



FIRST NEWFOUNDLAND REGIMENT *RL*

No. *3195* Name *Saml. J. Gillespie* Corps

Questions to be put to the Recruit before Enlistment

1. What is your name? *Samuel Joseph Gillespie*
2. What is your full Address? *Fortune Harbor, N.B.*
3. Are you a British Subject? *Yes*
4. What is your age? *21* Years *3* Months
5. What is your Trade or Calling? *fisherman*
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 *Yes*
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? { *FOR THE DURATION OF THE WAR*
..... *Yes*

I, *Samuel Joseph Gillespie*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to accept the engagements made.

Samuel J. Gillespie SIGNATURE OF RECRUIT.
Chas. H. Ayle Signature of Witness.

SWORN TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, *Samuel Joseph Gillespie*, 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 given as replied to, and the said recruit has signed the declaration and taken the oath before me at *Fortune Harbor* on this day of 191*6*.

Signature of Attesting Officer *Chas. H. Ayle*

† 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*6*

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

Applicable to all ranks. ▲ To correspond with entries on the Medical History Sheet.

Distinctive marks

Name and Address of next of kin Mrs. John Williams Fortune
Harbor, N.B. Relationship Mother

(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)

1. *Adaptation*

Christian Names

Date and Place of Birth

[illegible]

Total Service forfeited as above.....

Total Service towards Engagement to _____ [date of discharge] _____ years _____ days

16	17	18	Pensions	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
----	----	----	----------	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 3195 Name Saml. J. Gillespie Corps

Questions to be put to the Recruit before Enlistment.

- I. What is your name? 1. Samuel Joseph Gillespie
2. What is your full Address? 2. Fortune Harbor, N.B.
3. Are you a British Subject? 3. Yes
4. What is your age? 4. 21 Years 3 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service? 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?.... 10. { Name
Corps Yes
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. Yes

I, Samuel Joseph Gillespie 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.

St. John's 1st/16 Samuel J. Gillespie SIGNATURE OF RECRUIT
Charles R. Ayle Signature of Witness.

Samuel Joseph Gillespie OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.
I, Samuel Joseph Gillespie 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 1st day of November 1915.

Signature of Attesting Officer Charles R. Ayle Cpl.

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.....1915

Place.....

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

DESCRIPTIVE REPORT ON ENLISTMENT

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Samuel Joseph Gillespie
 Apparent age 21 years 3 months. Height 5 feet 6 1/2 inches
 Chest-Measurement { Girth when fully expanded 42 inches
 Range of expansion 5 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Miss John Gillespie, Fortune Harbor, N.B. | Relationship Wife

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	Rgt. or Depot	Promotion, 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. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from 1-11-16									
Joined at <u>St. John's</u> on <u>November 1, 16</u>									
				<u>Embarked St. John's N.B. 11-6-17</u>					<u>Arrived Le Havre 2-4-18</u>
				<u>Joined Battalion in the field 3-7-17</u>					<u>Admitted 87th 27-18</u>
				<u>Discharged 14-3-18</u>					
				<u>Killed in Action</u>					<u>13-4-18</u>
Total Service forfeited as above.....									

Total Service towards Engagement to 13-4-18 (date of discharge) 1 years 164 days
 Pensions _____



☒ This Form is to be used in connection with Pamph. M. E. (1)
N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of

aged

Date:

Recruiting Officer:

NO OF
TEST

FINDING

- 1 no
- 2 no
- 3 no
- 4 no
- 5 no
- 6 no
- 7 no
- 8 yes
- 9 no
- 10 no
- 11 no
- 12 no
- 13 no
- 14 no
- 15 no
- 16 no
- 17 no
- 18 no
- 19 99 lb. 96 in.
- 20 no
- 21 no
- 22 no
- 23 no
- 24 no
- 25 no
- 26 no
- 27 no
- 28 no
- 29 no
- 30 no
- 31 no
- 32 no
- 33 no
- 34 5'6 1/2"
- 35 134 1/2
- 36 37" 42"
- 37 35 lb.
- 38 no
- 39 no

3195

mi

Signature of Medical Examiner:

John Gillespie Lottin Sr.
D. W. Borden

No. 522

Received from

R1568

Received a Registered Postal Packet addressed as on the Receipt Form bearing the above No.

Office
Stamp }

Addressed—

A REGISTERED POSTAL PACKET

Mr John Gillespie
Lorne H

Received a Registered Postal Packet addressed as above...

