification of soldier C Medical Category 9th
 3. The above named man is discharged in consequence of DEMobilIZATION

~~EMERGENCY DISCHARGE~~

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place JAN 20 1919
 Date JAN 20 1919
Abbley Capt
 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 and date St Johns
20-1-19
James Snook
 Signature of soldier
Abbley Capt
 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 and Date Jan 25th 1919
ST. JOHN'S
James Snook
 Signature of soldier
Abbley Capt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 3. 10. 18 No of days on Military
 Discharged from service 24. 1. 19 plus 28 days Service 142 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
JAN 24 1919
R.H. Lait Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns, Nfld
February 21/1919
M Bowley Capt
 Officer i/c Records
 The Royal Newfoundland Regiment

29
30
31
31
21
14

A. J. B. [Signature]

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6928 Rank. Private Name Snook James
 Date of Enlistment. 3.10.18 Address St. Albans District St. John's
 Occupation Bookman Classification for Discharge 6 Medical Category 11
 Recommendation S.M.B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N.F. P/36	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. 20.12.18

Attest Capt
 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.

James Snook
with papers with

Date. _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable. £6.00
 (b) Clothing Supplied Joseph A. Snow

Date. 20-1-19

O. i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 538 R to his home at Charkya and Release Certificate No. 20-1-19 issued.

Date 20-1-19 Demobilization Officer [Signature]

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 3-3-19

Date 20-1-19 Depot Paymaster [Signature]

Discharge approved for 24.1.19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	1	N.F. Med	D.F. 1	1
F 178	W 3494	B 122		Board 1st	" 2	1
B 178a	1. D 400A	1. B 1915	2	do 2nd	" 3	2
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K	1	do 4th	" 5	
B 179b	B 103	ME 2			" 6	
B 179c	B 120	M 93				

Date 21.1.19 Demobilization Officer [Signature]

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

JAN 24 1919

Date O. C. Discharge Depot. [Signature]

Received the above noted documents from O. C. Discharge Depot.

Date

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

MEDICAL HISTORY

OF

Surname Snook

Christian Name James

Table I.—GENERAL TABLE

Birthplace:—Parish St Albans County Newfoundland

	SPECIAL RESERVE		REGULAR ARMY	
	on	day of	on	day of
Examined	3	Oct	1918	191
Declared Age	24	years		
Trade or Occupation	Fisherman			
Height	5	feet 8		
Weight	145	lbs.		
Chest Measurement	Girth when fully expanded		36	inches
	Range of Expansion		3	inches
Physical Development				
Vaccination Marks	Right	Left	Right	Left
When Vaccinated				
Vision	R.E.—V=	6/60	R.E.—V=	
	L.E.—V=	6/60	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)				
(Rank)				
Enlisted	at	St John	at	
	on	3 day of Oct	on	day of 191
Joined on Enlistment	Corps		Corps	
	Regtl. No.	6228	Regtl. No.	
Transferred to				
Became non-effective by	on	day of	on	day of
(Signature)				
(Rank)				

[P.T.O.]

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 work as Lumberman

James Snook

Signature of Man.

Reg. No. *6228*

Signature of the Vocational Officer or his Representative.

Place *St John's*

Date *28/1/19* 191

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 *Knook, James.*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6228*
 Intended address *St. Alban's, Bay Lespoit, Nfld.*
 Height on discharge Feet
 Color of hair on discharge *Light brown.*
 Complexion *Fair.*
 Color of eyes *Brown.*
 Descriptive Marks *Scar on Thumb of Left Hand.*
 Figure on discharge *Normal.*
 Christian name of Father *Samuel.*
 Christian name of Mother *Frances.*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children } *not married.*

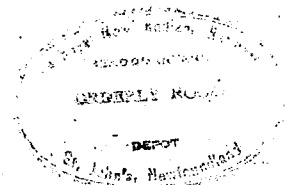
Place and date of soldier's birth. *St. Alban's, Bay Lespoit, Jan 4 1894*
 Nature and locality of civil employment required

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) *James Knook*
 Station *Prince's Point* Rank *Norman Ryan (Rank) M.C.*
 Date *12/12/18.*

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.

Station _____ Date _____
 J. R. Steele / Lt
 Medical Officer i/c Hospital
 Unit, or Command Depot.



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Regt

Number of Sheet One
Signature of O. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6228</u>	Age on	<u>24</u> years	<u>Yeoman</u>	
	<u>James D. Cook</u>		months		
Joined	Date	Place and Date of Enlistment		Religion	
Joined	Date	<u>St John's</u>	<u>3/11-16</u>	<u>R.C.</u>	
Joined	Date	Period of	with Colours	Place of Birth	
Joined	Date		<u>142</u> years	<u>St Albans</u>	
			with Reserve		
			<u>37</u> years		

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized St John's 21/24</u>					

To be carried over.

Army Form B. 121.