



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1618 Name Michael J. Allan Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Michael J. Allan</u> |
| 2. What is your full Address?..... | 2. <u>Waters Lane, Water St. W. H. S. St. John's</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>21</u> Years <u>6</u> Months. |
| 5. What is your Trade or Calling? | 5. <u>Trainsmith</u> |
| 6. Are you Married?..... | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's }
Forces, naval or military, if so,* which? } | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its }
meaning, and who gave it to you?..... } | 10. { Name
Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service }
to be signed by you if you are accepted?..... } | 11. <u>Yes</u> |

I Michael J. Allan 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.

Michael Allan SIGNATURE OF RECRUIT.
E. 26th June S. Morris Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I Michael Allan do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
 The above questions were then read to the Recruit in my presence.
 I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at _____
 on this 12th day of July 1915
 Signature of the Attesting Officer. S. Morris

† 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____
 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, the 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) _____

618
DESCRIPTIVE REPORT ON ENLISTMENT.

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

1618

Name Michael Joseph Allan
 Apparent age 31 years 6 months. Height 5 feet 7 1/2 inches.
 Chest measurement { Girth when fully expanded 32 inches.
 { Range of expansion 2 1/2 inches.
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Patrick J. Allan, Watch Lane
Water St. Wick - St. John's | Relationship Father
 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	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					years	days	years	days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Discharged January 29th 1919</u>									
Total Service forfeited as above									
Total Service towards Engagement to _____ (date of discharge) _____ years _____ days									
" " Pension " _____ (") _____ " _____ "									



FIRST NEWFOUNDLAND REGIMENT.

ATTESTATION OF

No. 1618 Name Michael J. Allan Corps _____

Questions to be put to the Recruit before Enlistment.

- | | |
|---|-------------------------------------|
| 1. What is your name? | 1. <u>Michael J. Allan</u> |
| 2. What is your full Address?..... | 2. <u>Walsby Lane Water Street</u> |
| 3. Are you a British Subject? | 3. <u>Yes</u> |
| 4. What is your Age?..... | 4. <u>21</u> Years <u>6</u> Months. |
| 5. What is your Trade or Calling?..... | 5. <u>Tinsmith</u> |
| 6. Are you Married?..... | 6. <u>No</u> |
| 7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } | 7. <u>No</u> |
| 8. Are you willing to be vaccinated or re-vaccinated? } | 8. <u>Yes</u> |
| 9. Are you willing to be enlisted for General Service? } | 9. <u>Yes</u> |
| 10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... } | 10. { Name |
| | { Corps |
| 11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... } | 11. <u>Yes</u> |

I, Michael J. Allan 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.

SIGNATURE OF RECRUIT.

E. J. Jones _____
Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, _____ do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me at _____ on this 12th day of July 1915.

Signature of the 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 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

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, the 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.

168

Name Michael Joseph Allan

Apparent age 31 years 6 months. Height 5 feet 7 inches.

Chest measurement { Girth when fully expanded 32 inches.
 Range of expansion 2 1/2 inches.

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT.

Name and Address of next of kin Patrick J. Allan, Marine Lane, Water St. Wash. St. John's | Relationship Father

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	Promotions, Reductions, Casualties, &c.	Army Rank.	Dates	Service not allowed to reckon for fixing the rate of pension	Service in Reserve not allowed to reckon towards G. C. Pay	Signature of Officers certifying correctness of entries
					years days	years days	
Service towards limited engagement reckons from <u>26/6/15.</u> ✓							
Joined at <u>St. John's, N. H.</u> on <u>June 26th 1915</u>							
<u>Embarked for B. G. 29/3/16</u>							
<u>Wounded by contusion Head 11/3/17</u>							
<u>Admitted 3rd St. John's Hosp. 25/1/17</u>							
<u>Discharged 26/3/17</u>							
<u>Embarked for B. G. 29/3/17</u>							
<u>Reported at Barracks 17/8/17</u>							
<u>Reported at Barracks 17/8/17</u>							
<u>Admitted for discharge 12/12/18</u>							
<u>Discharge confirmed 27/1/19.</u>							

Total Service forfeited as above

Total Service towards Engagement to 29-1-19 (date of discharge) 3 years 218 days

" " " Pension " " " " " " " "

Regimental Number 1618

Company F

THE
1ST NEWFOUNDLAND REGIMENT.



I hereby enlist for service at home or abroad in the King's Forces under the following conditions :

For the duration of the present war, or until my discharge.

Subject to the Army Act, the King's Regulations, and to such ordinances as may apply or may be made to apply to the British Regular Army.

Subject to the Newfoundland Volunteer Act, 5 George V., Chapter IV.

Signed Sgt. M. Allan.

Witness James Lewis.

Dated at

Newton Park School

Nov 17 1916

C.R. 1618

Extract from Medical Board held on Thursday, Jan. 9th, 1919.

1618 Pte. M. Allan.

Recommended Discharge as permanently unfit.

C.R.

1618

Extract from Daily Orders part 11, Depot, St. John's
dated December 23rd., 1918.

The u/m returned from Overseas and reported to Depot. 21-12-18.

#1618 Pte. M. J. Allen.

C.R. 1618

Extract from Nominal roll of repatriation draft No. 79 per
S.S. "CORSIKAN" which embarked at Esbury Docks, 12/12/18.
from the 2nd., Battalion.

#1618 Pte. M. J. Allan.

C.R.1618

Extract from Telegram despatched to Synoptical, London
dated May 21, 1918

Pay to #1618 Allan \$1.10/-.

C.R. 1618

Extract of Casualties received from Payb& Record Office,
London dated March 27th, 1917.

The following man has been discharged from the 3rd London
General Hospital, Wandsworth, S.W., and has been granted
furlough from the 26/3/17 to 4/4/17.

#1618 Pte. M. Allen,

Classification 1. Duty.

Authority: A.F.W.3016.

(Sd) H. Fagan,
Capt. R.A.M.C. (TF)
Registrar R.A.M.C.T.
3rd London General Hospital,
Wandsworth, S.W.

NEWFOUNDLAND CONTINGENT.

CABLES AND TELEGRAMS:

"SYNOPTICAL"
LONDON.TELEPHONE:
VICTORIA 147.COMMUNICATIONS TO BE ADDRESSED TO THE
PAYMASTER & OFFICER I/C RECORDS.
AND THE FOLLOWING NO. QUOTED:

8798/2

The Hon. the Minister of Militia,
St. John's,
Newfoundland.

Sir,-

I have the honour to confirm your telegram received
19/8/17,-

"Synoptical. London.

"Pay - 1618 - Allan - two pounds - eleven shillings and
"three pounds.

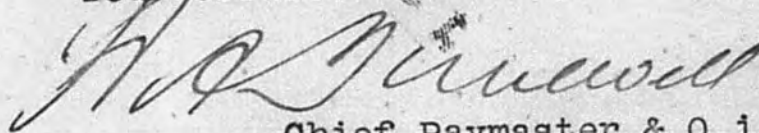
Military".

Cheque £2.11. 3 has been forwarded to O. C., 2nd.
Battalion for payment to this Soldier.

I have the honour to be,

Sir,

Your obedient Servant,

Major,
Chief Paymaster & O i/c Records.

FM/WF

PAY & RECORD OFFICE.

58, VICTORIA STREET.

LONDON, S.W. 1.

30th, August 1917

C.R. 3451

C.R.

1618

4

St. John's Oct. 6th. 1917.

Sir,

In reply to your letter of the 3rd. of Oct. a letter
1618 Forlough has been forwarded to the Officer i/c Records London
M. Allen dated 29th. August applying for furlough.

For your information I wish to point out that troops
overseas are under the control of the war office and we
can only recommend on suggest action.

P.J. Allen Esq.

Walshes Lane

Off Water street

I am s

Sir

Your obedient Servant

W.F.A.

C.R. 7618

4 May, 1917.

Dear Mr. Chafe,

I have noted your application on behalf of No. 1618 Pte. Michael Allan. I enclose letter in reply to his mother.

I shall send forward your letter to the authorities in England for special consideration.

Yours sincerely,

L.G. Chafe Esq.
6 Springdale St.

C.R. 1618 -

61 Springdale Street
City

May 2nd 1917

To His Excellency

Sir W.E. Davidson K.C.M.G.

"Lieut" Colonel, 1st Fed Regt

Near Sir:-

The writer has been asked to bring under your Excellency's notice, the fact that "Private" Michael Allan #1618 E. Co. of the 1st Fed Regt, has been through both the July & October drives. In the latter he was wounded, and is now at "Ayr" suffering from "Trench Foot". His mother is very anxious that your Excellency would grant him a furlough home, he is the only son, and his father is blind.

