

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

N. 3700	Name Name	2 Nove	Corps	of d
	Questions to be put to	the Recruit before E	Enlistment.	7
I. What is your nai	me?	mar 9	Nen	del
2. What is your full	Address?	ast.	yrac	West.
3. Are you a British	Subject?			
4. What is your age	?	4 - Y-CO Y	ears	.Months
5. What is your Tra	de or Calling?		9	
6. Are you Married?		6	nem	an
	rved in any Branch of His M val or military, if so,* which		,	
8. Are you willing cinated?	to be vaccinated or re-va	0	£0	
	o be enlisted for General Se	r-) 0	20	
10. Did you receive a stand its meaning,	a Notice, and do you unde, and who gave it to you?	(IO)		
11. Are you willing to to be signed by yo	o serve upon the conditions as ou if you are accepted?	embodied in the roll	of service),,	
made by my days abo	nar of	1/0	he engagements	made. ATURE OF RECRUIT. ture of Witness.
130-4-11	OATH TO BE TAKEN B	Y RECRUIT ON ATTES	-74	
bound, honestly and fair	His Majesty King German F thruly defend His Majesty, His to the conditions of the service	ifth, His Heirs and Suc Heirs and Successors, i	make oath, that	I will be faithful and hat I will, as in duty n and Dignity against
	CERTIFICATE OF MAGIS	TRATE OR ATTESTING	OFFICER.	
	named was cautioned by me t e punished as provided in the A		answer to any	of the above questions
-	is were then read to the Reci			
	that he understands each questi	the second secon	2 . 22	
on thisday o	aid recruit has made and signed	.191 Zing Officer	M was	It John
	†CERTIFICATE O	F APPROVING OFFICE	R.	
I certify that this	Attestation of the above-named		1	up, and that the re-
quired forms appear to	have been complied with. I a	ccordingly approve, and	appoint him to	the:
If enlisted by specia	al authority, such will be attach	hed to the original attest	ation.	*
Date			*	·· } Approving Officer.
Place				Sapproving Omder.
	ture of the Approving Officer in the "Corps" for which the R		resence of the	Recruit.
discharge and Certificate of	to be asked the particulars of of Character, which should be r re-enlisted in	eturned to him conspicue	ously endorsed	in red ink, as follows

	·····y	19 9	6	7			5	-	7/	/-
Apparent	age	years /	mon	100	He	eight			feet	incl
Chest Me	asurem	$ ent \begin{cases} Girth when fu \\ Range of expa \end{cases} $		1	inches	incl	1es			
Distinctiv	e mark	is .		eni			h . /		1.7.	
	1	<u> </u>								
		INFORMA	TION S	SUPPLIED) BY	RF	CRL	UF.		
Name and	d Addre	ss of next of kin	200.	Elis	ie.	2	2	40		
you	ue	Mest.		. Relation	ship '	か	06	林	m.	
0			Particula	ars as to Ma		1				
(4	2) Christia	n and Surname of Woman to	o whom marrie	ed, and whether s	ninster or	widow	v. (6) P	lace and	d date of marri	iage.
	(a)	(2) Prese	nt address. (a	d) Initials of Offi	cer verify	ing en	try.	T	(a	
				* 1					*	
		· · · · · · · · · · · · · · · · · · ·	Particul	ars as to Ch	ildren					
	Christ	tian Names					Date	and Pla	ace of Birth	
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		recons					\			
	: A								1,222	
		STATE	MENT	OF THE	SEF	RVIC	CES			
Corps in which served	Rgt. or		MENT Army Rank	OF THE	SEF	not al- reckon	Service	t allow-	fying co	
Corps in which served	Rgt. or	STATE Promotion, Reductions,		·	Service lowed to	not al- reckon	Service serve no ed to rec	t allow-	fying co	rrectness of
which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	·	Service lowed to for fixing rate of p	not al- reckon ng the pension	Service serve no ed to rec wards G	kon to- C. Pay	fying co	rrectness of
which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	·	Service lowed to for fixing rate of p	not al- reckon ng the pension	Service serve no ed to rec wards G	kon to- C. Pay	fying co	rrectness of
which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	·	Service lowed to for fixing rate of p	not al- reckon ng the pension	Service serve no ed to rec wards G	kon to- C. Pay	fying co	rrectness of
which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	·	Service lowed to for fixing rate of p	not al- reckon ng the pension	Service serve no ed to rec wards G	kon to- C. Pay	fying co	rrectness of
Service towar	Rgt. or Depot	Promotion, Reductions, Casualties, &c. d engagement reckons from on	Army Rank	·	Service lowed to for fixing rate of p	not al- reckon og the bension Days	Service serve no ed to recwards G	kon to- C. Pay	fying co	rrectness of atries
which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c. d engagement reckons fromon	Army Rank	·	Service lowed to for fixing rate of p	not al- reckon ng the pension	Service serve no ed to rec wards G	kon to- C. Pay	fying co	rrectness of
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Service towar	Rgt. or Depot	Promotion, Reductions, Casualties, &c. d engagement reckons fromon	Army Rank	Dates	Service lowed to for fixing the fixed to the	not al- reckon og the bension Days	Service serve no ed to rec wards G	t allow-cicon to-cicon to-cico	fying co	rrectness of atries
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3700

FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

Questions to be put to the Recruit before Enlistment. 1. What is your name?
2. What is your full Address?
2. What is your full Address?
A / A / A
4. What is your age?
6. Are you Married? 6. 91.0
7. Have you ever served in any Branch of His Ma ; jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vac-
9. Are you willing to be enlisted for General Ser- 9.
10. Did you receive a Notice, and do you under- stand its meaning, and who gave it to you?} 10
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?
930-4-17 Breaken Linnell Signature of Witness.
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. I
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 regruit has made and signed the declaration and taken the oath before me at A.
Esignature of Attesting Officer
†CERTIFICATE OF APPROVING OFFICER. I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the re-
quired 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
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.

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet. Height 5 feet /// inches months. Girth when fully expanded 34 inches Chest Measurement Range of expansion inches Distinctive marks .. INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Signature of Officers certi-Promotion, Reductions, Casualties, &c. Corps in Rgt. or which served Depot Army Rank Dates fying correctness of entries Service towards imiged engagement reckons from 13-12-18 Total Service forfeited as above.....

Particulars as		ther
Woman to whom married, and	s to Marriage	
	whether spinster or widow. (b) Place	and date of marriage.
(6)	(c)	(a) (b) (c) (c) (c) (d)
Particulars a	s to Children	
	Date and	Place of Birth
en per de la companya	fair garden de la company	en de la companya de La companya de la co
4.7546. 4.455. A.		
STATEMENT OF	THE SERVICES	
luctions, &c. Army Rank	Dates lowed to reckon ear not all ed to reckon rate of pension wards G. C.	low- Signature of Officers of
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on Mark 2	1/2	
		7979
CARL AND		1-1-11
2.18 hanfery		to for Base Lepo
	STATEMENT OF ductions, &c. Army Rank ckons from 30-4-	STATEMENT OF THE SERVICES Service not allowed to reckon serve not allowed to reckon wards G. C. Years Days Years Days Years Days J.

