

First Newfoundland Regiment

ATTESTATION PAPER

Regimental No. 570

Name in full Gordon Bennett Yates Age 23

Address 7 Balsam St.

Married 5 Single Single Height 5' 4" Weight 108 lb.

Color fair Hair dark Eyes blue

Other distinguishing marks None

Nearest relative Mother Annie Yates

Address 7 Balsam St.

Dependents None

Occupation Sailor Present Wage \$ 2.00 per mo.

Previous service _____

Decorations _____

General Remarks _____

Date of Enlistment _____

Gordon Bennett Yates, 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 conditions of my service.

Declared before me this 17th day of October 1914
W. B. Yates
W. B. Yates
W. B. Yates

Name Gordon Bemister Yates

Apparent age 23 years months. Height 5 feet 4 inches

Chest measurement { Girth when fully expanded inches.
Range of expansion inches.

Distinctive marks Color: Fair, Hair: Dark, Eyes: Blue

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Annie Yates, 7 Balsam St., St. John's

Relationship Mother

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.

(a)	(b)	(c)	(d)

Particulars as to Children.

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES.

Corps in which served	Regt. or Depot	Promotions, 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. O. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from <u>17/9/14</u>									
Joined at <u>St. John's</u> on <u>17th September '14</u>									
		<u>By sentry</u>		<u>St/ser</u>					
Total Service forfeited as above									

C.R. 570

Gordon B. Yates was attested for General Service
with the NEWFOUNDLAND REGIMENT onSept.17th/14.

Regimental No. 570 was allotted to Pte Gordon B. Yates.

AUTHORITY:

Record Officer

Dept. of Militia,

March 25th, 1919.

C.R. 570

Extract from Nominal Roll Embarked St. John's per S.S.

"Florizel" Oct. 4. 1914.

570 Yates Gordon B.

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

MEDICAL HISTORY

Surname Gales OF Christian Name Gordon Bernister

Table 1.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined		191		191
Declared Age	23	years		years
Trade or Occupation	Sailor			
Height	5	feet		feet
Weight	125	lbs.		lbs.
Chest Measurement	Girth when fully expanded		Girth when fully expanded	
	Range of expansion		Range of expansion	
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm		Arm	
	Number		Number	
When Vaccinated				
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)				
(Rank)				
Enlisted	at		at	
Joined on Enlistment	on	day of	on	day of
Transferred to	Corps.	Regtl. No.	Corps.	Regtl. No.
Became non-effective by				
(Signature)				
(Rank)				

Table II.—Only for admissions to hospital or to the sick list in the case of Warrant Officers treated in quarters

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
1000 The Infirmary	5	12	16	8	1	16	Bullet wound of lung	149	Bullet has traversed the thorax	AWright

18, February, 6.

504/1.

Dear Miss Pilot,-

With reference to your letter on the subject of No.570 Pte.G.B.Yates, beyond the report stating him to be at the Kasr-el-Aini Government Hospital, Cairo, 5/11/15, suffering from Dysentery, there has been no subsequent one, and therefore the assumption may be that he is better. In the ordinary course I should be advised when he is discharged from hospital, and should any further news be received you will be notified.

With kind regards,

Yours sincerely,

Capt.

Paymaster & O.i/c Records:

10, March, 8.

853/2.

Miss Annie Pilot,

Charing Cross Hospital,

S. W.

No.570 Pte. G. Yates.

Referring to your enquiry and my No.504/1, it is intimated that No.570 Pte. G. Yates was discharged from 17th. General Hospital, Alexandria, on 18/2/16, fit for active service; this being his second time in Hospital, and latter complaint being a contusion of right elbow.

Capt.

Paymaster & O. i/c Records.

April 11, 1916.

Dear Madam,

I beg to inform you that additional information has to-day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that

No. 570, Private Gordon B. Yates, who was last reported on April 6th as undergoing treatment in a hospital at Alexandria on February 12th for contusion of the head, was fit for duty on February 18th and is now on active service.