By granting this request your Excellency would relieve the mind of his almost heartbroken mother

I remain

Your most obedient
Servant
H.S. Chapin

C.R. 1618 ✓

March 16, 1917.

M

Dear Sir,

In reply to my enquiry Record
Office, London, to-day reports No. 1618,
L. Corp. Michael J. Allan, progressing
satisfactorily.

Yours faithfully,

Colonial Secretary.

Mr. Patrick J. Allan,
Walsh's Lane,
Off Water St. West.

C.R. 1618

TRANSLATION OF CODE MESSAGE SENT TO SYNOPTICAL,
LONDON, 12th MARCH, 1917.

What is address of Report by telegraph present
condition of 2nd Lieut. Sheppard Report by telegraph
present condition of 1853 Hancock 2373 French 1618
Allan 2953 Kavanagh 2851 Brinston 1027 Dodd Telegraph
whereabouts of 459 Crotty 1093 Martret 2067 Forward
stop parcels letters addressed to 1770 Adams not received
Telegraph result of enquiry.

(34) ✓
C.R. 1618

February 1, 1917.

Sir,

191

Dear

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment. ~~Corporal Michael J. Allan, has~~ been admitted to Wandsworth suffering from trenchfoot.

1618

I trust that later reports will bring news of his convalescence.

Any further information received at this Office as to his condition will be at once notified to you.

Yours faithfully,

Mr. Patrick J. Allan,
Walsh's Lane

Colonial Secretary,
Off Water St. West.

C.R. 1618

Extract from Nominal Roll Srs Draft to B.E.F. arrived 29,
A.B.D. Rouen 30-3-16. Joined Battalion 15-4-16.

#1618 L/Cpl. Allan.

C.R. 1618

Extract from Nominal Roll, G. Co., entrained St. John's 27/10/15 for Overseas
&

1618 Pte. M. Allen.

C.R. 1118

Extract from Daily Orders part 11, Depot St. John's
dated February 3rd., 1919.

The discharges of the undernoted on demobilization have
been **CONFIRMED** by Officer I/c Records.

1618 Pte. Michael Allen.

29-1-19

C.R. 1618

Extract from Nominal Roll of Draft No.5. from 2nd Bn. Depot
to 1st Bn. B.E.F. embarked 28-5-16

1618 L/Cpl. Allan M.J.

C.R.

1618

Extract from Nominal Roll of Hfld. Regt. Draft No. 23
from 2nd Bn. Depot, to 1st Bn. B.M.F. Embarked Folke-
stone, 5-8-17.

1618 Pte. M.J.Allan.

C.R. 1618

Extract from Daily Orders part 11, Depot St. John's
dated January 20th., 1919.

The discharges of the undernoted on demobilization have been
APPROVED by O. C. Discharge depot on noted date 15-1-19.

#1618 Pte. M. Allan.

RECEIPT.

C.R. 1618

FOR ISSUE OF RIBAND OF VICTORY MEDAL/1914-1919.

I certify that I have received an issue of 2 inches
of Riband of British Victory Medal-1914-1919.

DATE. *Jan 5th 1919*

PLACE. *St Johns*

NO. *1618* NAME. *M. Allan*

Reg. No. 1618 Rank. Lt. Name Allan, L. J.

Attested Address. Walsh's Lane.

Allotment..... Allottee

Date of Allotment..... Returned from Overseas. 21-7-2-18

Embarked for Overseas Cause. Discharge

9-1-19. Recommended Discharge Permanently
Unfit.

14-1-19. PASSED TO DEMOBILIZATION OFFICER

15-1-19. DISCHARGE APPROVED ON DEMOBILISATION.

M. J. Allan.

C.R.

1618

P.R.O.



V
1988

Department of Militia

St. John's, Newfoundland,

August 28th. 1917 191

Major H.A. Timewell,
Paymaster & Officer i/c Records,
First Newfoundland Regiment,
London, S.W.

Sir:-

Cable Remittances - Reciprocal Account.

I have the honour to confirm cable of this date as follows:-

"Pay sixteen eighteen Allan £2.11.3"

I have the honour to be,

Sir,

Your obedient servant.

Minister of Militia.

*Cash
has actual
received
from
Mrs 1988?
OK
7*

1ST N. NEWFOUNDLAND REGIMENT	
PAY & RECORD OFFICE	
Ref. No.	5478
Rec'd.	SEP 25 1917
Ac'd.	V
Am'd.	V
File No.	1988



August 28th. 1917

Major H.A. Timewell,
Paymaster & Officer i/c Records,
First Newfoundland Regiment,
London, S.W.

Sir:-

Cable Remittances - Reciprocal Account.

I have the honour to confirm cable of this date as follows:-

"Pay sixteen eighteen Allan £2.11.3"

I have the honour to be,

Sir,

Your obedient servant.

Minister of Militia.

1618 Allan £2.11.3 4 1988

LAST PAY CERTIFICATE

N.F.P./94.

To be rendered for all ranks on discharge, transfer to other Units, or on return to Newfoundland in accordance with C.I./19, 26/5/17.

Regtl No. 1618 Rank Pte. Name Allen. Unit ROYAL NEWFOUNDLAND REGT. who was repatriated
to Newfoundland on 11/12/18 Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT CR.

PARTICULARS	DR.					CR.				
	£	s	d	£	s	d	£	s	d	
Balance Dr. from						Balance Cr. from				
Allotment 19 days @ 60c.	111	40	12	6	11	Pay 19 days @ \$1.00	119	00		
Cash Payments:						Field Allow 19 days @ \$10/100	11	90		
18 Pay.				12	6	Other Allowes days @ \$	120	90	14	5
22d "				1	4	7.				
Other Debits:						Other Credits:				
B. Damages					6	Copy sent to of Tr 21303/210				
Misc. Stopp.				1	5	PA 2412-18				
Total Debits			14	5	11	Total Credits			14	5
Balance due by Paymaster						Balance due to Paymaster				
			14	5	11				14	5

PERIOD: From 23/11/18 to 24/12/18.

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of

J. G.
HAZELEY DOWN CAMP. (Place) Dec. 11th 1918. (Date)

[Signature]
O.C. "F." Company.

Made up/Checked in accordance with information received in the Pay & Record Office _____ to 11
and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

Chief Paymaster & Officer i/c Records.

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), 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.

1. Unit and Corps. *R. Nfld. Regt.* 7. Former Trade or Occupation } *Turnsmith*
2. Regtl. No. *1618.* 3. Rank. *Pte.* 7a. If the soldier claims previous service in Army, he should state—
4. Name *ALLEN Michael* (Surname) (Christian Names) (a) Former Regts. or Corps; with Regtl. Nos. *No.*
5. Age last birthday. *24 yrs.*
6. Posted for duty on. *26 June/15* at. *St. John's.* in category (or grade).....
8. If 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;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 (a) When (d) Particulars of Pension or Gratuity (if any)
 (b) Where
 (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. *French Feet*
Jan'y. 1917.

12. Place of origin of disability. *Einchy, France.*

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 relevant official documents. *He states that his feet swelled and became sore after marching in sodden ground of this area he was sent down the line and eventually was treated in Handsworth hospital for 56 days after 3 months at depot he was sent to France and returned from Rouen unfit (B personal)*

14. State whether the disabilities are
- | | | |
|--|---------------------|-------------------|
| | (a) attributable to | (b) aggravated by |
| (i.) Service during the present war | Yes | |
| (ii.) Previous active service | No | |
| (iii.) Climate in pre-war service | No | |
| (iv.) Ordinary military service before the war | No | |
| (v.) Serious negligence or misconduct on the man's part. | No | |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } Na

In all cases such 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.

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
- The feet have now returned to normal condition
 left foot slightly flat
 slight amount of hallux rigidus right foot

16. Was an operation performed? If so, when and what was its nature? No.
17. If not, was an operation advised and declined? Na.
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? Na.
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?

20. Do you recommend—
- (a) Discharge as permanently unfit?
- (b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

M. C. 71
 Cuth
 M.O. ROYAL NEWFOUNDLAND REG.

MAZELEY DOWN CAMP
 Medical Officer in charge of case.

Station MAZELEY DOWN CAMP

Date 30 NOV 1918

* 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

Notification to the O.C. Discharge Centre, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—Army Forms W. 3961A, B and C are issued in sets of three and so arranged that they can be completed at the same time by the use of carbon paper for despatch by the O.C. unit to the Officers severally indicated.

The O.C. unit is to fill in the address of each Officer, to whom the Army Forms are sent, in the spaces provided below.