Apparent age. months. Height 5 Girth when fully expanded 2 inches Chest Measurement Range of expansion... inches Distinctive marks ... INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Relationship 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) (c) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES Service in Re-Service not al-lowed to reckon for fixing the rate of pension Corps in Rgt. or which served Depot Promotion, Reductions, Casualties, &c. ed to reckon to-wards G. C. Pay Signature of Officers certi-Army Rank Dates fying correctness of entries Service towards limited engagement reckons from 13-12-18 Total Service forfeited as above.....

offence	Rank D	ness -	Offence	Names of Witnesses	Punishment awarded	of order dispensing with trial	By whom awarded	Remark
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 				······································				
 i	1	- 1						
 						·····		

C.R. 3700

Extract of Daily Orders Prt II Royal Newfoundland Regiment Depot St. John's datedApril 1st 1919.

The Discharge of the undernoted on Demobilization has been CONFIRMED by Officer i/o Records from noted date.

3700 Pte. Mag Verge.

C.R. 3700.

Extract of DAILY ORDERS PART II HOYAL NEWFOUNDLAND REGIMENT DEPOT ST. JOHN'S DATED HARCH 18th/19.

The Discharge of the undernoted on Demobilization has been APPROVED by O.C. Discharge Depot from noted date.

#3700 Pte. M. Verge.

14/3/19.

Extract from Medical Board held on TURSDAY AFTERNOON March 11th/ the following was the findings.

3700 Pte. M. Verge

RECOMMENDED DISCHARGE PROM THE ARRY.

STRATE

Extends from Delly Orders Port 11 Unit the Repul Hfli. Regt. St. Johnss, 11-2-19.

The undernoted returned from Oversees and reported to Depot 7-8-19.

Repatriated on A.F. B179.

3700 Pte. Maxwell Verge.

C.R. 3700

August Area Mentinet 2:23 of Star the Republish.

3700 Verge.

C.R.3700

Extract from Daily Orders part 11, By Lt. Col., B. E. BARTON Cammanding 2nd., Battalion of the Royal Newfoundland Regiment.

The undermentioned having reported back from the 1st.Bn. is taken on the strongth and posted to "H" Coy. 14/12/18.

#3700 Pte. N. Verge.

Extracts of Casualities from P & R.O. London dated dec. 30/12/18.

3700 PTE. M. Verge.

Was transferred to England from B.E.F. on 13/12/18 having been classified "B" at 2 Medical Board Depot, Rouen.

A. F. B. 103 from 3rd Kehelon.

District from Dully Subsum Boart 13, Units An Aspail
Hills, Boart, France, 25-35-36.

3700 Pte. M. Merge.

BURATHEOUS BURALIEVS

Invalided to England 13-12-18 "B"

Peb. 6th, 18

Mr. N. Powell,

Victoria,

Carbonear.

Sir:-

I have the honour by direction to acknowledge receipt of your letter of End Feb. concerning 5700. Private M.N. Berge. No information concerning this soldier is in possession of this Dept., but a letter is being forwarded to the United Kingdom to endeavour to find tout why he has not been writing to his parents.

I am.

Yours faithfully,

Major, 0.3.0.

C.R. 3700 George Powell & Son GENERAL IMPORTERS FEB 5 1918 Victoria, Ofld., Feby 2 nd 191 IR Bennett. Muister of Milita Dras In- Law writing to ask if you can give me any information concerning Ple hax n Verge #3700 of Hr. Indee His mother is very anxious to hear from him as she has not had any letter since early in november. without hearing from him (3 months) and then when she did hear it was that he had been in -hospital first with measels and then diptheria. The says something is wrong with him his hoth Carelesshess that has kept him from writing. When lash heard from he was ath ayr. by I will be glad to receive. n Porvell

Carbonear fair 21 4 / 18. Hou J. R. Bennett.

Draw Lin , A chort time ago I wrote you making inquiries about Private Max Verge #13700 Since making inquiries, we received letters from hind which have been written bine hovember but have been delayed did not the way to the reason twe as we feared of Thanks very much for your brouble writing to England. I remain, Yours Truly 1 N Powell

C.R. 3700

NEWFOUNDLAND CONTINGENT.

Extract of Hominal Roll of Draft No. 40; 80 Other Ranks from 2nd. En., Royal Newfoundland Regiment, Winchester, to 1st. En., Foyal Newfoundland Regiment, B. E. F.

Embarked Southampton, 37/3/18.

3700 Pte. N.N. Verge.

Extract from Nemiral, Roll, embarked St. John's for Oversees 19-5-17

#3700 Pte. M. Verge.

C.R. 3 /00

Extract from Daily Orders Part 11 Unit The Royal Mfld. Regt., St. John's, Apl. 30th, 1917.

3700 Pte. M. Verge.

Attented for this day, posted to F. Coy., and assigned numbers as shown.

C.R. 3700 Verge, M.V. P.YP.O.





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

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

of	that tests		
Examin	ation of Ma	conducted at Helgra	
aged	19	conducted at Holors	
Date:	26/4/17.	Recruiting Officer:	•
NO OF TEST		FINDING	
1	200		
2	no		
3	no		
~ 4	no		The first the manufactured profession and the common and the common contraction of the co
5	mo		
6	.no	-	
7.	yes		
8	yes.		
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36	131.34	Amerika Salah A	
37	800 per ue	~ (.	
38	Mother.	Mrs Eliza Verae.	Hr. Brace.
39	moth		
K	Signature of Med	dical Examiner:	Hr. Grace. Burden

Nº 3884



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Chil other Relative or Friend	d, NAME (in	ı full)	Address	Amot (each pe
75"	marker	mo El	li (Eliza))	
· · · · · · · · · · · · · · · · · · ·		go huo hi	thetre	·	
		700		Carboner.	
				•	
				Total Allotment, \$	
	This form must b signed by the Off required payment	icer Commanding Com	ficer Commanding Company and handed to	ipany, signed by the Volumenth of the Paymaster as authority	teer, cot

Nº 3884





1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS engl. , Regl. No. 3760 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 Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person and Persons concerned, viz.: Allotment begins. Whether Wife, Child, other Relative or Friend Identity Certificate AMOUNT ME (in full) ADDRESS (each person) Total Allotment, \$ 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.)			,
<i>•</i>	•	(Sig.) That of 1	'n
Officer Co	mianding	~ .	
$\alpha \wedge \alpha \wedge \cdots$	Company	(Rank) Vivue	٤
Si. Johns. ha			

C. Cox No. 4150/298 NEWFOUNDLAND CONTINGENT N.F.P./79 From: To: * Chief Paymaster & O. 1/c Records, Officer Commanding, Newfoundland Contingent, 2/Bn Royal Newfoundland Regt 58, Victoria Street, London, S.W. 1. Winchester. 14th March 1918 Subject: 3700, Pte. M. W. Vergen LONDON, S.W. Receipt hereunder AR 1910 With reference to the followwww and RECONSTITUTE ing telegram (2503) from the Hon. Minister of Militia, received Officer Comdg. Battn Edil 14 / 3/18 1st Wewfoundland Regiment Pay to 3700 Verge, £2:0:0 Received the sum of Lwo Draft £2:0:0 is enclosed for payment to this Soldier. on account of Kindly obtain his receipt hereon. cable remittance from Newfoundland. In Municall Play. No.3700 Rank Pt. 7 Chief Paymaster & O. 1/c Records.