C.R. 3195

Feb. 14th 19.

Mrs. John Gillispie,
Fortune Cr., N.D.B.

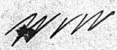
Dear Mrs. Gillispie:

It is my regrettable duty to have to forward to you one envelope, by Registered Mail, which belonged to your late son No. 3195, Pte. Samuel J. Gillispie, of the Royal Newfoundland Regiment.

Herewith enclosed you will find receipt, kindly sign same and return at your earliest convenience.

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


Yours sincerely,


Lieut
Casualty Officer.

No. of Paper 1379**PERSONAL EFFECTS.**Name Gillespie S.C.R. 3195Rank Private

Regiment

ROYAL NEWFOUNDLAND REGIMENT.

Article	Where stored	Notified by
1 envelope containing:- 1 Disc.		Shipped to Newfoundland.
	Final disposal	

Remarks: — Killed in action 13/4/18

Next of kin: — Mother: — Mrs John Gillespie
Fortune Harbour
N.D.B.

C.R. 3195

August 17, 1918.

Mrs. John Gillespie,
Fortune Harbor, N.D.B.

Dear Mrs. Gillespie:-

We have received information by mail from our Record Office, London, who have received information from a German List dated 1-7-18 forwarded to the Newfoundland War Contingent Association by the Canadian Red Cross Society on the 22-7-18, stating that your son the late No. 3195 Pte. Samuel J. Gillespie of The Royal Newfoundland Regiment was buried by the enemy in the vicinity of Bailloul near Nieppe 20-4-18

Assuring you of my deepest sympathy in your bereavement,

I am,

Yours sincerely,

Lieut.
Casualty Officer.

NEWFOUNDLAND POSTAL TELEGRAPHS.**Cable Connection with all the World** 3195**All Messages Sent are Subject to the Following Conditions:**

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____

Address Dept of Militia.

Line Number	Red	By	Sent	by	Check

Dated _____

May 6th, 1918.

To _____

Roman Catholic Priest or School Teacher Fortune Hr. N.D.B.

Regret to inform you that Record Office, London reports to-day
that No., 3195, Private Samuel Gillespie was killed in action on
April 13th Please inform next of kin.

J.R. Bennett

Act Minister of Militia

NEWFOUNDLAND POSTAL TELEGRAPHS.



Cable Connection with all the World

Counter No. _____

C.R. 3195

All Messages Sent are Subject to the Following Conditions:

The Management may decline to forward the Message, though it has been received for transmission; but in case of so doing shall refund to the Sender the amount paid for its transmission.

In case the Message shall never reach its destination by reason of any neglect or default of the N. P. T. or its Servants whilst the Message remains under the control of the N. P. T., they will refund the amount paid by the Sender for such Message.

The N. P. T. shall not be liable to make compensation beyond the amount refunded as above for any loss, injury, or damage arising or resulting from the non-transmission or non-delivery of the Message, or delay or error in the transmission or delivery thereof, howsoever such transmission, non-delivery, delay, or error shall have occurred.

The control of the N. P. T. over the Message shall be deemed to have entirely ceased for the purposes of these Conditions at any point where, in the course of the transit of the Message to its destination, it may be entrusted by the N. P. T. (and the N. P. T. shall have full power so to entrust the Message) for further transmission by or through any system, service, or line of Telegraph belonging to or worked by any administration or authority not controlled by the N. P. T. exclusively, although worked as part of or in connection with the Telegraphic system or service of the N. P. T.

I request that the following Telegram may be forwarded according to the foregoing Conditions, by which I agree to abide.

(NOT TRANSMITTED)

Signature of Sender _____ Address _____ Dept. of Militia.

Line Number	Recd	By	Sent	by	Check

Dated May 6th, 1918.

To Mrs. John Gillespie, Fortune Hr. N.B.

I Regret to inform you that Record Office, London, reports today that No. 3195, Private Samuel Gillespie, was killed in action on April 13th. Upon receipt of further information I shall immediately wire you.

J.R. Bennett

Act. Minister of Militia.

NOTE FOR OPERATOR:

THIS MESSAGE IS NOT TO BE DELIVERED UNTIL REDEVELOPING OFFICE NOTIFIES THAT MESSAGE TO ROMAN CATHOLIC PRIEST OR SCHOOL TEACHER FORTUNE HR. HAS BEEN RECEIVED AND ACTED UPON.