O.C. Discharge Centre.	A.F. W. 3961B has been sent to The Officer i/c Records,	A.F. W. 3961C has been sent to The Regimental Paymaster,
<i>Headquarters Warrington</i>	<i>5-8</i>	<i>Director London</i>

Authority has been given for the under-mentioned soldier to be sent to the Discharge Centre for:— *repatriation*

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to *St Johns*

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted *St Johns* (Country) *St Johns N.F.S.* (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. *1618* Rank *Pvt*

Name *Allen Michael*
(Surname) (Christian names in full)

Unit and Corps *Royal N.F.S.*

Authority *OB 179 G.I.B.C*

Army Forms B. 179A and B, B. 103, B. 178, D. 400 together with W. 3463A, B. 120, B. 122 and W. 3068, or temporary documents, for the above-mentioned soldier are forwarded herewith.

Station *Headquarters*

Date *15-9-18* 191__ O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE 1.—†If the soldier claims to be repatriated abroad, and is prepared to embark at the first available opportunity, the O.C. unit is to complete such of the particulars as the soldier can furnish before transmitting the Army Forms. In such a case the Officer i/c Records is instructed on Army Form W. 3961B to investigate the claim and notify the O.C. Discharge Centre by wire whether the claim has or has not been substantiated. In the event of the above notification not having been received from the Officer i/c Records the O.C. Discharge Centre is to refer to that Officer before approving the soldier's discharge.

Notification to the Officer i/c Records, that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—On receipt of this notification the Officer i/c Records to ensure that he has all the documents of the soldier that should be in his possession, or prepare temporary documents in the event of loss of the originals.

Army Form W. 3961c has been sent to the Regimental Paymaster with instructions for that Officer to return it to the Officer i/c Records after having filled in the particulars of the names and dates of birth of the soldier's children, or particulars of dependants, for whom separation or dependants' allowance is being paid, on receipt of which it is to be attached to the soldier's documents. In the event of the soldier's discharge documents being forwarded to the Controller, Ministry of Pensions, Army Form W. 3961c is to accompany them whenever possible; the despatch of the documents is not, however, to be delayed for this purpose. If Army Form W. 3961c has not been received by the Officer i/c Records from the Regimental Paymaster in time for transmission with the discharge documents, it is to be forwarded to the Controller, Ministry of Pensions, as soon as received.

A.F. W. 3961A has been sent to O.C. Discharge Centre, The Officer i/c Records, A.F. W. 3961c has been sent to The Regimental Paymaster,

Haydockham 5-8
Manchester

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted St John's (Country) N.F.S. (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. 1618 Rank Pte

Name Allen Michael
(Surname) (Christian names in full)

Unit and Corps Royal N.F.S.

Authority 13179 G.B.C.

Station Haydockham

Date 15-11-18 1918 O.C. _____

* Insert cause other than under (a) or (b) above.

NOTE.—† If the soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity, the O.C. unit has been instructed to complete such of the particulars as the soldier can furnish before despatching the Army Forms.

In such a case the soldier's claim is to be verified forthwith, and the O.C. Discharge Centre notified by wire whether it has been substantiated or not.

11 75A9

Notification to the Regimental Paymaster that a Soldier is sent to a Discharge Centre with a view to Discharge, or Transfer to the Reserve whether in Substitution or otherwise.

NOTE.—This notification is sent in order that the Officer i/c Records, at the time the soldier's documents reach him from the Discharge Centre, may be in possession of particulars of the soldier's children or dependants in respect of whom separation or dependants' allowances is being paid.

The particulars of the children are required by the Ministry of Pensions at the time of assessing the soldier's pension, and it is important that this Army Form should be returned to the Officer i/c Records in time for it to be despatched to the Controller, Ministry of Pensions, with the soldier's documents.

To enable the Ministry of Pensions to make the assessment before the termination of the period covered by the temporary pension allowances and thereby avoid hardship to the soldier, it is essential that there shall be no delay in completing and forwarding this Army Form to the Officer i/c Records.

PART I.

A.F. W. 3961A has been sent to O.C. Discharge Centre, A.F. W. 3961B has been sent to The Officer i/c Records, The Regimental Paymaster,

[Handwritten signatures and names]

Authority has been given for the undermentioned soldier to be sent to the Discharge Centre for:—

- (a) Discharge as no longer physically fit for war service
- (b) Discharge as surplus to military requirements
- (c) Discharge as*
- (d) Transfer to the Reserve
- (e)† Claims repatriation to _____

Strike out whichever inapplicable. In certain circumstances the War Office authorises a soldier's transfer to Class W., or W. (T), of the Reserve only. In cases where the soldier is being sent to the Discharge Centre under such conditions the words "Class W., or W. (T), only" are to be inserted at (d).

- (i) Where enlisted _____ (Country) _____ (Place)
- (ii) Date of arrival in United Kingdom _____
- (iii) Port of arrival _____
- (iv) Ship on which arrived _____
- (v) Name of Shipping Line or Agent _____

(vi) Names and addresses of two references who can verify the above particulars

No. _____ Rank _____

Name _____ (Surname) _____ (Christian names in full)

Unit and Corps _____

Authority _____ Army Form O, 1809E for the soldier is forwarded herewith.

Part II. of this Army Form is to be completed by you, or if necessary by the Secretary T.F. Association, and forwarded without delay to the Officer i/c Records, Station _____

Date _____ 191 _____ O.C.

NOTE.—†In cases where a soldier claims to be repatriated abroad and is prepared to embark at the first available opportunity the O.C. unit has been instructed to complete these particulars as far as possible before despatching the Army Forms. In such a case the Officer i/c Records has been instructed to verify the claim and notify the O.C. Discharge Centre whether it has been substantiated or not.

PART II.

Notification to the Regimental Paymaster that a Soldier is sent to Discharge Centre with a view to Discharge or Transfer to the Reserve whether in substitution or otherwise.

The soldier named in Part I. of this Army Form is:—

(a) Married or a Widower

The following are the particulars in order of date of birth, of children in respect of whom separation allowance is being paid at the date of this notification.

NOTE.—If the surname of any of the children is not the same as that of the soldier the surname is to be inserted after the Christian names.

Christian Names (in full)	Dates of Birth
1. <i>W. J. 3001 has been sent to the Discharge Centre.</i>	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

(b) Unmarried or a widower } with the following dependants for whom an allowance is being paid:—

This information and that of the children is to be extracted to A.F. W.3500 in cases where the soldier has been enrolled as an AIR.M.W.

(c) Unmarried and without dependants

(d) The address of his family or dependants is

Water Street, John A. Hill

Station

Regimental Paymaster or

Date

191

Secretary T.F. Association.

* Strike out whichever inapplicable.

PART III.

(For use when applicable.)

The Secretary, T.F. Association.

You are requested to complete the particulars in Part II. above and forward the Army Form immediately to the Officer i/c Records.

Station

Date

191

Regimental Paymaster

No. 10944/1061 ✓

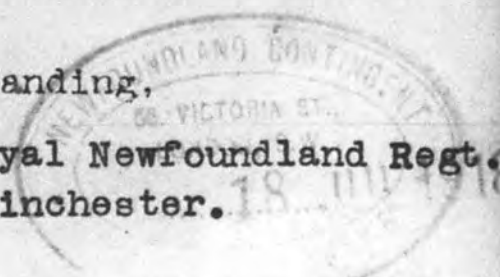
N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

Officer Commanding,
2/Bn. Royal Newfoundland Regt.,
Winchester.



52/865
J.P.P.

8th, July 1918

Subject: 1618, L/C., W.W. Allan

With reference to the following telegram (6063) from the Hon. Minister of Militia, received

"Pay to 1618 Allan £3. 0. 0

Draft £ 3. 0. 0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

July 17th 1918

Receipt hereunder.

LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of Three

pounds on account of
cable remittance from Newfoundland.

No. 1618 Rank Oto

A.A. Munnell Pay.

No. 15882/1678.

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1

To:

Officer Commanding,
2nd. Bn. Royal Nfld. Regt.,
Winchester.

October 3rd, 1918

Subject: 1618, L/C. M.J. Allen.

With reference to the following telegram (8486) from the Hon. Minister of Militia, received

"Pay to 1618, L/C. M.J. Allen, £4.0.0.

Draft £4.0.0. is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

F. W. Marshall
Chief Paymaster & O. i/c Records.

Oct. 8 1918

Receipt hereunder. *Sgt*
James LIEUT. COLONEL,
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

Officer Commdg. 2 Batt'n
Royal Newfoundland Regiment

Received the sum of four
pounds on account of
cable remittance from Newfoundland.