This information is in reply to a cablegram sent by me to the Record Office on the 8th instant.

Yours faithfully,

Colonial Secretary.

Mrs. Annie Yates
7 Balsam St.

C.R. 570

Extract of Casualty List received from P.&R.O.
July 10th. 1916.

570, Pte G.B. Yates. ✓

1st Newfoundland G.S.W. Chest , 1st Western General
Hospital Fazakerley Liverpool July 8th. 1916.
from Hospital Ship Lanfranc.

Mill Road Auxillary Military Hospital Liverpool.

3441/1

August 22nd

6

570, Pte. G. B. Yates, 1st. Newfoundland Regiment,
16, Market Brae,
Inverness.

Enclosed Railway Warrant 50/1029384, Inverness to
Newton-on-Ayr, as requested.

2/Lieut.
Asst. Paymaster,
For Paymaster & O i/c Records.

F.M/W.F.

NEWFOUNDLAND CONTINGENT.

CANCELLATION OF ALLOTMENT

I, (No.) 570 (Rank) Pte. (Name) Gates, G.B.
 hereby apply for cancellation of Allotment made by me on
 N.F.K.No. 325 dated October 31/4 in favour
 of Mrs. A. Gates, 7 Balsam St. St. John's for \$ — p^{ts} 60
 per diem. Such cancellation to take place from (inclusive)
 the 1st day of November 1916.

I agree to accept all risks and consequences of this appli-
 cation failing to reach Headquarters, St. John's, by mail in time
 to become operative at above nominated **cancelling date**; and that
 in the event of such non-delivery by mail, and thereby the Allot-
 ment continuing to be paid to the Allottee, I also agree to such
 further stoppage as may be thereby necessary being made against me
 in the Pay Books, or otherwise to refund such overdraw amount or
 amounts.*

Dated at London
Dec. 20 1916

Letter from A.D. Ref No 4895
 Allotor.

Approved and Witnessed.

 O. C. " " Company.

W.R. Martin
A.D.
20/1/16

*Attention is drawn to the fact that Allotments are payable by
 Headquarters per Calendar, not Regimental month, and therefore
 reasonable time must be allowed for delivery of this request
 at St. John's, in order to become operative.

DECLARATION OF A SOLDIER ON PENSION 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. & 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 *Gordon Yates.*
Regiment from which discharged *1st. Newfoundland*
Regimental number *570.*
Intended address *7 Balsam St.*
Height on discharge *5* Feet *4 1/2*
Color of hair on discharge *Brown*
Complexion *Anaemic*
Color of eyes *blue.*
Figure on discharge *medium.*
Christian name of Father *Dead.*
Christian name of Mother *Annie.*
Wife's maiden name in full *-*
Date and place of marriage *-*
Christian names of children *-*
Place and date of soldier's birth. *St. John's Nf. 21st March. 1891*
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) *Gordon Yates* (Rank) *priv.*
Station *St. John's* Date *9-1-19*

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.

J. W. Hudson Lewis
Medical Officer i/c Hospital,
Unit, or Command Depot.

St. John's Nf. Date *Jan 9, 1919*

Medical Report on an Invalid.

NOTES:—

- (a) This report is solely concerned with Pensions.
- (b) A single copy only is required.
- (c) "Aggravated" being now a technical term, carrying right to pension, discrimination in its use is essential.
- (d) Be as brief as possible compatible with lucidity.
- (e) Avoid dubiety—"perhaps" "possibly" "might" and the like.
- (f) Only sufficient clinical data need be given to establish the degree of disability and assist the Board in arriving at a decision.

Statement of Case

Station

Date

St. John's Nf
Jan. 9, 1917

1. Unit *1st. Newfoundland*
2. Regimental No. *570*
3. Rank *O/C*
4. Name *Yales Gordon*
5. Age last birthday *24*
6. Enlisted on *28 Aug. 1914*
7. Former trade or occupation *Sailor*
8. Disability

G. W. Left Leg.

9. History

France July 11, 1916. Fell from ship

on the
above

*Up to 100% of
Anatomy.*

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as
permanently unfit?