NEWFOUNDLAND CONTINGENT

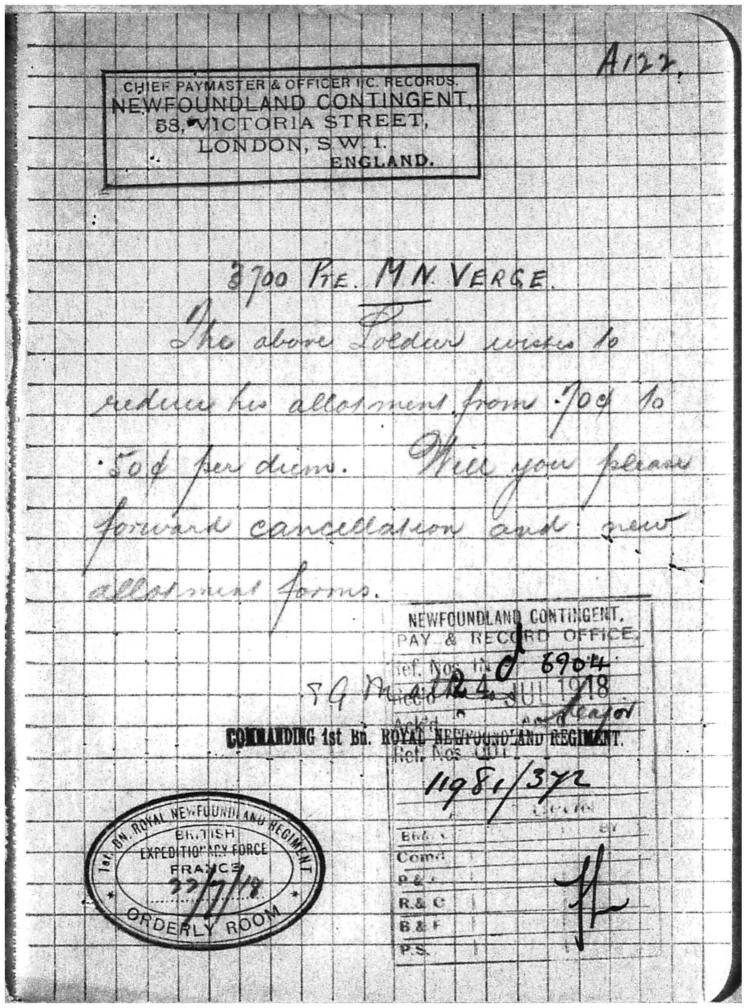
		Pay & Reco	ord Office.		
			ctoria Street,		
To: Offi	ter Commanding,		London, S.W. 1,		
	Royal Newfoundland Regt.	<u> </u>	25th July	1918	
	B. E. F.				
	Ref. Your Memo. Al22, 22	7/18 (670	4)		
Herewith	Allotment forms relating	to 3700, P	te · M. N. Verge,		
for comple	tion and return.				
Please ac	knowledge receipt hereon:				
(Big.)	S. Gans Cape.	11/11			
	July 301 1918 Chi		HE ANDRIKE F	way.	
-	my or 1718 CHI	er raymaste	er & Officer i/c	Records	

CHIEF PAYMASTER & OFFICER IIC. RECORDS. NEWFOUNDLAND CONTINGENT 58, VICTORIA STREET, LONDON, S.W. 1. ENGLAND.

Recewirk allos mini Forms in Inspeciare complesed.

74. Mathews Longoon.





This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment is health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

2. Regtl. Na 3.7.0.0	ERGE	7. Former Trade or Occupation } 7a. If the soldier claims previous service in Army, he should state— (a) Former Regts. or Corps; with Regtl. Nos.
	at	100 mg
8. If the disability is a	n injury was it caused	
(a) in action	(b) on field service	
(c) on duty	(d) off duty?	(b) Date of Discharge;
9. If a Court of Inqui	ry was held on an injury state:—	(c) Cause of Discharge.
(b) Where		(d) Particulars of Pension or Gratuity (if any)
(c) Opinion of Control Note.—The foregoing seen by the Officer in control of the officer in cont	ng particulars are to be filled in and A.F.B. 179	B (statement by the soldier) completed before the soldier

Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability.

12. Place of origin of disability.

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13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other elevant official documents.

uses workers emiliar about the talkers of the expension of set in the con-

. 4	4.	State whether the disabilities are	(a) attributable to	(b) aggravated by
		(i.) Service during the present war	143	
		(ii.) Previous active service	26	
		(iii.) Climate in pre-war service	20	PARTER AND THE PARTER
		(iv.) Ordinary military service before the war	320	
	· 错	(v.) Serious negligence or misconduct on the man's part.	}72	•••••
1	4 (a). If not due to any of these causes, to whe specific condition do you attribute it?	at}la	
In all cases such 1 as facial injuries, eye, ear nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.	5.	What is his present condition? (A note should be made as to Weight in all car when it is likely to afford evidence of the progress of the dispositify.) Confidence of the progress of the dispositify.)	ral Healt on walt	to Good. to Fur Deque King franches
_				
1	6,	Was an operation performed? If so, when and wh was its nature?	at	
1	7.	If not, was an operation advised and declined?		
. 1	8.	*In the case of loss or decay of teeth,—Is the loss teeth the result of wounds, injury or disea directly attributable to active service or throu service under such conditions that dental trea ment was unobtainable?	se gh	
1	9.	Give particulars of any other disabilities existing, be not in themselves sufficient to cause invalidir State whether or not they are attributable to have been aggravated by service during the prese war, and if so, to what or by what specific militar conditions?	or nt	
1 10 6		The Consequence of processing to the control of the processing and	wast, o estavas act on um	Aspert A. G
* **			0	Summer training
2	20.	Do you recommend—	Colation	11
		(a) Discharge as permanently unfit?	110	
		(b) Change to United Kingdom?Note—(b) is only applicable to soldiers invalided Foreign Stations.		Manual Red
			TO SE VERIA SEE SEE SEE IN ROY	ALCO ENTRY PROPERTY
s	Stat	ion I agely Down Coups	Medical Officer in	charge of case.
T	Date		And the second	
		* Loss of teeth on or immediately after active service,	should be attributed thereto, u	nless there is evidence that

CATALOGICAL AND AND THE THEORY OF THE PROPERTY OF

1 . 01		Amount.	N.F.P./11.
I, (No.) 3 % (Rank)	NDLAND C ALLOTMENT (Name)		
hereby agree, until fu			多种的
to make an Allotment of		1.	
per diem, from my pay,	to and for the b	enefit of the und	dermentioned
Person and/or Persons.	Such payments	to be made on pro	of of identity
of the Person and/or P	ersons concerned,	viz.,	
Relative or (I	NAME n Full)	ADDRESS	AMOUNT (Each Person)
Mosher 16"6	lya Vergi %.	Mis. Nichol Pour Soma Vel Carbonea	as . 50°
			-50
This Allotment to take	effect from and	including/day	w. 1918
NOTE: - This Form must signed by the Office Chief Paymaster in	er Commanding his	Company, and for	rwarded to the 3/12/16.
	mranding,	N.F.P.	3 AUG 1918
In the Juli	(Mottor.
31 July - 1918			

16 J.P/61 + Sent 2/10/18 1 .. October. 1918. Dear Sir, Sorry to trouble you, but would you hindly forward to me, any information you may have, concerning Most mase n. Verge, 1st Royal newfoundland Redgiment, who left for France last march. We have not had any yeurs I shall be very grateful to you, It you will let me know, any thing about hum:

Sam.