M. J. Allen.

No. 1618 Rank Pte.

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No. 1618 rank Private

Name Allen M.

Pay	P. Allow	Working	Total
1.00	10		110
Less Allotment			60
Net Rate			50

Date	DEBITS	£ s d	CREDITS	£ s d
1917	Balance / / 1		Balance 22/12/16	16 3 1/2
	<u>P.M. ADVANCES:</u>		<u>Pay & net rate:</u>	19 15 1/2
	A.B. 64.		23/12/16 to 26/3/17 = 94 days	
	Acquittance rolls	2 3 0	50 = \$ 47.00	9 13 2
	Hospital Advances	1 14 0	/ / 1 to / / 1 = days	
	<u>STOPPAGES:</u>		Ration allows	1 0 0
	hospital dys =		= \$	
	Forfeited Pay dys =		/ / 1 to / / 1 = days	
	Miscellaneous		= \$	
	Cables			
	<u>P.&R.O. PAYMENTS:</u>			
	Sundry Bills	3 17 0		
	Cash	26 10 0		30 8 3
	<i>26/3/17 2777</i>			
	<i>Recd from 3754</i>			

038619

No. 8093/683

N.F.P./79

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
2/Bn Royal Newfoundland Regt.
Winchester.

h

23rd May 1918

Subject: 1618, L/C. W. J. Allan.

With reference to the following telegram (4643) from the Hon. Minister of Militia, received

Pay to 1618 Allan £1:10:0

Draft £ 1:10:0 is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Chief Paymaster & O. i/c Records.

May 24th 1918.

Receipt hereunder.

Charr ^{Capt} **LIEUT. COLONEL,**
COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.
Officer Commdg. Batt'n
Royal Newfoundland Regiment

Received the sum of One pound
ten shillings on account of
cable remittance from Newfoundland.

A. Allan
No. 1618 Rank Pte.

13422/839/R.&C.

PAYMASTER & CHIEF RECORDS,
NEWFOUNDLAND CONTINGENT,
10, VICTORIA STREET,
LONDON, W.1,
ENGLAND.

Officer Commanding,
2/1st Newfoundland R.,
Ayr, Scotland.

Pay & Record Office,

8th December, 7.

1918, L.Cpl. M. Allan.

With reference to
attached original letter
from Mrs. Margaret Allan,
dated 4/11/17 (7406) relat-
ing to the above "P.S."
man, will you please reply
to her direct?

Major,
Chief Paymaster & O./c Records.

HA/JC

13422/11
[Signature]

13421/1./R.&C.

6th December, 7.

Mrs. Margaret Allan,
Walsh's Sq., off Water Street,
St. John's, Newfoundland.

Madam, 1618, L.Cpl. M. Allan.

I have received your letter dated 4/11/17 (7406) with regard to the application for furlough for your son, 1618 L.Cpl. M. Allan. As the latter is now on the strength of the 2/1st Newfoundland Regiment, Ayr, I have referred the application to the Officer Commanding that Unit, and have asked him to reply to you direct.

I am, Madam,
Your obedient Servant,

Major,
Chief Paymaster & Officer i/c Records.

HA/JC

13422/839/R.&C.

Forms
G. 348
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MEMORANDUM.

PAYMASTER & OFFICER I/C RECORDS,
NEWFOUNDLAND CONTINGENT,
From 58, VICTORIA STREET,
LONDON, S.W. 1.
ENGLAND.

From *Vice*

To Officer Commanding,
2/1st Newfoundland R.,
Ayr, Scotland.

To *Verna.*

ANSWER.

Pay & Record Office,

6th December, 1917.

1618, L.Cpl. M. Allan.

Ayr.

18-12-1917.

With reference to
attached original letter
from Mrs. Margaret Allan,
dated 4/11/17 (7406) relat-
ing to the above "P.B."
man, will you please reply
to her direct? X

*Necessary action is
being taken.*

[Handwritten Signature]

Major,

Chief Paymaster & O.i/c Records.

NEWFOUNDLAND CONTINGENT
PAY & RECORD OFFICE

7990
19 DEC 1917

[Handwritten Signature]
Captain
LIEUT. COLONEL

COMMANDING 2nd BN. NEWFOUNDLAND REGT.

HA/JC

*Perhaps it is better
to write through
the Mr. of. O.?*

Form with fields for 'Comd', '& A.', and 'G.' with handwritten checkmarks.

CHIEF PAYMASTER
NEWFOUNDLAND CONTINGENT
88, VICTORIA
LONDON, S.W. 1
ENGLAND.

Army Form C: 348 (Large).

MEMORANDUM.

No. _____

From O. C. "F" Co.

To Chief Paymaster & O.i/c Rcds,
Newfoundland Contingent.

From

To Officer Commanding,
2/Bn Royal Nfld. Regt.
Winchester.

ANSWER. 11393

Pay & Record Office,

July 12th 1918

16th July 1918

With reference to the attached
Postal Draft.

No. 1618, Pte. M. J. Allan,
please.

We have 1618 Pte. M. Allan,
and 263 Pte. W. J. Allan.

Major,
Chief Paymaster & O. i/c Records,

Please state to who it is
intended.

(Sd) F. G. A. Rendell, Lt.
O. C. "F" Co.
2/Bn Royal Nfld. Regt.

FM/S

✓ 6318
13/7/18.

Allen, A

1618

Pay Dept

February 1st., 1919

#1619 Pte. Michael Allan
Walsh Street,

Water St. West.

City

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 811."

Yours truly,

Captain,
Paymaster & U.I. /c Records

Enc'l 1.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1618 Rank Pte Name Allen M.
 Date of Enlistment 25.6.15 Address St. Johns District St. Johns
 Occupation Turnover Classification for Discharge B Medical Category BE
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6 mths
 Passed to Demobilization Officer with following documents:—

N.F. P[36] <u>1</u>	B 268	B 121	<u>1</u>	N.F. Med.	D.F. 1	
B 178	W 3494	B 122	<u>1</u>	Board 1st	" 2	
B 178a	D 400A	B 1915		do 2nd	" 3	<u>3</u>
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	D 400C	Form K		do 4th	" 5	
B 179b	B 103	ME 2		<u>3463A. 1</u>	" 6	
B 179c	B 120	M 93				

Date 14.1.19
W. H. Capt.
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

 I am not in a position to resume civilian occupation.

Particulars passed to Vocational Officer for information and action.

Date 17.1.19
W. H. Capt.

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$65.00(b) Clothing Supplied Joseph & SonsDate 15-1-19

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. 801 to his home at St John and Release Certificate No. 801 issued.

Date 15-1-19 AB Dicko Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-1-19

Date 15-1-19 Joseph H Lawrence
Depot Paymaster.

Discharge approved for. 15-1-19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 36	B 268	B 121	N.F. Med.	D.F. 1	Jor m 13
F 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 103	ME 2	46 3/4	" 6	
B 179c	B 120	M 93			

Date 16. 1. 19 AB Dicko Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for FOOT DISCHARGE PAY

Date JAN 15 1919 R.H. Jait Capt
O. C. Discharge Depot.

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

Date

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

MEDICAL HISTORY

Surname *Allan*

Christian Name *Michael*

Table 1.—GENERAL TABLE.

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Birthplace:—Parish	County <i>5^c Johns</i>			
Examined	on <i>25</i> day of <i>June</i> 191 <i>5</i>	on	on	191
	at <i>5^c Johns</i>	at	at	
Declared Age	<i>22</i> years	days		
Trade or Occupation	<i>Musmith.</i>			
Height	<i>5</i> feet	<i>7½</i> inches		
Weight		<i>126</i> lbs.		
Chest Measurement	Girth when fully expanded	<i>32</i> inches		
	Range of expansion	<i>2½</i> inches		
Physical Development				
Vaccination Marks	Arm			
	Number	<i>1</i>		
When Vaccinated				
Vision	R. E.—V=	<i>00 4/9</i>	R. E.—V=	
	L. E.—V=	<i>05 6/12</i>	L. E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	<i>(a)</i>		<i>(a)</i>	
(b) Slight defects but not sufficient to Cause Rejection	<i>(b) Tonsils enlarged</i>		<i>(b)</i>	
Approved by (Signature)	<i>Lamont Peterson</i>			
(Rank)	<i>Capt.</i>			
	Medical Officer.		Medical Officer.	
Enlisted	at <i>8^c Johns</i>	at	at	
	on <i>26</i> day of <i>June</i> 191 <i>5</i>	on	on	day of 191
Joined on Enlistment	Corps. <i>1st Rifle Reg</i>	Regtl. No. <i>1618</i>	Corps.	Regtl. No.
Transferred to				
Became non-effective by				
	on	day of 191	on	day of 191
(Signature)				
(Rank)				



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

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
8 th LONDON GENERAL HOSPITAL WANDSWORTH.	29	1	17	26	2	17	trench foot	56	Reported well 25.1.17. Furlough	Owen J Martin c.s.