Yes

Signature *Stoersen*

Rank or Qualification *Lieut*

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board.

In para. 13, the President should write "may" or "cannot" at x
Erase inapplicable words.

13. For pension purposes, the disability x may be considered as aggravated by:—
due to
- (a) Service during this war.
 - (b) ~~Climate.~~
 - (c) ~~Ordinary Military Service~~

Remarks if any: Small scar (of entry) in front 2 inches from middle line of back of lower portion of neck. The scar of right leg behind at level of scapula. The bullet having gone through the cheek, left arm cannot be lifted above a level with his neck. Hand also weak. Severe pain tenderness in abdomen left side.

14. At present his capacity for earning a full livelihood in the general labor market is lessened by:—
(Here the president should write in Total, 3-4, 1-2, or 1-4).

Remarks if any:—

70% for six months

15. The refusal of operation sanatorium is:—

- (a) Reasonable.
- (b) Unreasonable. ✓

Remarks if any:—

16. We recommend discharge from retention in the Army

Remarks if any:—

Signatures.

R. S. Jones

President

L. Paterson

P. Barclay

Place

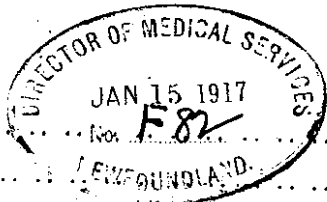
Date

Sydney
Jan 17 1917

APPROVED

Station

Date



Chas. Macpherson
Administrative Medical Officer

CERTIFICATE TO BE SIGNED BY THE SOLDIER ON DISCHARGE.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservation of the claims noted on the 3rd page.

Place St. John's N.Y.C. John J. B. (Signature of Soldier)

Date Jan. 26th 1917 J. M. Bowley (Signature of witness)

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. *570*

Rank *Private*

Name *G. Yates.*

Died (a)

at *On*

on the *26* of *Sept.*

191 .

Deserted at *On*

on the *26* of *Sept.*

1916.

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 <i>14/6</i>			10 0	Balance Cr. last month <i>29/9/16. P.M.</i>	4	17	2 1/2
	Cash issues (Date of each issue to be stated)				Pay days at _____ from _____ to _____			
	<i>Sept. 8 1916</i>			10 0	Proficiency, Service or good conduct pay			
	<i>15 "</i>			1	days at _____ from _____ to _____			
	<i>22 "</i>			1	Messing allowance days at _____			
	<i>26 "</i>			1	from _____ to _____			
				3 10 0	Clothing and kit allowance			
	<i>Barrack Damages.</i>			3	Amount produced by the sale of Necessaries			
	<i>Boot Repairs</i>			8	Personal Clothing and Effects from Form 2...			
	<i>Laundry.</i>			1 8	Amount of Savings Bank balance, including interest (if no balance, to be so stated)			
	Consolidated stoppage				Deferred Pay or Gratuity			
	Balance due by the Paymaster			14 7 1/2	Balance due to the Paymaster			
		£		4 17 2 1/2		£		4 17 2 1/2

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

Dated at

this

day of

191 .

J. H. Marshall
Paymaster.

(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 A.F.B. 2090 or Army Form O. 1315.
(b) Words in Italics (struck out when there is no debtor balance.)

570

June 22nd. 1917.

Mr. C. B. Yates,
7 Balsam Street.

Dear Sir:-

I enclose herewith cheque for £4.86 being the amount due you as Ration money whilst on Furlough in England.

Yours truly,

Lieut.
Deputy Paymaster.

COPY

St. John's,

July 21st., 1917.

Major Cluny Macpherson,

City.

Dear Sir:-

Re 570 Pte. Gordon Yates, 7 Balsam Street.

