

4107

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4107 Name Robert Wells Corps Co. E.

Questions to be put to the Recruit before Enlistment.

- | | |
|--|---|
| 1. What is your name? | 1. <u>Robert Wells</u> |
| 2. What is your full Address? | 2. <u>Salisbury, N.S.</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your age? | 4. <u>22</u> Years <u>11</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Farmer</u> |
| 6. Are you Married? | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... | 10. { 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? | 11. |

I,, 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.

Robert Wells, SIGNATURE OF RECRUIT.

..... Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I,, 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, on this 12th day of Nov, 1911.

Signature of Attesting Officer [Signature]

† 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 Nov 12 1911

Place [Signature]

} 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 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, and re-enlisted in the (Regiment).

C.R! 4107

Extract from Daily Orders Part II Unit The Royal
Mfld. Regt., St. John's, Nov. 14th, 1917.

4107 R. Wells.

Attested for General Service with the 1st Mfld. Regt.
on Nov. 15th posted to G. Coy, and assigned number as
shown.

C.R. 4107

Extract from Nominal Roll Embarked St. John's for Overseas,
per S.S. "Victoria" Aug. 11, 1917.

#4107 Pte. R. Wells.

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

MEDICAL HISTORY

Surname Wells OF Christian Name R. O. L.

Table I.-GENERAL TABLE.

Birthplace:—Parish Salway, B. B. County W. York.

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	at	on	at
Examined	13 th day of Nov 1917	St. John's.	day of	191
Declared Age	32 years	11 days	years	days
Trade or Occupation	Fisherman			
Height	5 feet	6 inches	feet	inches
Weight		160 lbs.		lbs.
Chest Measurement	Girth when fully expanded		inches	
	Range of Expansion		inches	
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number	1		
When Vaccinated				
Vision	R.E. V	L.E. V	R.E. V	L.E. V
(a) Marks indicating congenital peculiarities or previous disease				
(b) Slight defects but not sufficient to cause rejection				
Approved by (Signature)	<i>James Wilson</i>			
(Rank)	Medical Officer.			Medical Officer.
Enlisted	at	St. John's.	at	
	on	13 th day of Nov 1917	on	day of 191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
Transferred to	1 st Regt. R. A. 4117			
Became non-effective by	on	day of 191	on	day of 191
[Signature]				
[Rank]				

Table III.—Boards: Courts of Inquiry, Vaccination, Inoculations, ac.; Examination for Foreign Service, Extension, Re-engagement, or Prolongation of service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

Date	Brief Details, and Signature
10-12-17	Vacc 29
16-11-17	A.H.B. 40
21-11-17	3 43
7-12-17	3 44

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

C.R. 4107

Extract from Nominal Roll of NZM. Sgt. Draft No. 46
from 2nd M. Depot, to 1st Bn. D.K.F. Embarked Folkestone
25-5-18.

4107 Pte. R. Wells.

C.R. 4107

Oct. 18th 18

Dear Miss Wells:

I regret to inform you that a report has been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

No. 4107, Private Robert Wells

has been posted as **killed in action on Sept. 29th**

Should any further information be received concerning him, the same will be at once communicated to you.

Yours faithfully,

**Miss Louisa Wells
9 Young Street**

Minister of Militia.

FIELD SERVICE

Army Form B. 2090A.

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

REGIMENT OR CORPS _____ Squadron, Troop, Battery or Company _____

Regimental No. 4107 Rank Private

Surname Wells Christian Names R.

Died { Date 29-9-18. Place France or Belgium.

Cause of Death* _____

Nature and Date of Report B 213 d/6-10-18.

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

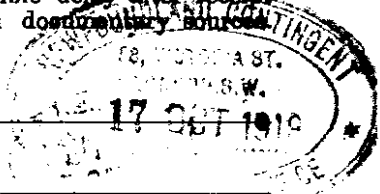
All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

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.

Station and Date } 12 OCT 1918 Signature of Officer in charge of Section } [Signature] Lt. Col., R.A. Adjutant-General's Office at the Base }

O. i/c No 1 Infantry Section.
G.H.Q., 3rd. Echelon.



ORIGINAL

Army Form O. 1815

PAY LIST to 191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment of corps ROYAL NEWFOUNDLAND REGIMENT.
No. 4107 Rank Private Name Wells R.
Died (a) Intestate at France on the 29 of September 1918.
Deserted at on the of 191 .