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

Date	Brief Details, and Signature
<i>23.10.15.</i>	
19. 11. 15	Vacc. R.P. Graham Lt. Ramo.
9. 12. 15	T.V. R.P. Graham Lt. Ramo.
20. 3. 16.	Fit for active Service. Injm
	<p style="text-align: center;">TAB</p> <p style="text-align: center;">4 MAY 1917</p> <p style="text-align: center;">18 MAY 1917</p> <p style="text-align: right;"><i>W. Munro</i> CAPT. R.A.M.C.</p>
30 NOV 1918	<p>WHELEY DOWN CAMP Recommends Repatriation</p> <p style="text-align: right;"><i>M. C. C. C.</i> M.O. ROYAL NEWFOUNDLAND REG.</p>
	<p>It is hereby certified that this soldier has been before the Standing Medical Board and has been classified as <u>B</u> for discharge on Demobilisation. Medical category <u>E</u></p> <p>Date of S.M.B. <u>9.1.19</u> <i>W. H. H.</i> Captain Account. A.F.C. 1 Discharge 1920-1921-1922-1923-1924-1925-1926-1927-1928-1929-1930-1931-1932-1933-1934-1935-1936-1937-1938-1939-1940-1941-1942-1943-1944-1945-1946-1947-1948-1949-1950-1951-1952-1953-1954-1955-1956-1957-1958-1959-1960-1961-1962-1963-1964-1965-1966-1967-1968-1969-1970-1971-1972-1973-1974-1975-1976-1977-1978-1979-1980-1981-1982-1983-1984-1985-1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100</p>

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
<i>S/S John W. L. L.</i>					

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To take a course in Book-keeping
or Motor Mechanics.

J. Allan

Signature of Man.

Reg. No. 1618

B. Butler

Signature of the Vocational Officer or his Representative.

Place *St Johns.*

Date *Jan'y 15th.* 1919

LAST PAY CERTIFICATE

N.F.P./94

To be rendered for all ranks on discharge, transfer to other units, or on return to Newfoundland in accordance with C.L./19, 26/5/17.

Regtl No. 1618, Rank Pte. Name Allen. L.J. Unit ROYAL NEWFOUNDLAND REGT. who was revaluated
to Newfoundland on 11/12/18. Authority _____ Cause _____

DR. STATEMENT OF ACCOUNT

PERIOD:	PARTICULARS	\$					CR.							
		£	s	d	£	s	d	£	s	d				
From 23/11/18. To 20/12/18.	Balance Dr. from						Balance Cr. from							
	Allotment 19 days @ 60¢	11	40		2	6	Pay 19 days @ \$ 1.00	19	00					
	Cash Payments:						Field Allowance 19 days @ \$.10	1	90					
	18/12/18					12	6							
	22 nd "				1	4	7	Other Allowances days @ \$	20	90	4	5	11	
	Other Debits:						Other Credits:							
	B. Damages													
	Misc. Stopp.					1	5							
	Total Debits				4	5	11	Total Credits				4	5	11
	Balance due by Paymaster							Balance due to Paymaster						

I have carefully examined this Statement of Account and find it to be a correct extract from the Pay Book of F.C.

(Place) HAZELEY DOWN CAMP. (Date) Dec 11th 1918.

Made up/Checked in accordance with information received in the Pay & Record Office O.C. "F" Company. and is therefore subject to amendment if and as may be found necessary.

Pay & Record Office, London,

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), 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.

1. Unit and Corps..... *Royal Welch Regt.* 7. Former Trade or Occupation } *Ironmith*
2. Regtl. No. *1618* 3. Rank..... *Plt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *ALLAN* *Nichol* (a) Former Regts. or Corps ; *no*
 (Surname) (Christian Names) with Regtl. Nos.
5. Age last birthday..... *24 yrs.*
6. Posted for duty on..... *26 Jun '15* at..... *S. Johns*
 in category (or grade).....
8. If 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 ;
 (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
 (a) When (d) Particulars of Pension or Gratuity
 (b) Where (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 11). If no disability enter "nil."

11. Date of origin of disability. *Jan. 1917*
12. Place of origin of disability. *Sinchy - France.*
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 relevant official documents.
He states that his feet swelled, and became sore after marching in sodden ground of this area. He was sent down the line and eventually was treated in Woodworth H.H. for 50 days. After 30 days at depot he was sent to France and returned from Rouen unfit - (B. Perrenet)

14. State whether the disabilities are (a) attributable to (b) aggravated by
- (i.) Service during the present war *Yes*
 - (ii.) Previous active service.. .. . *No*
 - (iii.) Climate in pre-war service *No*
 - (iv.) Ordinary military service before the war *No*
 - (v.) Serious negligence or misconduct on the man's part. } *No*
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? } *No*

In all cases such 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.

15. What is his present condition?
 (A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)
- The feet have now returned to normal condition. Left foot slightly flat - slight arched of Hallux rigidus of foot.*

16. Was an operation performed? If so, when and what was its nature? *No*
17. If not, was an operation advised and declined? *No.*
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? *No.*
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? *No.*

20. Do you recommend—
- (a) Discharge as permanently unfit?
 - (b) Change to United Kingdom?
- Note—(b) is only applicable to soldiers invalided at Foreign Stations.

M. J. C. 14
MO. ROYAL NEWFOUNDLAND REG.

Station *..... DOWNTOWN CAMP*

Date *30 NOV 1918*

Medical Officer in charge of case.

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

OPINION OF THE MEDICAL BOARD.

NOTES.—(i) Clear and definite answers are to be filled in by the Board, as, in the event of a man being invalided, it is essential that the Minister of Pensions should be in possession of the most reliable information to enable him to decide upon the man's claim to pension.

Expressions such as "may," "might," "probably," etc., are to be avoided.

(ii.) The rates of pension vary according to whether the disability is (a) caused or aggravated by service in the present war. (b) Due to causes not connected with the present war, viz., (1) Previous active service. (2) Climatic 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.

21. Give diagnosis and particulars of:—

(a) Any disability claimed or discovered.

Trench feet

(b) The present condition thereof.

*Feet appear normal but states that the feet
pain after walking any distance*

22. State whether the disabilities are:—

- (i) Service during the present war
- (ii.) Previous active service.. .. .
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the part of the soldier

(a) Attributable to

(b) Aggravated by

.....	<i>Yes</i>
.....
.....
.....
.....	<i>No</i>

Give details:

22 (a). If not due to any of these causes, to what specific condition do the Board attribute it?

*Exposure to
trenches*

23. Is the disability in a final stationary condition? If not

- (a) How long is the present degree of disability likely to last?
- (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 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).
- (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?

20% six months

25. If an operation was advised and declined, was the refusal unreasonable?

If the Military Member is in disagreement with the Civilian Members, he is to state his opinion in the space provided.

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
- (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)?

Yes

Opinion of Military Member in case of disagreement.

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?

Yes

28. Is treatment being recommended on Army Form B. 179c?

29. Does the soldier require:—

- (a) An attendant for his journey home?
- (b) Transport from railway station to his home?
- (c) The constant attendance of another person in his own home?

Signatures

[Signature]

President or Chairman.

Station *St. Johns*

[Signature]

Members.

Date *Jan 9. 1919*

Discharge Approved under Para. 392 (xvi) King's Regulations.

Station *JAN 9 1919*

[Signature]
Officer in charge, Central Hospital.

Only applicable in cases of Patients in Hospitals.

Discharge Approved Under Para. 392 () King's Regulations. or Transfer Approved to Class of the Reserve.

(insert sub-para. King's Regulations under which discharge is approved or insert W. or W.(T), P. or P.(T)).

Station

O.C. Discharge Centre.

Date

STATEMENT BY A SOLDIER CONCERNING HIS OWN CASE.

NOTE.—This Form is to be filled in by every soldier prior to the compilation of Army Form B 179A, whether a patient in hospital or not, and attached thereto. The questions are to be answered in the soldier's own words, and the Form is to be signed by him and the signature witnessed. In the event of the soldier being unable to write he should affix his mark, such act being witnessed.

Regimental No. 1618.....

Rank. Pvt.....