Immediately upon receipt of your communication the Superintendent of Jensen Camp visited this man to arrange for his removal to the Jensen Camp for treatment. I am informed that he declines treatment immediately, and his case is so recorded. He intimates that he may be willing to take treatment in August when he will make application accordingly. So far as records are concerned, his case is thus disposed of.

Yours faithfully,

(Sgd) R. F. HORWOOD

Chairman, Jensen Camp Committee.

STANDING MEDICAL BOARD
OF THE
PENSIONS AND DISABILITIES BOARD OF THE
NEWFOUNDLAND PATRIOTIC ASSOCIATION.

In replying please mention Date and

No. 570

All communications should be addressed to
the Secretary, MAJOR CLUMY MACPHERSON,
St. John's, Newfoundland.

St. John's, Newfoundland
July 23rd., 1917.

Hon. P. T. McGrath,
Chairman, Pensions & Disabilities Board.

Dear Sir:-

The enclosed copy of letter from R. F. Horwood,
Esq., Chairman Jensen Camp Committee is forwarded for your
information.

You will note from it that Pte. Gordon Yates
who is recommended to Jensen Camp for three months, and given
a Total Disability while at the Camp, has refused to enter
there for treatment.

I shall ask the Medical Board at its next meeting
to state what disability, if any, he should now be allowed

Yours faithfully,

Clumy Macpherson

Major - Secretary.

Reminded

St. John's.

7 Balsam Street.

J. R. Bennett Esq.,
Minister of Militia.

Sir:

I beg to remind you that having given me an appointment for the morning to discuss the matter of the separation allowance due me under the Regulations published in February last you were too busy to take the matter up and requested me to write you a letter.

I am one of the "Blue Puttees" and obtained my discharge January 27th. 1917 as a result of wounds received July 1. 1916. My application papers for the increased separation allowance due to my mother, Mrs. Annie Yates, 7 Balsam Street, of whom I have been the sole support for years past, were made out and filed in the Pay and Record Office about the middle of February and I have heard nothing definite since, except your statement to me last Monday that you would bring the matter up at once as it was a clear case.

I have to request that something be done without further delay, as my mother needs the money urgently and it is a great hardship having the payment delayed so long.

Your obedient servant,

Gordon Bonester Yates

72-370

P.M.
Minister authorizes payment

12/4/19

W. F. Rendell
Lieut. Col.

DEPARTMENT OF MILITIA.

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 *John Bennett* 2. Surname *Fatis*.....

3. Rank *Private*..... 4. Regtl. No. *570*.....

5. Address in full to which future payments of gratuity are to be forwarded..... *F. B. Fatis*.....

..... *F. B. Fatis St. City*.....

6. Date of enlistment in the Regiment... *Sep. 17. 1914*.....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....

..... *Discharged prior to separation allowance comm. in Act*

8. Relationship of such dependents... *Mother*.....

9. Address in full of such dependent... *Assise Fatis Mrs*.....

..... *F. B. Fatis St. City*.....

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?.. *No*.....

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

12. Give total length of time which you served on active service, whether in Nfld, or Overseas.. *two years one hundred and thirty two days*.....

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers. *No*.....

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... *Yes \$92.00*.....
Militia... Dept... City.....

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. *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.? *No*..... If not give:- (a) Date of discharge... *Jan 26/17*... (b) Reason for discharge.....
Wounds received in action July 4/16.....

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,....
Gallipoli and France.....

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..... *No*.....

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: *Gordon B. Valin*
 Place of Residence: *1127 Babron St. City*
 Declared before me at: *St. Johns*
 This *28th* day of *February* 19*19*.