FOR TYPEWRITER

C.R.3195

Extract from Telegram received from Bandon, dated
May 6th, 1918.

#3195 Pte. Gillespie.

Killed in Action April 13th.

C.R. 3195-

Extra t from Nominal Roll of Draft No. 25: Embarked Southampton 11/6/17
from 2/1st Newfoundland Regiment Newton-on-Ayr, to 1/1st Newfoundland
Regiment B.N.F.

3195 Pte. Gillispie, S.J.

Mr.

C.R. 3195

Extract from Nominal Roll Draft embarked St. John's, per
S.S. "GRAMPIAN" 31/1/17 sailed Halifax 16/4/17.

3195 Pte. Gillespie S.

CR. 3195

Extract from Daily Orders Part 11 Unit The Royal Nfld.
Regt., St. John's, Nov.9th, 1916.

3195 Pte. S. Gillespie.

Attached to the Strength from Nov.1, 1916.

D. J. Gillespie

2195

100 100

P. + R. - 6

7

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3195

Rank

Pte

Name

Gillespie S.J.

Died (a) Intestate at France

on the 13th of April

191 8

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 1.]

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 13/4/18	-	18	7
	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			
	Consolidated stoppage							
	Balance due by the Paymaster	-	18	7	Balance due to the Paymaster			
	£	-	18	7		£	-	18 7

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.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ 18 7s 7d is correctly chargeable against the PAYMASTER'S ACCOUNT.

Dated at

this

day of

191

CHIEF PAYMASTER & OFFICE 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 Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3195

Rank

Pte

Name Gillespie S.J.

Died (a) Intestate at France

on the 13th of April

191 8

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 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 13/4/18	-	18	7
	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			
	"							
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	-	18	7	Balance due to the Paymaster			
	£	-	18	7	£	-	18	7

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.

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

day of

191

CHIEF PAYMASTER & OFFICE 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 Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

OFFICE COPY

Army Form O. 1625.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

No. 3195

Rank

Pte

Name

Gillespie, S.S.

Died (a) *Intestate*

at

France

on the 13th of April

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 1.

Date	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month	13	4	18
	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 2			
	"				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 =	18	7		Balance due to the Paymaster			
	£ =	18	7		£ =	18	7	

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

Dated at

this

day of

191

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

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

MEDICAL HISTORY

OF

Surname Gillespie Christian Name Paul Joseph

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY.	
Examined	on 15 th day of Nov 1916	at St John's	on _____ day of _____ 191	at _____
Declared Age	21 years 3 months		years	days
Trade or Occupation	Grocerman			
Height	5 feet 6 1/2 inches		feet	inches
Weight	134 1/2 lbs.			lbs.
Chest Measure- ment {	Grith when fully expanded ... 42 inches			inches
	Range of Expansion ... 5 inches			inches
Physical Development....				
Vaccination Marks {	Right	Left	Right	Left
Arm				
Number				
When Vaccinated				
Vision	R.E.—V= 4/9 L.E.—V= 4/9		R.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)	Lammie Paterson			
(Rank)	Major			
Enlisted	at St John's	Medical Officer.		Medical Officer.
	on _____ day of Nov 1916		on _____ day of _____ 191	
Joined on Enlistment....	Corps.	Regtl. No.	Corps.	Regtl. No.
	1 R/Lt Regt	3195		
Transferred to				
Became non-effective by	on _____ day of _____ 191		on _____ day of _____ 191	
(Signature)				
(Rank)				

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

Date	Brief Details, and Signature
3-13-16	Vaccination <i>SP</i>
7-11-16	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> TAB <i>SP</i> <div style="border-bottom: 1px solid black; display: inline-block; width: 50px; text-align: center;">3</div> <div style="display: inline-block; vertical-align: middle; text-align: center;"> <i>SP</i> <i>SP</i> </div> </div> </div>
6-11-16	
20-11-16	

TABLE IV.—SERVICE TABLE.

[illegible]

ORIGINAL

FIELD SERVICE.

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. 86, or from other official documentary sources.

REGIMENT | Royal Newfoundland. | Squadron, Troop, | D.Co.
OR CORPS | | Battery or Company |

Regimental No. 3195, Rank Private.

Surname Gillespie. Christian Name S.

Date 13-4-18. Place France or Belgium.