Name. Allan Michael.....
(Surname) (Christian Names)

Unit and Corps } Regt. 1. F.I.B

Note.—Before answering the questions below, the soldier is to note that

- (a) The statements made by him will be checked by official records.
- (b) In answering Question 2 any special matters which in his opinion caused any unfitness from which he may be suffering or which aggravated it should be clearly stated.

If the soldier is unable to read, the above notes are to be read to him by an officer.

1. (a) In what countries have you served during this war, and for what periods?

*France + Belgium
Eng.*

(b) In what capacity?

Infantry

2. If you are suffering from any disease, wound, or injury, state what it is, the date upon which it started, and what, in your opinion, was the cause of it.

(If more space is required a sheet of foolscap should be used, and firmly attached to this form.)

I got trench feet on active service in France which made me unfit for military service, and at the present time cannot walk very far.

3. Give the names of any hospitals where you have been treated for the above disease, wound or injury during the present war.

3rd St. Paul's : 7 days
3rd St. John's : 90 days

4. Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

NO.

5. Give the names (and addresses if you know them) of any hospitals you were in or doctors who attended you before you joined the Army.

NO.

6. Give the name of your National Health Approved Society, and (if possible) your Membership Number.

7. What is the name and address of your last employer before joining the Army?

8. (a) What was your occupation before joining the Army?

Fireman

(b) What was your trade before joining the Army?

Do

(To be checked by A.F.B.64 or A.F.B.103.)

The above statement has been read over to me; I agree to it, and have nothing further to add.

Station

Hazleydown

Signed (Soldier)

Michael Allan

Date

15-11-18

Signed

R. J. Woods

Witness.

MEDICAL REPORT ON AN INVALID.

NOTE.—This Form is only applicable to men discharged from Hospitals; and when filled in is to be attached to A.F. 3972A and forwarded to the CONTROLLER, MINISTRY OF PENSIONS, BURTON COURT, KING'S ROAD, LONDON, S.W. 3.

Name: *Allen* (Surname) *Michael* (Christian Names) Regl. No. *1618* Rank *Pls* Unit and Corps *Royal N. 4th*

<p>1. State the nature of the disability or disabilities from which this man is suffering.. ..</p>	<p style="font-size: 1.2em; text-align: center;"><i>Trench Feet</i></p>
<p>2. What is the present condition of such disability or disabilities?</p>	
<p>3. If discharge is recommended it should be stated whether further medical treatment (including orthopaedic treatment) is desirable in a:—</p> <p>(a) Sanatorium or other institution for tuberculosis</p> <p>(b) Hospital, and if so, what class?</p> <p>(c) Convalescent Home</p> <p>(d) Asylum, or</p> <p>(e) Other institution</p> <p>(f) Is out-patient hospital treatment or treatment at home recommended. If so, which?</p>	<p><small>NOTE.—Treatment shall only be recommended for the disability for which the man was discharged from the Navy or Army or Air Force during the present war. Provided that if the invaliding disability has been held to be due to or aggravated by service in the present war, treatment may be recommended for an incapacity medically certified as in consequence of that disability.</small></p>
<p>4. With reference to Army Council Instructions, is any surgical appliance recommended? ..</p>	
<p>5. Is the invalid willing to accept the offer of treatment or not? If not, state the reason given for the refusal, and say whether you consider the refusal reasonable</p>	

Signature *President.*

Station }
 Date } *Members.*

Approved.

Station

Date

Officer in charge, Central Hospital.

[F.T.O.]



Descriptive Return of a Soldier Discharged on Account of Disability.

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification, depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the O. i|c Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full *Michael Allen*

Regiment from which discharged *Royal Newfoundland*

Regimental number *1618.*

Intended address *Walsb Square off Water St Walsb*

Height on discharge *5* Feet *7.*

Color of hair on discharge *black*

Complexion *Leath.*

Color of eyes *Brown*

Descriptive Marks *—*

Figure on discharge *Patrick*

Christian name of Father *Louyart.*

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 *St Johns 19-12-1894.*

Nature and locality of civil employment required *—*

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct

(Soldier's signature in full)

Station

St Johns

Date

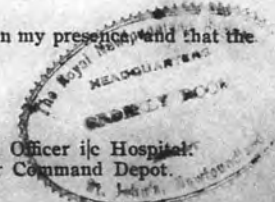
6-1-19

M. Allen. P6
(Rank)

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Station

Date


 Medical Officer i|c Hospital
 Unit, or Command Depot.

Descriptive Return of a Soldier medically boarded before Discharge or Transfer to the Reserve.

INSTRUCTIONS.—Parts A. and D. of this Army Form are to be completed for every soldier prior to his being medically boarded with a view to discharge or transfer to Class W., W.(T), P., or P.(T), of the Reserve, as follows:—

(a) By the O.C. unit prior to the soldier being sent to the Discharge Centre.

(b) By the Officer i/c Central Hospital, when the soldier is a patient in hospital, prior to his being brought before an Invaliding Board.

It is most important that all particulars should be correctly filled in, and that the soldier should be given a full opportunity of examining the Army Form before he signs the Certificate below, as, if awarded a pension, his subsequent identification may depend on the correctness of these entries. The "rank," "station," and "date" following the soldier's signature are to be in his own handwriting.

This Army Form is to be forwarded with the proceedings of the Medical Board to the Officer i/c Records, and Parts B. and C. completed by that officer before forwarding the Form with the remainder of the soldier's documents, to the Controller, Ministry of Pensions, Burton Court, King's Road, London, S.W.3.

PART A. Soldier's Name allen michael (Surname) (Christian names in full)

Unit from which discharged Royal N.F.L.B.

Regimental Number 1618 Rank on discharge plis Age on discharge 27

Married, widower with children, or single single

Occupation before enlistment lunsmith

Special qualifications (if any) for employment in civil life }
 Nature and locality of employment desired }

Full postal address to which proceeding on discharge } Water West

Name of Approved Society (if any) _____

PART B. Period of service, and in what Corps

Regiment	Years	Days	All service abroad, with Stations	Years	Days
<u>Royal N.F.L.B.</u>	<u>5</u>	<u>150</u>	<u>India</u> <u>South Africa</u> <u>France</u> <u>Belgium</u> <u>Eng</u>	<u>3</u>	<u>0</u>
Disallowed					
Service towards pension					

PART C. Number of G.C. badges _____ medals _____

Wounds and actions in which received French Feet

PART D. Where born (parish, town and county), and date St Johns 25 Dec. 1893

Colour of hair on discharge Black Colour of eyes Blue Complexion Fair

Christian name of father Patrick

Christian name of mother Margaret

NOTE.—Army Forms D. 400 and W. 3463A and B are issued in sets in pad form for use with carbon paper in cases where the soldier is a patient in hospital. Army Forms D. 400 and W. 3463A are similarly issued in sets for use in cases where the soldier is not a patient in hospital. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Forms W. 3463A and B are to be completed by the Officer i/c hospital before a soldier is brought before an Invaliding Board. The Statements on Parts A. and D. of Army Form D. 400 and on Part A. of Army Form W. 3463A are to be completed by the O.C. unit before the despatch of a soldier to the Discharge Centre.

[P.T.O.]

Wife's maiden name in full

Date and place of marriage

Christian names of children and dates of birth

Date and place of 1st enlistment

Figure on discharge

Descriptive and other distinguishing marks

I certify that I am the soldier referred to and that all the particulars contained in Parts A. and D. above are, to the best of my knowledge, correct.

(Signature in full)

Michael Allan

Rank

Pvt.

Station

Hazley Down

Date

15-11-18

I certify that the above-named soldier signed the foregoing declaration in my presence.

(Rank)

O.C. unit or Officer i/c Hospital.

THE CONTROLLER,

MINISTRY OF PENSIONS,

BURTON COURT,

KING'S ROAD,

LONDON, S.W.3.

The soldier named overleaf was

Discharged under para. King's Regulations

or

Transferred to Class * of the Reserve.

Strike out whichever inapplicable.

Military character

I certify that the details of service overleaf and other particulars are, to the best of my knowledge, correct.

Officer i/c Records.

Station

Date

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Insert P., or P.(T).

**Report to the Local Committees of the War Pensions Committee
on Soldiers Discharged.**

- (a) From Central Hospitals or Discharge Centres, as no longer physically fit for war service, under para. 392 (xvi.), King's Regulations.
- (b) From Discharge Centres, as surplus to military requirements (having suffered impairment since entry into the Service) under para. 392 (xvi.a), King's Regulations.

To be sent by the Officer i/c Records, within 24 hours of the receipt of the soldier's discharge documents, to the Local Committee of the Area in which the man intends to reside.