[Signature]
 Signature of Barrister of the
 Supreme Court, Stipendiary Magis-
 trate, 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>5 mos</i>	<i>4500</i>
.....
.....
Certified Correct.			Paymaster. <i>[Signature]</i>	

June 28 1920

Major Howley
O. I. C. Reco rds

Please pay to G. Yates 570
the sum of five dollars
in payment of one suit Overalls bought of Ayre a& Sons
and charge same to Civil Re-establishment Committee

\$5.00

F. C. J.
W. B. McCall

Vocational Officer

G. B. Yates

ACCOUNT		INITIALS	<i>W. B. McCall</i>
CHK. NO.	<i>40023</i>	INITIALS	<i>W. B. McCall</i>
INL. LEDGER		INITIALS	<i>W. B. McCall</i>
PAY LEDGER		INITIALS	<i>W. B. McCall</i>
GEN LEDGER		INITIALS	<i>W. B. McCall</i>

BB/ME

August 14, 1920

Major Howley
C. I. C. Pay and Records.

G. B. YATES 570

AMOUNT		INITIALS	<i>RHC</i>
OR. NO.	<i>1713</i>		
ISS. NUMBER		ISS. DATE	
PAY NUMBER		ISS. DATE	
ISS. NUMBER		INITIALS	<i>[Signature]</i>

Please pay to the man named above
the sum of forty dollars
being A/ and P. Bonus
and charge the same to the Civil Re-establishment.

\$40.00

A.C.R.

W. B. Skell.
Vocational Officer.

G. B. Yates

570

HMH

DEPARTMENT OF MILITIA

ST. JOHN'S, NEWFOUNDLAND

October 2, 1920

G. Yates,
Balsam Street,
City

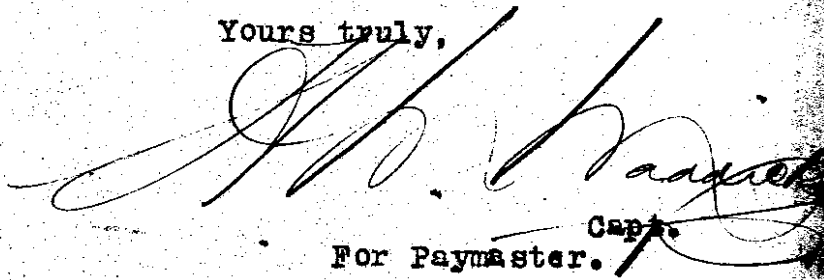
Dear Sir:

I have been directed to advise you that the cost of the Miniature Medals supplied you, are as follows:

	s. d.
1914-15 Star	3. 0
British War Medal	3. 6
Victory	2. 6
	<u>9. 0</u>

Will you please forward to this Department the equivalent of this amount, viz: \$2.16.

Yours truly,



Capt.
For Paymaster.

1921.

The accompanying **Victory Medal** and/or **British War Medal**
is/are forwarded herewith to

Gordon B. Yates

in respect of his service as No. 570 Rank Pte

Name G. B. Yates Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory + British War Medals

Signature Gordon B Yates

Date 3-10-21

Address 7 Babson St

[P.T.O.]

Receipt for Army Book 64

No. 570 Name G. B. Yates

To Certify that I have received the AB 64 of the above
named Soldier.

Name G. B. Yates

Date 14. 8. 20

Place Dpt. of M.

N.B. For completion and return to the Department of Militia
insert in corner of envelope "AB 64"

570

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 570 Name G. B. Fahn

Witness. Ward

Date 3/12/19

Place St John's

St Johns
7 Balsam St
April 12/19

C.R. 570
John R. Bennett Esq
Minister of Militia
Sir.

I beg to Acknowledge
receipt of cheque for reparation
allowance which reached me on the
11. inst.

This I presume is a reply to my
letter of Tuesday last: and please
accept my thanks for same

Your obedient servant

Gordon B. Yates

No 570

RECEIPT FOR ISSUE OF
RIBAND OF 1914-15 Star.

C.R. 570

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

Name *J. B. Tator*

Date.....

Place.....

Please sign this and return to Dept. of Militia.

CIRCULAR LETTER.

St. John's,

March 13th, 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

W. A. Readell
Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND

of 1914-15 STAR.