I Certify to the correctness of above in every particular.

(Commanding Squadron, Troop, Battery or Company.

STATEMENT OF ACCOUNT.

(Form I.

Table with columns: Date, Dr., £, s., d., Cr., £, s., d. Rows include Balance Dr. last month, Cash issues, Consolidated stoppage, Balance due by the Paymaster.

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

CHECKED P.S.A. 27 APR 1919

Stamp: 30 APR 1919

Signature: Chief Paymaster & Officer Paymaster

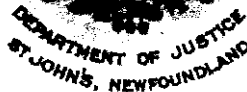
I hereby Certify that the above account is correct in every particular, and that the debtor balance of ... is correctly chargeable against the Public Contingent.

Dated at this

- (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 War Office with Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

In replying the date of this
letter should be quoted

B.



October 10, 1919.

Sir:

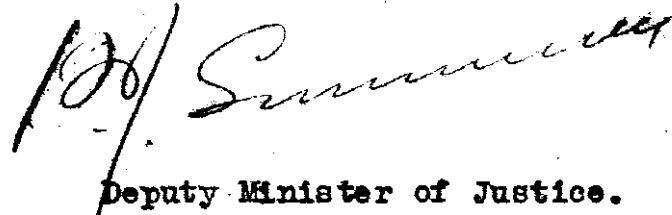
As the estate of Robert Wells, #4107,
consists only of the amount due from the Pay &
Record Office, I have the honour to authorize you
to pay that amount to the persons hereinafter
named:

\$8.20 to Mrs. Sarah Porter, 40 Pleasant Street.

\$8.20 " Mrs. Sophia Ewing, 52 Barnes' Road.

\$8.21 " Louise Wells, 9 Young Street.

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


Deputy Minister of Justice.


Major J. M. Howley,

Pay & Record Office.

October 23, 1919

Mrs. Louise Wells,
9, Young Street,
City.

Dear Madam:

I enclose herewith
cheque for \$8.21, balance of estate of
late Pte. R. Weble.

Yours truly,

Major
PAYMASTER & C 1/c RECORDS

LM-
Enc. 1

October 27, 1919.

Mrs. Sarah Porter,
40, Pleasant Street,
City.

Dear Madam:

I enclose cheque for \$8.20
balance of estate of late Pte. R. Wells &

Yours truly,

Major
Paymaster

LM-
Enc.

Oct. 23rd, 1919.

Mrs. Sophia Ewins.
32 Barnes Road.

Dear Madam, -

I enclose herewith cheque for \$8.20
being the amount due you a/c Estate of the late
Pte. R. Wells.

Yours faithfully,
A. C. R.

Major,
Paymaster & O.i/c Records.

Enclosure 1.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 8²¹

Oct 14 19 19

Received from the First Newfoundland Regiment
the sum of Eight ²¹ Dollars.
~~account~~ of Pay. Estate.
balance

Ch. No. <u>14738</u>	Initials <u>TCW</u>
Pay Ledger <u>33</u>	Initials <u>WR</u>
Gen. Ledger.....	Initials.....

Regtl. No. Rank

JUL 3 1951
2:23 PM

TO THE
POST OFFICE

ON HIS MAJESTY'S SERVICE.



OFFICER i/c RECORDS,
DEPARTMENT OF MILITIA,
ST. JOHN'S, NEFD.

1072

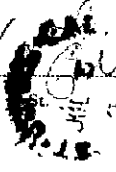
539427 4107

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.

E

Mrs A J Wainwright

(2249) WL 21551/AP659J 10/19 9081 (20)



Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Squadrons *1*
 Signature of O. C. Company *Whaley M.*

Form B. 121.

Regiment of *1st New Hampshire*

Good Conduct Badges, Service pay or proficiency pay

Regimental Number and Name
 No. *4107* Wells Robert
 Trade *Stonemason*
 Religion *C. of E.*
 Place of Birth *C. of E.*

Enlistment
 Age on *22* years *11* months
 Date of Enlistment *13-1-17*
 Period of *32 1/2* years with Colours
36 1/2 years with Reserve

Date of Offence
 Rank
 Cases of Discharge

Names of Witnesses
 Punishment awarded

By whom awarded
 Remarks

Witness in Action 1917

To be carried over