Killed in Action.
Cause of Death*

Nature and Date of Report B 213 d/22/4/18.

O.C. Unit.

COPY SENT TO

By whom made

O.C. Unit. 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.

ST. JOHNS, N.F.L.D.

State whether he leaves (a) in Pay Book (Army Book 64) Not received. (b) in Small Book (if at Base) Not received.

(c) as a separate document None received.

DATED 30 MAY 1918

... and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will be 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 G.H.Q., 3rd. Echelon,
29-4-18.

Signature of Officer in charge of Section
Adjutant-General's Office at the Base

Lieut. for MAJOR

D. 1/c No. 1 Infantry Section

G.H.Q., 3rd Echelon

No. 3195 Rank Pke Name Gillespie J L

Pay	F.A.	Wkg	Total	N.F.P./23
100	10		110	
Less Allotment			50	
Net Rate			60	

DEBITS	Date	£ s d			CREDITS	Period		Days	Rate	£ s d		
						From	To					
Balance					Balance		21 ³ / ₈			15	16	0
Acquittance Rolle		3	9	8 ⁴	Pay @ Net Rate	22 ¹ / ₇	19 ³ / ₈	88	60	52	80	0
Hospital Advances					Ration Allow					1	4	6
A.B. 64. 35 francs.		1	5	8 ⁴	14 days @ 1/9	20 ³ / ₈	23 ³ / ₈	4	60	2	40	10
P.&R.O. Payments												
Cash 6161	19 ³ / ₈	15	0	0		24 ³ / ₈	17 ³ / ₈	9	60	5	40	12
Cash 6191	21 ³ / ₈	2	0	0								
" 6216	25 ³ / ₈	3	0	0								
Cash 6133	25 ³ / ₈	3	10	0								
Cash 6139	1/4/18	1	4	2								

27-17-6
28 7 4
29 9 6

4-15-11
14 45 4
24 15 4
28.5-4
JMC
19/10/18

1.4.7



ALLOTMENTS

I, Samuel J. Guenzler, Regt. No. 2475,
hereby agree, until further notification by me, and in similar official form to make an Allowance of
_____ Dollars and _____ Cents, per diem, from my Pay,
to, and for the benefit of the undermentioned Person ^{and} or Persons, such payment to be made on proof
of identity of, and production of the relative Identity Certificates by the Person ^{and} or Persons
concerned, viz.:

Allotment begins

[illegible]

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.)

Chas. K. Ayre Capt.
Officer Commanding

Company

(Sig.)

(Sig.) Samuel J Gillespie
(Rank) 1st Lt.

Rank



ALLOTMENTS

I, Samuel J. Grimes, Regl. No. 111
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins

[illegible]

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

(Sig.)

Officer Commanding

Company

(Sig.)

(Rank)

Galespie S.F.

3195

Ray Dept

ORIGINAL

Army Form O. 1625.

PAY LIST.

to

191 Voucher No.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 3195

Rank Pte.

Name Gillespie S.J.

Died (a) Intestate

at France

on the 13th of April

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 1.

Date	Dr.,	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month 13/4/18	-	18	7
	Cash issues				Pay days at from to			
	(Date of each issue to be stated)				Proficiency, Service or good conduct pay			
	£ s. d.				days at from to			
	191				Messing allowance days at			
	"				from to			
	"				Kit allowance			
	Consolidated stoppage							
	Balance due by the Paymaster	-	18	7	Balance due to the Paymaster			
	£	-	18	7	£	-	18	7

This account is in accordance with advices received at the Pay & Record Office on 3 APR 1919 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ - 18 7 is correctly chargeable against the Public.

Dated at

this

day of

191

CHIEF PAYMASTER'S OFFICE
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 Army Form B. 2090 or Army Form O. 1815.
- (b) Words in Italics to be struck out when there is no debtor balance.

PAY LIST.

to

191 . Voucher No.

Army Form O. 1625.

NON-EFFECTIVE ACCOUNT.

Regiment or corps

ROYAL NEWFOUNDLAND REGIMENT.

No. 3195

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STATEMENT OF ACCOUNT.

(Form 1.)

Date.	Dr.	£	s.	d.	Cr.	£	s.	d.
	Balance Dr. last month				Balance Cr. last month .15/4/18	-	18	7
	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			
	"							
	"							
	Consolidated stoppage							
	Balance due by the Paymaster	-	18	7	Balance due to the Paymaster			
	£	-	18	7	£	-	18	7

This account is in accordance with advices received at the Pay & Record Office to APR 1919 and may therefore be subject to amendments if and as may be revealed by subsequent advices.