Yours Sin certy.

Ref. 105 11 V8483 (high) "Margaret Morrison"

2 = 06T 19 H. St., Lang.

Apr.,

Apr.,

Apr.,

Apr.,

Apr., Scot band, 2/0/18

PAY LEGGE S TO NUM. ROLL ... ALLOT, INDEX

M. ROLL	
OT, IND	N.F.P./12.
AMINED	NEWFOUNDLAND CONTINGENT
	CANCELLATION OF ALLOTMENT
	27. Or 1
1.	I, (No) 3700 (Rank) Se (Name) Verge. M. S.
here	by apply for cancellation of Allotment made by me on N.F.P./11
No.	3884 dated King 1917 in some
1	bother Ma Ellya Verge. Victoria Viceage Carl
	The total to the teles of the Carl
	\$ cts fo per diem.
Such	cancellation to take effect on the Thirty-fish day of
	July 1918
ē	7. I agree to accept all risks and consequences of this appli-
cati	on failing to reach Headquarters, St. John's, in time to become
oper	ative at above-nominated cancelling date, and that in the event
of s	uch non-delivery, and thereby the Allotment continuing to be
paid	to the Allottee, I also agree to such further stoppage in the
Pay .	Books as may be necessary, or otherwise to refund such overpaid
amou	nt or amounts.
Date	at In the Jued
	July 3/4 1918 mm m. Name
	COPY SENT TO Allottor.
Appro	oved and Witnessed: O.C. H.Q.
	Stantak ST. JOHNS, N.F.L.D.
	N.F.P.38. No. 12599/117/
100	O.C. "40" Company. 3 AUG 1918 31718
<u>N.B.</u>	To be made out TRIPLICATE and delivered to the Pay & Record
	Office not later than the date of cancellation, in accordance

with P.& R.O. C.L./10, 9/12/16.

To the Paymanter. Royal Fewild Hegt. 58 Victoria Street. No. 3100 Hards. Ste Huma. The Mu Dr. "F" Goy Pay Book. Three Pounds This man is on drame leave and our you pay him the balance due to the end of the period. pla 33. 26/1/1918 and BATT, ROYAL NEWFOUNDLAND REST.

Verge, L

3700

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

I. No. 3.7.00. Rank Pla Name Heige M.:	
2. Occupation Barber Classification of soldier B: Medical Category F:	
3. The above named man is discharged in consequence of DEMOBILIZATION Eligible for War Service Gratu	
4. His accounts are correctly balanced and I have impartially inquired into all matters bro accordance with Regulations. Place Date MAR 14 1919 Comanding Discharge The Royal Newfoundland	Veuf Depot
CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE	
5. I hereby acknowledge that I have received all my pay and allowances (including clothing just demands up to the present date, and hereby release the Discharge Depot, Royal Newf of all financial responsibility in my connection. Place and date ST. JOHN'S. Signature of wine Signa	oundland Regiment,
CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY S	OLDIER
6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge ST. JOHN'S. Place and Date Signature of so Signature of with the state of the state o	oldier
Signature of W	itness
STATEMENT OF SERVICE	
	of days on Military
APPROVAL OF DISCHARGE	•
8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the The Royal Newfoundland Regiment, twenty-eight days from date. Place S. Z Officer Commanding Dis The Royal Newfoundland Date	L Capt
CONFIRMATION OF DISCHARGE 9. The discharge of above mentioned soldier is hereby confirmed Motor of Place Hours, New Officer ile Record The Reyal Newfoundland	ley bajts

March 29,1919

#3700 Pte.Max N. Verge,

Harbor Grace.

Dear Sir:-

Please find enclosed "Discharge Certificate No.1524."

Yours truly,

Captain, Captain,

The Royal Newfoundland Regiment

\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	DEMOBILIZATION OF
Reg. Nã 7.64	O Rank Meme Verge Mane
Date of Enlistm	And SO-4-17 Address Hilliam District As Proce
	Sommer Classification for Discharge Medical Category
	S.M. S.M. S.
Passed to Demol	bil ation Officer with following documents:—
N.F. P 36	B 268 B 121 N.F. Med D.F. 1
	W 3494 B 122 Board 1st " 2 D 400A B 1915 do 2nd " 3 3
В 179	D 400B Form L do 3rd " 4
	D 400C Form K do 4th " 5
	B 103 ME 2 " 6 " 6
В 179с	B 120 M 93
	HM run It
Date.	7-3-19. O. C. Discharge Depot.
	A CONTRACTOR OF THE PROPERTY O
	PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Estal	blishment.
I ar	nin a position to resume civilian occupation. May Verge
	may very
F	
Particula	ars passed to Vocational Officer for information and action.
Date	<u>고리</u> - 기속, 교육학 - 전투 기계 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Date	
2. Clothing.	
Gertifi	ed that Clothing Regulations have been complied with:
	(a) Clothing Allowance payable A. O
	(b) Clothing Supplied Huloh A. Unww Time
Date. 14 -	3-19 Oijc. Re-clothing.

3. Transportation and Release Certificate.	PA.1-3
The above named has been provided with Trave	lling Warrant Noto his home
at	tificate No issued.
111 2 11	papieto 10 11.
Date 4-8-49 AGITASIAI	SOME COLORS
They May a	Demobilization Officer
4. Pay and Allowances.	A SE AMERICA POLICE
엄마는 이 집에 집에 가장 그렇게 하는 것이 되었다. 전환경이 되어 먹는 것이 되었다. 그는 사람들이 하고 그를 가장하고 있다면 하는 것이 어떻게 되었다.	correctly balanced and all matters in connection
therewith settled. He has received pay and allowa	proces to 24-3-14
therewith settled. He has received pay and arrowa	According to the second
Date	A A WAR
SUBJECT TO ADJUSTMENT OF OVERSEAS PAY ACCT.	Depot Paymaster.
Discharge approved for	888 9 889 9
in the state of th	here Decot
Forwarded with following documents to O.C Disc	harge Depot.
	Med D.F. 1
Б 178 W 3494 В 122 Воаг	rd 1st
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	
В 179с В 120 М 93	
and a superior of	Micka (1
Date	CJON COC CAN
	Demobilization Officer.
APPROVED.	gress accretion of military in the confidence of
Documents as above forwarded to:—	
Officer i c Records.	
Board of Pension Commissioners.	
with following additional documents.	Particulars passed to Cocational Officer for
Eligibic	for War Service Gratuity
	Total
MAR 14 1919	M. Jan Gelli
Date	O. C. Discharge Depot.
	Jo. O. Discharge Depoi
Received the above noted documents from O. C. Discharge	Depot."
The state of the s	Ladenade gridtet (d)
	1. Visit and the second
Date	troscyffe manning ming from

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

MEDICAL HISTORY

Surname Jerge.