Department of Militia,

St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue,

having served on* *Gallipoli*

from *Sept 20/15* 1915 to *Oct 15* 1915.

(Date) *March 24/17* (No) *570* (Rank) *Private* (Name) *Jordan B. Talis*

(Place) *7. Balaam St. St. John's*

* Fill in theatre of war where you served in:
Gallipoli, Madros, Lemnos, or Western Egyptian Frontier.

Casualty Form—Active Service.

Regiment or Corps 1st Newfoundland

Regimental **C.R.** 570 Rank Pte Name G B Yates

Enlisted (a) Oct 2/14 Terms of Service (a) Duration of war Service reckons from (a) Oct 2/14

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

Extended _____ Re-engaged _____ Qualification (b) _____

Date	Report From whom received	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.
		Enlisted 1st Newfoundland	NFLD.	3/10/14.	
				1/9/15.	
				13/9/15.	
1/10/15.	H.S. "Dongola" Ill, Dysentery		H.S. "Dongola"	1/10/15.	Auth. A 36, 1/10/15.
5/10/15.	Kasr-el-Aini, Cairo.	Admitted	Kasr-el-Aini Cairo.	5/10/15.	" A 12311, 6/10/15. P A 13935.
17/1/16	Genl des & duty		Genl des	17/1/16	R 2395
1/2/16	unit migration		unit	1/2/16	Annual report
				14.3.16	
				22.3.16	
	894A Ad G.S.W Chestnut		BGS	2.7.16	E D 11968.

(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) e.g., Signaller, Shoemng Smith, etc., etc., also special qualifications in technical Corps duties.

ORIGINAL
Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Number of Sheets
 Signature of O. C. Company

Squadron, Troop, Battery and Company Conduct Sheet.

Regiment of
 Good Conduct Badges, Service Pay or Proficiency Pay

Enlistment		Trade		Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS	
Age on	months	Religion	Religion						
Printed and Sold by Gale & Polden, Ltd., Wellington Works, Aldershot. 2/6 per 100. 20, 712-s.		Trade		Names of Witnesses		Punishment awarded		Date of award or of order dispensing with trial	
Regimental Number and Name		Trade		Names of Witnesses		Punishment awarded		Date of award or of order dispensing with trial	
No.	Yates G.	Age on	13 years	OFFENCE		Punishment awarded		Date of award or of order dispensing with trial	
Joined	1915	Date of Enlistment	with Colours 2/3 years.	OFFENCE		Punishment awarded		Date of award or of order dispensing with trial	
Joined	1915	Date	with Reserve 2 1/2 years.	OFFENCE		Punishment awarded		Date of award or of order dispensing with trial	
Joined	1915	Date	with Reserve 2 1/2 years.	OFFENCE		Punishment awarded		Date of award or of order dispensing with trial	
Joined	1915	Date	with Reserve 2 1/2 years.	OFFENCE		Punishment awarded		Date of award or of order dispensing with trial	
Place	Date of Offence	Rank	Cases of Drunk. cases	OFFENCE		Punishment awarded		Date of award or of order dispensing with trial	
St George	1915	Pte		Absent from 7 am to 1 am 25/11/15		5 days CB		7/1/15 Lt Col Burdon	
St George	1915	Pte		Absent from 7 am to 1 am 25/11/15		6 days CB		2/1/15 Lt Col Burdon	
St George	1915	Pte		Absent from 7 am to 1 am 25/11/15		6 days CB		11/1/15 Lt Col Burdon	
Edinburgh	1915	Pte		Absent from 7 am to 1 am 25/11/15		2 days C.B.		15/1/15 Capt. Carthy	
St George	1915	Pte		Absent from 7 am to 1 am 25/11/15		2 days C.B.		24/1/15 Lieut. Raley	
St George	1915	Pte		Absent from 7 am to 1 am 25/11/15		5 days C.C.		31/1/15 Capt. Carthy	

To be carried over

Medically Unfit 26/1/15

Army B. 121

10/1/15
 under Rev. St. B.