I hereby Certify that the above account is correct in every particular, and that the debtor balance of £ - 18 7 is correctly chargeable against the Public.

Dated at

this

day of

191

CHIEF PAYMASTER & OFFICER IN CHARGE
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 Army Form B. 2090 or Army Form O. 1815.
(b) Words in Italics to be struck out when there is no debtor balance.

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 questions 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... *Samuel* 2. Surname... *Gillispie*
3. Rank... *Private* 4. Regtl. No. *3195*
5. Address in full to which future payments of gratuity are to be forwarded... *Mrs Mary Gillispie Fortune Harbour*
Swillingate Det
6. Date of enlistment in the Regiment... *29th August 1917*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
Mrs Mary Gillispie
8. Relationship of such dependents... *Mother*
9. Address in full of such dependents... *Fortune Harbour*
Swillingate Det
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 Mfld. If so, give dates and particulars of such service... *No*
.....
12. Give total length of time which you served on active service, whether in Mfld. or Overseas. *from 29th August 1917 to*
13th April 1918. Over Seas and Ten Months in
France

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

Only one Enlistment

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. *received nothing*

15. Have you been issued with a War Service Badge? *No*

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. *None*

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 *Killed* (b) Reason for discharge

13th April 1918 at Arrmentiers Section

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.

In Belgium & France

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so 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:

Widow Mrs Mary Gillispie

Place of Residence:

Fortune Harbour Spats Det

Declared before me at:

South East Arm New Bay Spats Det

This *Eleventh*

day of *July*

191*9*

Signature of Barrister of the
Supreme Court, Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner of affidavits.

Adolphus Gates Esq

POST DISCHARGE PAY.

Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....
Certified Correct.			Paymaster.	

July 15th 1919.

Mrs. Mary Gillispie,
Fortune Hr. N.D.B.
NFLD.

Dear Madam:

I beg to acknowledge receipt of Form of "War Service Gratuity" completed by you on account of your son Samuel. I wish to state that "War Service Gratuity" is not payable to Dependents or Next of Kin, of men killed in action.

The idea of "War Service Gratuity" is to place a man in a position for a certain period, so that he may have opportune time to find suitable employment.

Yours truly,

Lieut.
for Paymaster.

RS/.

MOTHER.

FIRST NEWFOUNDLAND REGIMENT.

Separation Allowance Branch.

Notice.

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question.

Each statement is considered as being made on Oath and the form is to be signed before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace, and returned to, -

THE PAYMASTER,
Separation Allowance Branch,
St. John's, Nfld.

Las Bingham C.S.C. Fortune Harbor

1. Name in full of Soldier *Samuel Gillispie* Rank *Pte.* Reg't. or Unit *B.E. 4/41* Regt. No. *3195 D. Co.*
2. Age of Soldier *22* Married or Single *Single*

3. Name in full of Mother of Soldier *Mary Gillispie* Age *43* Occupation *Domestic work* Permanent Address *Fortune Harbor*

4. Give name of your husband. *John Gillispie* Age *Dead* Occupation *Dead* Where employed.

5. If your husband is not supporting you state the reason. *Dead.*

6. If your husband is a chronic invalid and totally incapacitated state nature of malady, (A medical certificate must be enclosed with this document stating from what date husband has been totally incapacitated and for how long incapacity it likely to continue)

7. If you are a widow, state date and place of death of your husband. *Labrador. Aug. 16th. 1912.*

8. Have you married again since death of above mentioned husband? *No*

9. Names of your other Children Address in Nfld. Age Occupation Married or Single
Elizabeth Gillispie *St. John's, Nfld.* *20* *Waitress* *Single*
Patrick *Hospital* *19* *Private Soldier* *"*
James *Fortune Harbor* *16* *Domestic work* *"*
Mary *"* *13* *School* *"*
Michael *"* *8* *School* *"*
Bernard *"* *6* *"* *"*

(2).