Christian Name Bax. &

Table I.—GENERAL TABLE.

Birthplace:—Parish	loace.	Count	y		
•	SPECIAL R	ESERVE.	REGULAR	ARMY.	
	on 30 day of (april 1917	on day of	191	
Examined	And the second s	quarter	at		
Declared Age		9 Byonthe trops	years	daye A	
Trade or Occupation	Fisher				
Height	- که feet	7/2 inches	feet	inches	
Weight	124	lbs.	lbs.		
Chest (Grith when fully expanded	34	inches		inches	
Measure- ment Range of Expansion	3	inches	8	inches	
Physical Development					
(Arm	Right	Left	Right	Left	
Vaccination Marks Arm Number					
When Vaccinated					
Vision {	R.EV= 6/6		R.E.—V==		
	R.EV= 6/6 L.EV= 6/6	the control of the co	I.E.—V—		
			(a)		
(a) Marks indicating congenital peculi- arities or previous disease	(a)		(a)		
A B					
	(b)	and the far the contraction of the shells and state at the safeth contract when the	(b)		
(b) Slight defects but not sufficient to Cause rejection			Company of the Compan		
	0				
Approved by (Signature)	W. From	mier.			
(Rank)	2 Rie	15			
		Medical Officer.		Medical Officer.	
Enlisted	at St Joh	ns. 9. The	at		
	on 3 day of	pril 1917	on day of	191	
	Corps.	Regtl. No.	Corps,	Regtl. No.	
Joined on Enlistment	1st - 1			Ares	
	4 7569	0 8700			
Transferred to					
Became non-effective by					
	on day of .	191	on day of	491	
(Signature)	a second		4,4		
(Rank)	N. C.			P.T.O.	
		3			

Name of Hospital.		lmitted Hospita		Y192.23000000	harged Hospit	STABLISHED STATES	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 bospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.	Signature of Medical Officer
SEE WAR HOW TO SHOULD BE S	A STATE OF THE STA		Year	\$20.555 miles		17	Deplethenia	25	B. Dift. Some in Herent on admining	With, Burger
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Hurley Comp	28	1	18	7	2	18	cerus	- H		It Should bapt Rown
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	1						AND RESIDENCE AND REAL PROPERTY OF THE PROPERT		The state of the s	
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	1				-					
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							1	1		
			•							
							Armer Services	406		*

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

gical Appliances; Particulars of Dental Treatment, &c.			
Date	Brief Details, and Signature		
, and			
1-4-17	Dir.A.B. WEI		
4-5-17	T.A.B. W.		
	3		
44.			
4			
-1-19	Recommend Repatriction		
<u></u>	Recommend Repatriction		
	mike DA Dong.		
	. It is hereby certified that this soldier		
	has been b f r. the Standing Medical		
	Board and h s been classified as		
	B for discharge on Demobilisa-		
	tion. Medical cutegory,		
	Date of SM.BV Captain		
	Bate of S.M.B. Discharge Language September Language		
1 °			

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
				1	
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			7)		
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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:

Signature of the vocational Officer or his Representative.

Place 14-3-15 191

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvia.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

750	- 41101 61 60	C1000 11 1, 11 1 (1), 1 1,	or refer to the record of
2. F 4. N	Init and Corps. A. Regtl. No. 3.700 Iame (Surname) age last birthday.	E Masc (Christian Names)	 7. Former Trade or Occupation 7a. If the soldier claims previous service in Army, he should state— (a) Former Regts. or Corps; with Regtl. Nos.
0. 1	ige last offtiday		
6. P		ade)	×
8. I	f the disability is an	injury was it caused	
	(a) in action	(b) on field service	
	(c) on duty	(d) off duty?	(b) Date of Discharge;
9. I	f a Court of Inquir	y was held on an injury state:—	(c) Cause of Discharge.
	(b) Where		(d) Particulars of Pension or Gratuity (if any)

(c) Opinion of Court Note.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

- 11. Date of origin of disability.
- 12. Place of origin of disability.
- 13. Give concisely the essential facts of the history of Went to France Jern' 18 remained the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other world Dec. 18 invalided V. K. relevant official documents.

kitos (el 1 gla Matarita)

14. State whether the disabilities are (a) attributable to (b) aggravated by	OPINION OF THE MEDICAL BOARD.
(i.) Service during the present war (ii.) Previous active service	NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a mabeing invalided, it is essential that the Minister of Pensions should be in possession of the most reliab information to enable him to decide upon the man's claim to pension. Expressions such as "may," "might," "probably," etc., are to be avoided.
(iv.) Ordinary military service before the war (v.) Serious negligence or misconduct on the man's part. 14 (a). If not due to any of these causes, to what specific condition do you attribute it?	(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climat diseases in pre-war service. (3) Ordinary military service before the war. It is, therefore, essential when assigning the cause of a disability to differentiate between them.
Cases such 15. What is his present condition? I would be made as to Weight in all cases and the state of the	21. Give diagnosis and particulars of: (a) Any disability claimed or discovered. (b) The present condition thereof. Book feel decibly flat-
16. Was an operation performed? If so, when and what was its nature?	22. State whether the disabilities are:— (a) Attributable to (b) Aggravated by
17. If not, was an operation advised and declined?	(i) Service during the present war
18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?	(ii.) Previous active service (hii.) Climate in pre-war service (iv.) Ordinary military service before the war
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?	(v.) Serious negligence or misconduct on the part of the soldier
20. Do you recommend— (a) Discharge as permanently unfit? (b) Change to United Kingdom?	22 (a). If not due to any of these causes, to what specific condition do the Board attribute helity serves
20. Do you recommend—	
(a) Discharge as permanently unfit?	23. Is the disability in a final stationary condition? If not
(b) Change to United Kingdom? Note—(b) is only applicable to soldiers invalided at Foreign Stations.	(a) How long is the present degree of disability likely to last?
Station . Hay ely Down Camp. Medical Officer in charge of case. Date	(b) If the present degree of disability is not likely to last 12 months can a further assessment at a reduced rate be made with reasonable confidence to cover a period of 12 months in all? If so, the reduced percentage and the period to
* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause	which it will be applicable should be indicated in the answer to Question 24a.