PART Soldier's Name allen michael
(Surname) (Christian names in full)

A. Unit from which discharged Royal N.F.S.B.
 Regimental Number 1618 Rank on discharge Plg Age on discharge 24
 Married, widower with children, or single single
 Occupation before enlistment Ironmith
 Special qualifications (if any) for }
 employment in civil life }
 Nature and locality of employment desired _____

Full postal address to which }
 proceeding on discharge } Water St West St Johns N.F.S.B.
 Name of Approved Society (if any) _____

PART Nature of medical unfitness Lunch. Feet

B. Service with Colours 3 years 150 days, of which 3 years
0 days were served abroad during the present war.
 Military character good
 Anything against the soldier to render his recommendation undesirable no
 Date of discharge 15-11-18 1918.
 Station Hazley Down
 Date 15-11-18 Officer i/c Records _____

To be completed by the Officer i/c Records.

NOTE 1.—Part B. of this Army Form and Army Form W. 3463A can be completed at the same time by the use of carbon paper.
 NOTE 2.—Part A of this Army Form is to be completed by the O.C. unit in all cases of soldiers sent to a Discharge Centre with a view to discharge or transfer to the Reserve, as it will not be known until a soldier is medically boarded whether he may not be discharged under Para. 392 (xvi.) or (xvi.a), King's Regulations.

Mrs. Claude Andrews
No 21 Butler Place
Dep. Alice. app. w.

Married Dec 7/1917.
Marriage Cert. Examined Feb. 18/18

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any question are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name *Michael*. 2. Surname *Allan*.
3. Rank *Pvt.* 4. Regt. No. *1618*.
5. Address in full to which future payments of gratuity are to be forwarded *Michael Allan, Walsh's Lane, off Water Street West, St. John's.*
6. Date of enlistment in the Regiment *Jan 26th 1915.*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued immediately prior to your discharge *Margaret Allan.*
8. Relationship of such dependents *Mother & Father.*
9. Address in full of such dependent *Walsh's Lane, off Water Street West, St. John's.*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No.*
11. Were you on active service only in Nfld. If so, give dates, and particulars of such service *No., not only in Nfld but Overseas also*
12. Give total length of time which you served on active service, whether in Nfld, or Overseas *3 years & seven months*

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

No. I only had the 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.....

No. we have not received any post discharge pay or gratuity.

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.....

No.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?.....

No.

(b). If so, was such reversion in consequence of misconduct or inefficiency?.....

19. Are you now serving in the Regt.? *No.* If not give:- (a) Date of discharge. *January 29th 1919* (b) Reason for discharge.....

in consequence of Status Demobilization & being further unfit for active service.

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.....

I served in France and Belgium from March 1917 until January 1919 and took part in July 17th (Beaumont Hamel) and Oct 12th (Ypres) and minor engagements.

21. (a) Are you receiving treatment from the Civil Re-Establishment Com.?

(b). If (a), are you in receipt of full pay and allowances from that Committee.....

No. I am not receiving treatment or pay or allowances from them.

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: *Michael Allan Walsh*

Place of Residence: *Walsh's Lane B Water & West City*

Declared before me at: *St. John's Rfd.*

This *1st* day of *March*, 19*68*.

Charles Hunt
Notary Public

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

POST DISCHARGE PAY:				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
..... <i>6 mos.</i> <i>600.00</i>
.....
.....
Certified Correct.			Paymaster.	

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 1618 Rank Private Name Allen M.
 Intended place of residence St John's
 2. Occupation Insurance
 Classification of soldier B Medical Category E
 3. The above named man is discharged in consequence of.....

ELIGIBLE for FOOT DISCHARGE PAY

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place
 Date 6161 ST NVR JAN 1 1919
W. H. Capt.
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place and date St John's 15-1-19
Michael Allen
 Signature of soldier
Oppicks Capt.
 Signature of witness

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place and Date Jan 15th 1919
ST. JOHN'S.
M. Allen
 Signature of soldier
J. Raymond Sgt
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 25. 6. 15 No of days on Military Service
 Discharged from service 15-1-19 plus 14 days Service 1315 Days

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge of Records, The Royal Newfoundland Regiment, twenty-eight days from date.
ST. JOHN'S.
 Place
JAN 15 1919
 Date
R. H. Capt
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment.

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St John's, Nfld
 Date January 29/1919
M. Howley, Capt
 Officer in Charge of Records
 The Royal Newfoundland Regiment

92152070/811

29
5
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18

ROYAL 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.

*Allocation Certificate
Commencing 1st Nov 1918
the undersigned*

*back for
proceedings*

1.	Name in full of soldier.	Rank.	Regt. or Unit.	Regt. No.	
	Michael Allan	Private	Royal Newfoundland Regiment	1618	
2.	Age of soldier.	Married or single.			
	25	Single			
3.	Name in full of Mother.	Age.	Occupation.	Permanent Address	
	Margaret Allan.	52.	Home duties	Walsh's Square Off Water Street West.	
4.	Give Name of your husband.	Age.	Occupation.	Where employed.	
	Patrick J. Allan.	56.	None	No where	
5.	If your husband is not supporting you State the reason.				
	My husband is in bad health and totally blind.				
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 is likely to continue.)			The nature of my husband's malady is blindness.	
7.	If you are a widow, state date and place of death of your husband.				
8.	Have you married again since death of above mentioned husband?				
9.	Names of your other children.	Address in full.	Age.	Occupation.	Married or Single
	Catherine	Walsh's Square Off Water Street West	24	None	Single
	Mary	"	19	Green's Assistant	Single
	Ida	"	16	attending School	"

SKD

State amount earned by yourself
your husband.

11. State amount and source of any other income. *No.*
12. State value of real property belonging to you and your husband. *I have no property, neither has my husband, my daughter Catherine owns the house in which we reside.*
13. State value of personal property belonging to you and your husband. *None.*
14. If husband is dead state value of real and personal property left by him.
15. Actual amount contributed by soldier during the year prior to enlistment. *The year prior to enlistment he earned from \$12 to \$14 per week.*
16. Was this amount contributed weekly or monthly. *Weekly*
17. Did this amount include payment of son's Board etc. *He contributed all with the exception of \$1.00 pocket money.*
18. State your son's trade or occupation prior to enlistment. *Lincoln*
19. State amount of his wages per week. *He received for some time \$9.00 per week, but prior to enlistment he received \$12 to \$14 per week for piece work & overtime.*
20. State name and address of his last employer. *First & Last employes, Jew Diamond, Water Street*
21. State amount of monthly support from son since enlistment. *Since enlistment he has left me \$15.60 per month.*
22. State amount of allotment received by you from son monthly. *When my son enlisted he gave me across his allotment to me was \$44 per month and since he went he has left me \$15.60 per month.*
23. State from what date did you receive allotment? *Received allotment October 30th, 1915.*
24. Actual amount contributed by other children. *Mary* *Weekly* *\$4.00 weekly* *Monthly.*
25. Are any of these children in the employ of you or husband?
26. If not receiving support from other children state cause. Explain fully. *Catherine has a little income which only supports herself. Eda is attending school.*
27. With whom are you residing at present. *I am residing with my husband and three daughters.*
28. Have you made a previous claim for Separation allowance? If not, why? Give particulars. *I have made no claim for separation allowance before one reason I did not know of it until my son wrote and told me about it because he knew he was my only support.*
29. Are you already in receipt of Separation Allowance from any source? If so, how much? *No, not any.*

30. Are you in receipt of any payment from any Patriotic Fund? If so, how much? *No, I am not.*

31. Was the soldier at the time of his enlistment an employee of the Nfld. Government. *He was working here in St. John's*

32. In what capacity and in what place? *a tinsmith at Mr. Levi Diamond's Water Street.*

33. Is he in receipt of a salary as much while serving in the 1st. Nfld. Regt. If so, how much? *No he is not.*

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

Signature of Applicant..... *Margaret Allans +*
Place of Residence..... *Walsh's Square, Off Water St. St. John's*

Declared and subscribed before me at..... *St. John's*

This *fourth* day of *June* 1918

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public or Justice of the Peace..... *John M. Carthy*

This application must be signed by two responsible Parties of whom must be a Clergyman, the other a representative of your local 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. P. Sheehan*

Signature of Member of Patriotic Fund Committee..... *[Signature]*

[Signature]

Approved
[Signature]

MEDICAL CERTIFICATE.

For information of the Separation Allowance Department.