10. State amount earned by (2) Yourself (2) *nothing*
(a) *your husband* (b) *year* *state* *of*
11. State amount and Source of any *Thirty four dollars monthly*
other income. *from MPA. and Regimental pay of two sons*
12. State value of Real Property *Probably seven hundred dollars*
belonging to you and your husband?
13. State value of personal property *Seven hundred dollars (700.00)*
belonging to you and your husband.
14. If husband is dead state value of *Seven hundred dollars (700.00)*
Real and Personal property left *by him?*
15. Actual amount contributed by *Three hundred dollars (300.00)*
soldier during the year prior *to enlistment.*
16. Was this amount contributed *Monthly*
weekly or monthly.
17. Did this amount include payment of son's *Yes.*
Board etc.
18. State your son's trade or occupation *Fishing & Lumbering*
prior to enlistment.
19. State amount of his wages per week. *About \$ 6.00.*
20. State name and address of his last employer. *Chas. Cheater.*
21. State amount of support monthly *Fifteen dollars (15.00)*
from your son since enlistment.
22. State amount of Allotment re- *Fifteen dollars 15.00*
ceived by you from son monthly.
23. From what date did, you receive *Nov. 1916.*
Allotment.
24. Actual amount contributed by *Weekly Monthly.*
other children. *Fifteen dollars (15.00)*
25. Are any of these children in *No.*
the employ of yourself or husband?
26. If not receiving support from other *One daughter only lately*
children state cause. Explain fully. *receiving wages.*
27. With whom are you residing at present. *With my own children.*
28. Have you made a previous claim for *No.*
Separation Allowance? If not, why? *Was not aware of it being granted*
Give particulars. *No.*
29. Are you already in receipt of Separation *No.*
Allowance from any source, if so, How much?

Las Bingham C. S. C. Fordine Hall

(3).

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much?

Your 10 Five dollars.
(\$ 4.00 to \$ 5.00)

31. Was the soldier at the time of his enlistment an employee of the Newfoundland Government?

No.

32. In what capacity and what place?

33. Is he in receipt of a salary as such while serving in the 1st. Nfld. Regt. If so, how much?

No.

I herewith make this solemn declaration conscientiously believing the same to be true and knowing it to be of the same force and effect as if made under Oath and in virtue of the Evidence Act.

Signature of Applicant.....

Mrs. Mary Gillespie

Place of Residence.....

Fortune Harbor.

Declared and subscribed before me at.....

Fortune Harbor

this 2d day of Nov. 1917.

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary, Public or Justice of the Peace.....

T

This application must be signed by two responsible parties one of whom must be a Clergyman, the other a representative of your local ~~knowledge~~ Patriotic Fund Committee, certifying that to the best of their knowledge after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman.....

J. J. Nolan

Signature of Member of Patriotic Fund Committee.....

Ed. Byrne.

Signature of J. J. Nolan

James Bingham C.E.C. Fortune Harbor

Approved 15/1/18

W. J. R.
M. J.

DUPLICATE.

FIELD SERVICE

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. 86, or from other official documentary sources.

REGIMENT OR CORPS } Royal Newfoundland. Squadron, Troop, Battery or Company } D. Co.

Regimental No. 3195, Rank Private.

Surname Gillespie. Christian Names S.



Died { Date 13-4-18. Place France or Belgium.

Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/22/4/18.

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) in Pay Book (Army Book 64) Not received (b) in Small Book (if at Base) Not received.

a Will or not { (c) as a separate document None 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 } G.H.Q., 3rd Echelon, Signature of Officer in charge of Section } Lieut. for MAJOR

Date } 29-4-18. Adjutant-General's Office at the Base }

*In replying the date of this
letter should be quoted*

B.



May 29, 1919.

Sir:

I have the honour to authorize you to
pay the amount due the estate of Private
Samuel Gillispie, #3195, viz: \$14.72, to Mrs.
John Gillispie, Mother of said deceased.


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

J. M. Summers
Deputy Minister of Justice.

Capt. J. M. Howley,
Paymaster Royal Nfld. Regt.

July 28, 1919

Mrs. John Gillispie,
Fortune Harbour.



Dear Madam:

I enclose herewith cheque for
\$14.72, balance of estate of late Pte. S. J. Gillispie
due you as Administratrix of his estate.

Yours truly,

Capt.

PAYMASTER & O i/c Records.

LM/

Enc. 1.

DEPARTMENT OF MILITIA.
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 14 ⁷²/₁₀₀

June 2 1917

Received from the First Newfoundland Regiment
the sum of Fourteen ⁷²/₁₀₀ Dollars.
on account of Pay. Estab.
balance

Ch. No. 3589	Initials. E. W.
Pay Ledger. 161	Initials. E. W.
Gen. Ledger.....	Initials.....