	24.	(a) What is the degree of disablement at which, in the Board's opinion, he should be assessed at present, independent of hospital or other treatment. (Degrees of disablement should be expressed in the following percentages:—100, 80, 70, 60, 50, 40, 30, 20, less than 20, or Nil) (Vide Royal Warrant of 17/4/18 issued as A.O. 162 of 1918, and Instructions to Pension Boards) (assessment to be stated in words as well as figures).	6
		(b) In case of aggravation or where there is any evidence that there was a disability on entry, what in your opinion was the degree of disablement which existed at the time of joining the Army?	
	25.	. If an operation was advised and declined, was the refusal unreasonable?	
disagreement with the Civil- ian Members, he is to state his	26.	(a) Do the Board recommend discharge as physically unfit for further War Service, i.e., do they place him in Grade IV. only? OR Opinion of Mit tary Member case of diagreement.	in
opinion in the space provided.		(b) In what other grade do the Board place him?(c) Do the Board recommend change to the United Kingdom (in the case of a soldier invalided at a foreign station)?	
Only to be answered when the soldier is placed in other than Grade IV.	27.	Do the Board find that the soldier has suffered any impairment in health since his entry into the Service?	
	28.	Is treatment being recommended on Army Form B. 179c?	
	(a) (b)	Does the soldier require:— a) An attendant for his journey home? b) Transport from railway station to his home? The constant attendance of another person in his own home?	
	Sta	Signatures President Chairn ation Member 1969	nan.
	Sta	Discharge Approved under Para. 392 (xvi) King's Regulations. Only a in case of the MAR 11 1919 Officer in charge, Central Hospital. Officer in charge, Central Hospital. No. OR Discharge Approved under Para. 392 () King's Regulations.	nts in
		Transfer Approved to Class of the Reserve. sert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)). Station	
		Date O.C. Discharge Centre.	

The Koyal Pfld. Kegiment

DEMOBILIZATION

No. 3700 Rank Name Verge m Warned for depobilization on MAR 13.1919.

The Royal Newfoundland Regiment

Clas	s for Demobil-
	ization:—
	B

Report of Demobilization Travelling Board, held on soldier for discharge.

Discharge Depot: Hea	adquarters The Royal Newfoundland	nd Regiment
Discharge Deposit	Dat	te
Regimental No3.7.		
Name Vuga	mase	36
Address . Many	, st we on	<i>36</i>
Present Medical Catego	ory	
		Standing Medical Board. O.C. Discharge Depot.
	Members of Board	O.C. Discharge Depot. Senior Medical Officer
		Dev Borden M. O. Depot





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 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 mad Verge
Regiment from which discharged Royal Newfoundland
Regimental number 37.00 0. 114
Intended address Harry St. St. Frace
Height on discharge 5 Feet 3
Color of hair on discharge
Complexion fair
Color of eyes Blue
Descriptive Marks
Figure on discharge
Christian name of Father
Christian name of Mother
Wife's maiden name in full
Date and place of marriage
Christian names of children
Place and date of soldier's birth Afface July 18 1899
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)

Date

(Rank)

Station

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.

Medical Officer ic Hospital. Unit, or Command Depot.

Casualty Form-Active Service.

Religion.	Cofs	Age on Enlis	tment 19	years	9months
CONTRACTOR OF THE PROPERTY OF	THE RESIDENCE OF THE PROPERTY	Terms of Service (4) Suration			30.04.1.19.
Extended		Re-engaged Q	ualification (b) r Corps Trade a		
Occupatio	n Vicherm	an ly y ala	of the	Signa	ature of Officer
	Report .	Record of promotions, reductions, transfers, casualities, &c during active service, as reported on Army Form B.213, Army Form A. 88, or in other official documents.	Place of Casualty	Date of	Remarks Taken from Army Form
Date	Prom whom received	The authority to be quoted in each case.	race of Castany	Casualty	B.213, Army Form A 36, or other official documents.
		Embarked Disembarked	27 MAR 191 29 MAR 191	8	
			Joined Battalion	4.4.18	
	H Jum.	Blanker 10 19 defailed	for Marie xon	kor /	hellod
	Thew !	Proceeded to went	fuel	1/2/18	Kall
	1 8 4 M	anne	Kouer	9.01.8	Rose
13/1/18	2060	a 2 with	: *	13/1/0	7
1710	a Mil D. M.	a vagiano is	Jakadi	Unne	Roll
		7	o as I Infan	FY Sec	
			9-1.901.	od Eco	lon.

⁽a) In the case of a man who has re-engaged for, or entired thro Section D. All my Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signalier, Shoeing-Smith, &c.

W 8635 M2733 2000m 9,17 (3561), C. P. & S., Ltd., Form B. [103 E/1897.

fune 2 1 1919 capt. J. M. Howely Dear sir With mr of powell of the Victoria Dust. of carfonear to have my gratuity cheques sent is him instead
of sending them is me at Ar Gree
please forward them to be owell
wr. of powell
wicheria. Dist. carfonear. nfld

as they comes due yours trucky

the max verge

for grace

M. Please conform If

4/6/19

Mayre

George Powell & Son GENERAL MERCHANTS Victoria, Ofld., June 2_ 191 9 Hon as. Hickman Minister of Militia Bron Ling Those Ravanced Some Money to Vrivate Mar Verge of the grace and he has oppered me his gratuity Cheque as they come due ... 2 melose his instruction to the l'ormoster l'apl. Howley, Will you please pass this over to the proper dept. so as il will be attended to at once. yours tonly n. Powell

Hictoria Dist. Continua Capt IM, Howley July 5 Paymante K. M. Raymant. Oran Six Junderstand from the Mase Varge # 5700 that he I notice the last cheque which was the 4th payment was marked final plagment, will you please let me know at your corliest convenience if another pay is due Pto Verge. n. Powere only entitled to \$80.00

Aren 3 cho wailed to himself.

mas y 7000 mareix & wall I see Store ap 24 700 May 29 7000 ... 700 n Powell Victoria June 21 Whether 4 mos 15 COLLEGE POLICY AND SOLVED SOLVE home of the sing of the the product the sector

april 16,1919

#3700 Pte.Max H. Verge,

Water St. West,

Hr. Grace.

Dear Sir: -

cheque for Seventy dollars (\$70.00), being amount of first pay-ment due you on account of the "War Service Gratuity."

Yours truly

Paymas or & U.i/c Records

An Grace april 13 th 1919 Captain Imfowly Dear Sir received my finel discharged from the figt on the 29 of march 1919 and it is now hear a month and i have received no money and all the shafes around have received 70 so i thought i would dorop you a line as to ask you if you pleas would you look it up you me and see wath rong

no 3700 pt max No Verge for Grace 717 19

i made out my gratured papers and sent them to I R Bennett and eapt if there is a small check there in the pulitia office would you kindly send il on to me it will fe ford money It will save a good check if you can oflige me fy blving this as i wount have to come to ste Johns

the quat fava fy during me the grant can send a reply Back to

for Grace march 19 4 1919 Dear Sir as i am sendino my for Gratuity papers and you shall see by them I have no discharge badge as a prought my papers to for Grace to get them made out would you please send, it to me and oflige may of Vinge for grade and of there is a sheet there for would you mind sending it if you please

DEPARTMENT OF MILITIA

WAR SERVICE - GRATUITY .

St. John's Newfoundland.