1. Name and Regimental number of soldier in respect of whom Separation Allowance is claimed. } No 1618 Pte M. Allan

2. Name and age of said soldier. } No 1618 Pte. M. Allan
Age. 35

3. Is said a chronic invalid and totally incapacitated. } Yes.

4. Of what nature is disability? } Total Blindness

5. From what date has this total incapacity been existent? } 2 years

6. How long is total incapacity likely to continue and what will be the effect on earning power? } permanent

7. If not totally incapacitated by what per cent in your opinion is capacity for work reduced and from what date? } _____

8. Are you the regular attending Physician? } Yes.

9. Relationship to soldier of Applicant. } Father

I certify that the above statements are correct.

S. Jones Place
June 8/16 Date
William Roberts
Physician.

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 1658 Rank Pte Name Allen M
 Date of Enlistment 25.6.15 Address St Johns District St Johns
 Occupation Turner Classification for Discharge B Medical Category BE
 Recommendation S.M.B. permanently unfit Disability Rating 20% 6 mths
 Passed to Demobilization Officer with following documents:—

N.F. P 389a	1	B 268		B 121	1	N.F. Med		D.F. 1	
B 178		W 3494		B 122	1	Board 1st		" 2	
B 178a	1	D 400A	2	B 1915		do 2nd		" 3	3
B 179	1	D 400B		Form L		do 3rd		" 4	
B 179a	1	D 400C		Form K		do 4th		" 5	
B 179b	1	B 103	2	ME 2		3463A 1		" 6	
B 179c	1	B 120		M 93					

Date 14.1.19 O. C. Discharge Depot W. H. Capl

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.
 I am Y. H. W. in a position to resume civilian occupation.
M. Allan

Particulars passed to Vocational Officer for information and action.

Date 14.1.19 W. H. Capl

2. Clothing.
 Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Joseph H. Snowling

Date 15-1-19 O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. _____ to his home at St John and Release Certificate No. 801 issued.

Date 15-1-19

AB Dicks Capt
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 29-1-19

Date 15-1-19

Joseph H Lawrence
Depot Paymaster.

Discharge approved for 15. 1. 19

Forwarded with following documents to O.C Discharge Depot.

N.F. P 369x	11	B 268		B 121	11	N.F. Med.		D.F. 1			
B 178		W 3494		B 122	11	Board 1st		" 2	11	201 m	B
B 178a	11	D 400A	21	B 1915		do 2nd		" 3	21		
B 179	X	D 400B		Form L		do 3rd		" 4			
B 179a	11	D 400C		Form K		do 4th		" 5			
B 179b	11	B 103	21	ME 2		<u>346 241</u>	1	" 6			
B 179c	11	B 120		M 93							

Date 16. 1. 19

AB Dicks Capt
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—
Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

ELIGIBLE for POST DISCHARGE PAY

Date JAN 15 1919

R.H. Lait Capt
O. C. Discharge Depot.

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

Date January 21 1919

W. A. Field
O. C. Discharge Depot

Casualty Form—Active Service.

Regiment or Corps 2/1st. Newfoundland

116

Regimental No. 1618 Rank L. Corp Name Allan, Michael

Enlisted (a) 26.6.15 Terms of Service (a) War Service reckons from (a) _____

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

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embark'd Southampton		28/3/16.	
		Disembk'd ROUEN		30/3/16.	
		unit joined Battalion	France	12.4.16	B 213
		" " " " " "	"	11.7.16	B 213
		1 Northcote A. P. confusion Head.		13.10.16	C.D. 5212
		do. Discharged to duty Unit		16.10.16	E.D. 5212.
21/10/16	Unit	Rejoined Batt. in the Field		14.10.16	B. 213.
				With SATF. 23.1.17	
		3 St. John's Adm. Ince. Foot	Rouen	25/1/17	HA 6273
		AS. Wards. Invalid to England		28/1/17	W 3083

[Handwritten signature]

[Handwritten signature] CAPTAIN.

(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 should be given.
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

General Headquarters, 3rd Echelon.

Casualty Form—Active Service.

Regiment or Corps NewfoundlandRank Private Surname Allan Christian Name Michael J.Religion Roman Catholic Age on Enlistment 21 years 6 months.Enlisted (a) 13.8.17 Terms of Service (a) Duration Service reckons from (a) 13.8.17

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and RateG. H. O. 3rd Echelon Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place 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 <u>Hampton</u> <u>5.8.17</u>		
			Disembarked... <u>Rouen</u> <u>7.8.17</u>		
			Joined Battalion <u>.....</u>		
<u>13.8.17</u>	<u>29 I.B.S.</u>	<u>Classified "B" (Old Enlistment)</u>	<u>Rouen</u>	<u>7.8.17</u>	<u>Tom. Roll</u>
"	<u>do</u>	<u>Transferred to England</u>		<u>12 AUG 1917</u>	<u>B.I.S.</u> <u>1858/272</u>

O. I/c No. 1 Reg. Infantry Section
G. H. O. 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, Shoing-Smith, &c.



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

SEP 13 1921

1921.

The accompanying **Victory Medal** and/or **British War Medal**

is/are forwarded herewith to

Michael J. Allan

in respect of his service as No. 1618 Rank Pte.

Name M. J. Allan **Royal Nfld. Regt.**
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received Victory Medal & B.S.M.

Signature Michael Allan

Date Sept 13. 1921.

Address Walsh's Square Off Water Street West

[P.T.O.]



C.R. 1618

PRIME MINISTER'S OFFICE,
ST JOHN'S, NEWFOUNDLAND.

March 29, 1920.

Dear Colonel Rendell:

Herewith letter of March 25th from Mr. Michael Allan,
of 14 Water Street West, referring to military matters.
Kindly return me the letter after perusal.

Very truly yours,

Prime Minister.

Lieut. Col. Rendell,
C i t y.

St. John's, Newfoundland,

March 25'th.

1920

Hon. R. A. Squires,
Prime Minister.

Dear Sir:-

As a Soldier, I am going to state my case to you, and after reading same, I think you will agree with me that I received unfair treatment.

In the first place I would not come under the Conscription Act, as I was the only support of a Blind Father, though I spent almost four (4) years in the Regiment, and when I came home I applied for a Course in Book-Keeping, as you are aware a man's ambition is to get ahead and better his position in life. My case was considered by the Civil Re-Establishing Committee and turned down, on the grounds that I was fit to resume my former occupation. I applied a second time and it was turned down for the same reason.

Finally I went to work at my trade, and after six weeks I had to give it up. I interviewed a Doctor and received treatment from him. After this I again applied for a Course and on explaining my Case was told to get a Certificate from a Doctor. This I got, and then my case was deferred pending a medical examination by Dr. O'Reilly. Even after the Examination the Committee still stuck to their decision, and that is the thanks I get from a Grateful Country. If I had stayed at Home (which I could have done) I would get as much thanks and would be better off financially and otherwise.

// If you will remember I also visited your House with Mr. P. Hanley before the Bye Election, and you promised that if not in a position to get work for me, you would at least secure the Course. I of course went to Colonel Rendall as instructed by you, but nothing came of this even, I wonder if you have completely forgotten this.

Now Sir these are pure facts, there is no camouflage about it.

Trusting you will again consider my case, and thanking you in anticipation, I am

Yours respectfully,

Michael Allan,

14 Water Street, West,
C I T Y.

J. N. I respectfully solicit a reply.

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Grimshaw & Sons Ltd., Printers, Old Bailey, E.C. 4
 (Regd. Wks.) 1000m 6/15s 53 56

Forms
B. 121.
59.

Regiment of *1st Newfoundland*

Number of Sheet *21*

Signature of O. C. Company: *Schorr ad.*

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No.	<i>1618</i>	Age on	<i>21</i> years <i>6</i> months	<i>Tramway</i>	
Joined	Date	Place and Date of Enlistment	<i>St John's</i>	Religion	
Joined	Date	Period of	<i>June 26, 1915</i>	<i>R.C.</i>	
Joined	Date	(with Colours)	<i>3 2 1/2</i> years.	Place of Birth	
Joined	Date	(with Reserve)	<i>3 1/2</i> years.	<i>St John's</i>	

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<i>Newton Park School</i>	<i>7/18</i>	<i>Pte</i>		<i>Absenting himself without permission</i>	<i>Corp Carter. " Power</i>	<i>3 days C.B.</i>		<i>F. Jussis of Lt.</i>	
				<i>Demobilized 29/19</i>					

To be carried over

C.R. 1618

March 1st, 1920

Dear Mr. Squires:-

Your letter of March 29th is to hand concerning the case of Michael Allen.

I am having the case referred for consideration by the Civil Re-Establishment Committee at their next meeting to be held this afternoon. Their decision will be intimated to you when it is known.

Yours faithfully,

Lieut.-Col.,

Chief Staff Officer.