Regtl. No.

Rank

A. C. [Signature]

No. 3195 Rank *Pl*

Name *S. J. Greepie*

Totten Harbor

ching
e
p



No. 626-

From Militia Dept.

Registered Letter Addressed—

Mrs. Maggie Jones
Western Record

3/45

Monterey 141.

Received by [Signature]

W. H. Rice

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

The Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

NO STAMP REQUIRED

Dept. of Militia,
St. John's.

August 24th 1921



I beg to acknowledge receipt of
Memorial Plaque issued in respect of service of
the late No. 3195 Rank *Pl*
Name *Samuel J. Gillespie*
Royal Newfoundland Regt.

Mrs. John Gillespie (Sgd.)
Mother Relationship.

Address *Fortune Str. N. W. Bay N. F. Ld.*

Receipt for Army Book 64

No. 3195 Name. *Gillespie*

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

Name. *Mrs. John Gillespie*

Date *29th July*

Place. *Fortune Harbour*

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

W

Fold Here

ON HIS MAJESTY'S SERVICE

To the Officer in Charge of Records,

Royal Nfld. Regt.

Dept. of Militia,

ST. JOHN'S. Nfld.

Fold Here

Sept. 1 1921.

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

Mrs. John Gillespie (Mother)

in respect of his service as No. 3195 Rank Pte

Name S. Gillespie (D) Royal Nfld. Regt.
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received September 11th

Signature Mrs John Gillespie

Date Sept 21st 1921

Address Fortune Av.

[P.T.O.]

FIELD SERVICE.

C.R. 3195
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 Royal Newfoundland. Squadron, Troop, Battery or Company D.Co.

Regimental No. 3195, Rank Private.

Surname Gillespie. Christian Names S.

Date 13-4-18. Place France or Belgium.

Died { Cause of Death* Killed in Action.

Nature and Date of Report B 213 d/22/4/18.

By whom made O.O.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 None 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 G.H.Q., 3rd Echelon, 29-4-18. Signature of Officer in charge of Section Lt. for
Adjutant-General's Office at the Base MAJOR

Army Form B. 103.

Regimental Number **C.R. 3195****Casualty Form - Active Service.**Regiment or Corps **1st Newfoundland**

Rank **Plt** Surname **Gleespie** Christian Name **Samuel**
 Religion **R.C.** Age on Enlistment **21** years **3** months
 Enlisted (a) **1-11-16** Terms of Service (a) **Duration** Service reckons from (a) **1-11-16**
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and Rate
 Occupation **Fisherman** **J.E. H. O'Brien** Signature of Officer.

Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received			
		Embarked St. Hampton	11.6.17	
		Disembarked... Rouen	12.6.17	
		Joined Battalion 2 JUL 1917		B 213
		WITH .En. 30-12-17.		
	P9TA	to "Dismal"	27/6/18	858290
	D^o	transferred 17 CCS	8 CRS 5-3-18	858576
22 APR 1918	J.C. Mead	Killed in Action	13 APR 1918	B 213
		J.F. Royd	MAJOR	
		Infantry Section		
		Co. H. 2nd 3rd Echelon		

(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, Sholing-Smith, & Co.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B.103/4 (E. 850)

[P.T.O.]

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form ~~B~~. 121.

Forms
R 121.

Regiment of *1st Newfoundland*

Signature of O. C. Company

Number of Sheet 275
Company Chas. K. Aye Co.

Regimental Number and Name.	
No.	
3195	Gillespie. S
Joined	Date
Joined	Date
Joined	Date
Joined	Date

Enlistment		Trade
Age on	21 years 3 months	Fisherman
Place and Date of Enlistment	St. John's, Nfld. 7. 11. 16	Religion
Period of	with Colours 164 years. with Reserve 365 years.	Place of Birth

Good Conduct Badges, Service pay or proficiency pay

Place	Date of Offence	Rank	Cases of Drunk- ness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				Fell in Action	13 ⁴ / ₁₈				
				To be carried over					

Army Form B. 121.

Army Form B. 121.

C.R. 3195
Johnnie Barker

March 8
1920

Dear Sir
i received the memorial
scroll with thanks
for same i remain
yours faithfull

Mrs John Gillispie