Declaration required of Officers and men of the Royal Hewfoundland 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 RDCORDS. PAY & RECORD OFFICE, ST. HOHN'S. Christian nine. Mex. N. . . 2. Surname. Vonge 4. Regil No. . 3.706 5. Address in full to which future payments of gratuity are to far be forwarded han A. Veryl Barbofrace 6. Date of enlistment in the Regiment. March 1917.... 7. Hane of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.... hat applicable No aparation allowance had. 8. Relationship of such dependents. . hol apple 10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of mother soldier?........... 11. Were you on active service only in lifld. If so give dates, and writiculars of such service. Le Naufarullandand in France

12. Give total length of time which you served on active service,

13. Have you had more than one enlistment? If so, give particulars of
discharge and re-emlistments, and under that regimental numbers
Enhilet nevernly
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
15. Have you been issued, with a var Service Bodge?
16. Have you, during the present war, served in the Imperial Forces. Mu.
17. Are you entitled to receive, or have you received any Cratuity in
the nature of Bost Bischerge Pay from the Imperial Forces? If so,
state amount received, or to which you are entitled
18. Did you revert Overseas to a rank lower than the substantive rank
held by you on your arrival in inclind? Shrvile at this
(b). If so, was such reversion in consequence of misconduct or in- efficiency?
19. Are you now serving in the Regt.? If not give: - (a) Date
of discharge. Monda (4.419. (b) Reason for licherge
Domoblystian
20. Did you at any time serve by the front in an actual theatre of
In House we delguing, farmay 1918 A December
21.(a) Are you receiving treatment from the Civil Re-Establishment Com.
(b). If \$6), are you in receipt of full pay and allowences from that
Genaltice
and I make this selemn declaration conscientionsly believing it to be true, and knowing that it is of the same force and effect as if made under eath.

Signature of Applicant:

Place of Residence:

Declared before me at: Saconhaus Mad

This /qa day of have 19.49

Mulian a. Ma

Signature of Reprister of the
Supreme Genet. Stippendiary Magistrate, Notery Rublis, Justice of the
Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.

Date paid Paid Paid War Service Net mount
Soldier Dependent Cratuity due

4 2800

Certified Correct.

Paymaster.

0

SEPARATION ALLOWANCE.

on account of Max!	Verge No. 3700 Rank Pt.
Decision. Appro Acyable f	ved rom 27/11/18 - date of acarriage
	With guden frient Ge,
Instructions	***************************************
, , , , , , , , , , , , , , , , , , ,	day payable to Mrs Elias Verge
his Mottufrom //	day payable to Mro Calias Verge 8/18 to 29/3/19 of being Dischiel XII ke Staff of

840

The Rectory. Skfrake. 1920. 8-10-1911 Dear Sir guro Heiza Verge fas asked meto write you or herbely Concerning Separation more, Itolder Iwasagraio it wastoolate. Jam seding ir ber application revertheless. Believe neto be. Tours faithfuls.

ROYAL NEWFOUNDLIND REGIMENT.

IMOTHER.

(Separation Allowance Branch)

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 Toymoster" Separation Allowance Branch, St. John's Nfld.
1.	Name in full of soldier. Rank. Rogit. or Unit. Regt. No.
2.	18 413. (when Einstel) Married or Single.
3.	Name in full of mother. Age. Occupation. Permanent Address.
4.	Give name of your husband. Agr. Occupation Where Employed. Shi Verge descered (diedlo yrs of)
5.	If your husband is not supporting you state the reason.
•	If your husband is a chaptic invalid and totally indepacttated, state nature of maledy. (A Modical Certificate must be enclosed with this document stating from what date husband had been totally incapaci- tated, and for how long incapacity is likely to continue.)
	If you are a wider at the

 If you are a widow, state date and place of death of your husband.

as above

3. Have you married again since death of above mentioned husband;

200

Names of your other children. Address in Age. Occupation Married or Single.

Active force Upp 7 n. Power View

26.0	If not receiving support from other children, state cause. Explain Fully.
27.	With whom are you residing at present?
28,	Have you made a previous claim for Separation Allowance. If not, why?
29.	Are you already in receipt of Separation Allowance from any sourse ? If so, how much?
37.	Are you already in receipt of any payment from any Patriotic Fund ? If so, how much.
1.	Was the soldier at the time of his enlist- ment an employee of the Nold. Government.
2.	In what capacity and in what place?
3.	Is he in receipt of a salary as such while serving in the Royal Newfoundland Regiment? If so, how much.
i mat La c e	I herewith make this solemn Declaration conscientiously ring the same to be true and knowing at to be of the same force and if made under Oath and in Virtue of the Evidence Act. Sure of Amilicant
	19 dey of frence 1919
nat	ure of Barrister of the Supreme Stipendiery Magistrate, Notary Public) Level Phuget fice of the Page.
dge a e sol	This condication must be signed by two responsible parties one in must be a Clergyman, the other a representative of your local stic Fund Committee, certifying that to the best of their know-after careful investigation the above statements are correct and dier first above mentioned is the sole support of the applicant are of Clergyman.
nd Co	ers of member of the Patriotic

Dec .13, 1919

Mrs.Eliza Verge, Harber Grace.

Dear Madam: -

your application for Separation allowance, will you kindly forward me the Marriage Cortificate of your son Harry, or else a certified extract from your Parish Register, showing date of his Marriage

Jon s truly

Major

Paymaster

George Still erge and. Mary M. Martin Married 27/11/18. Certificate examined by me 27/11/19. Begied by Rev. G. Bond Jan.6,1920.

Mrs. Eliza Verge. Harbor Grace.

Dear Madam :-

Referring to your application for Separation allowance, I beg to state that same has been approved, payable from the 27th Nov. 1918 to date of Marriage of your san Harry.

I enclose chaque for Righty two dollars (\$82.00) in payment of same,

Yours truly,

Major

Payma ster .

Nº 3884



1st. NEWFOUNDLAND REGIMENT

ALLOTMENTS

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUN (each per
73	morker	pos Elli LEli	ga)	
		Verge:		
		go mo hicholas	21.15.12.11	
	7.3	Toward.	laarlin as	
	-			
	2 3	•		
2				
			Total Allotment, \$	

DUPLICATE. NEWFOUNDERINATINGENT

N.F.P./11.

SP.

In the Juli 1918

ALLOTMENT

I, (No.) 3700	(Rank) The (Name	me) Verge m.	n
		ation by me, and in requi	
to make an All	otment of	dollars and fift	cents
		he benefit of the underme	ntioned
		nts to be made on proof o	f identity
of the Person	and/or Persons concer	ned, viz.,	T
Whether Wide, Child, other Relative or Friend.		ADDRESS	AMOUNT (Each Person)
	Mrs Elija Verge	Yoms nicholas Victoria Villag. Carbonear	56
			50
This Allotment	t to take effect from	and including Qua	lst 191 8
signed by Chief Payms	the Officer Commanding	and signed by the Soldier, his Company, and forward th P.&.R.O. C.L.10, 9/12/	, counter-

4346	• 0 ,		DUPLICA	TE	-1
ENTER CA	- Doler		MAII CO	P.Vi	1.
NUM ROLL	UNDLAND	CON		1-11-	-
ALLON CONTRACTOR	U N D D A N D		Posted.		
EXAMINED 84	ALLOTMI	ent o			
I, (No.) 3700 (Rank)			Te f		
hereby agree, until				ed fo	rm,
to make an Allotment					ents
per diem, from my pa	y, to and for the	ne benefi	t of the undermen	tione	∌đ
Person and/or Person	s. Such paymen	nts to be	made on proof of	ider	rtity
of the Person and/or	Persons concer	ned, viz.	3	IOMA	דעוד
L.A. Per	NAME (In Full)		ADDRESS	(Eac	
Relative or Friend.	(In rull)		,	Ø	¢:
mother Mis	Elija Verge	% Mr	s, Muholas Pawell.	-	50
		Victo	ria Village		
		(Car Conear.		
					50
This Allotment to ta	ke effect from	and inclu	iding 1" ayus	· .	1918
NOTE: - This Form mus	at be completed	and sign		, cou	nter the
(Sig.) Officer	Commanding,				
In the fuel		(Sig.	m-n-y	gl gr.	
21 1 July - 19	918				

July 26, 1919

Mr. N. Powell, Victoria, Carbonear.

Dear Sir:

With reference to your
letter of July 5th. concerning War Service
Gratuity.of Pte.Max Verge,#3700. I beg to
advise you that he is only entitled to four
month's War Service Gratuity @ \$70.00 per
month, which is \$280.00. Three of these cheques
were mailed to himself and the remaining one
was forwarded to you.

Yours truly,

Capt. For Paymaster

The Bank of Nova Scotia St Johns, New Journal and March 13th, 1918

The Minister of Militia.

City.

Dear Sir:-

We beg to confirm our telephone conversation of this morning - Pay and notify Max N. Verge No. 3700 C. Company First Nfld, Regiment, Hazeleydown Camp, Winchester, 22. and Pay and notify E. L. Oke, care Pay & Record Office. London £5. -

> We enclose our cheque for \$35.06 covering payments. Yours truly.

> > Ambhanen Aset. Manager.

DEPARTMENT OF MILITIA.

REGIMENTAL PAY BRANCH.

~	PAY VOUCH	IER.	
\$ 41.2.		mas	28-1919
Received fro	m the First .	Newfoundland .	Regiment
the sum of Fort	_	×> Do	
balance of Pay.	Cheque	e maile Har	for Grove
Ch. No. 1494 Shitials. Pay Ledger 460 Initials.	Regtl. N	e maile Har Way 6/19.	
Gen. Ledger Initials.			17.

16. 37.00 Rank 66.

1921

Link was a line of the land

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

Signature

)ate

Address

E 100

CONTRACT OF		
SEP 2	. 8	1921.

The	e accompanying Victory Medal a	nd/or British War Medal
is/are fo	orwarded herewith to	
•	Wax M. Verge	
in respe	ect of his service as No. 3700	Rank Pto
in respe	set of this service as 110,	
Name_	M.M. Verge	Royal Nfld. Regt.
	Markith to reall	
Re	ceipt of the same should be ackn	owledged hereon.
Receive	ed	
Signatu	ire Max n	Verge.
Date	at.	
Address	Ok low l	we s

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B

Signature of O. C. Company Regiment of Regimental Number and Name Enlistment Good Conduct Badges, Service par Age on /9 years 9 months Place and Date } Joined Date (with Colours , 334 years. Joined Date Period of with Reserve 345 years. Joined Date Date of award or of order dispensing with trial Cases of Drunk-Date of Names of Place Rank OFFENCE Punishment awarded REMARKS By whom awarded Offence Witnesses To be carried over

13700

Demobilization

The Royal Newsoundland Regiment

O DEMOBILIZATION OF
Reg. No 3.700 Rank Name Lengu Mane
Date of Enlistment 30-4-17 Address August District Andrews
Occupation Tablermon Classification for Discharge Medical Category
Recommendation S.M.B. Stysecally Mill. Disability Rating . 20%. 6 Mills
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 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 " 6
B 179c
H Miur It
Date
PARTICULARS FOR DEMOBILIZATION
1. Civil Re-Establishment.
I amin a position to resume civilian occupation. May Verge
max very
Particulars passed to Vocational Officer for information and action.
TIBID IV JULY
Date
2. Clothing.
Certified that Clothing Regulations have been complied with:-
(a) Clothing Allowance payable 1
files I thun Time
(b) Clothing Supplied
Date 14-3-19 Oilc. Re-clothing.

at	Demobilization Officer
The herein named soldier's accounts hav	e been correctly balanced and all matters in connection
therewith settled. He has received pay and	allowances to
Date	Depot/Paymaster.
Forwarded with following documents to O	
N.F. P 36 B 268 B 121	/ N.F. Med. D.F. 1 / 6
5 178 W 3494 B 122	
178a D 400A J B 1915	
179 D 400B Form L	
B 179b B 103 ME 2	
B 179c B 120 M 93	
Age 14.3.19.	Demobilization Officer.
APPROVED.	
Documents as above forwarded to:-	The second second
Officer i c Records, Board of Pension Commissione	rs.
with following additional documents.	gible for War Service Gratuity
were the last that the second of the second	
MAR 14 1919	and the control of the state and the control of the
Date	O. C. Discharge Depot.
Received the above noted documents from O. C. Dis	and la
Date mich 20/19	The state of the s
Date Logical	of our records

EXTRACT FROM STATEMENT OF A/C TO 31-1-19 FROM PAY AND RECORD OFFICE, LONDON

3700 Pte. Verge, M. Cr. Bal. £8-9-3

This transferred to Pay Office 26-3-19

Reg. No.	3700	Rank Pla: Name Verge Max. I Address Hr. Grace West	
Attested		Address Ar- Grace West	
		Allottee	······ ·····
Date of A	llotment	Returned from Overseas2	18
Returned	on S.S	Cause Dischage	
11.3.19.	lee.	Sis- der from The army	
		14 개인 이 전 이 전 전 전 전 전 전 1 전 1 전 1 전 1 전 1 전 1	
14, 3, 1	7	TECHARGE ATPROVED ON BEHICHMALLITION	•
14,0,	19.	TECHARGE APPROVED ON DESIGNALLITION	•
·····			

16 Sept 1946

Mr. Max N.Verge, 344 Way Bosset St., Providence R.I. U.S.A.

Dear Sir:

With reference to your letter to this Department, I am enclosing herewith as request a record of your service.

Yours very truly,

Enel.

16 September, 1946

#3700 - Max. N. VERGE, Royal Newfoundland Regiment.

TO WHOM IT MAY CONCERN:

This is to certify that the above-named enlisted in the Royal Newfoundland Regiment on 30th.April 1917, embarked for overseas on 19th.May, 1917, returned from overseas 7th.

February, 1919. Was demobilized on 29th.March, 1919, having served 1 year 334 days.

Med Japanset st frovidence RIUSA Japansel Milder Jar-c C. UKE. As I have It lost me to get a new copy of it as it has help me in the Passed and as it may not fe much troufl. to me it meens a lot and i Will sure . for Very Thankful to you and the Bord thanking you in advance Regards yours truly may verge pen Rig to 3700

#3700 Maxn. Terge. Royal Newfoundland Regiment. To whom it may lover ! This is to couty that the above remed enlested - The Rayal After Ast on 30 april 1907 emborker for overser on 19 may of, Returned from overser. I Teligiquos demobilized on 29. Warel 1919 having several year 334 days.