



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 6160 Name William Boland Corps R.C.

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. William Boland
2. What is your full Address? 2. River Head
St. Marys
3. Are you a British Subject? 3.
4. What is your age? 4. 18 Years 10 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. No
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. No
8. Are you willing to be vaccinated or re-vaccinated? 8. Yes
9. Are you willing to be enlisted for General Service?.. 9. Yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you?..... 10. } Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted?..... } 11. Yes

I, William Boland 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.

13. 9. 15 William Boland SIGNATURE OF RECRUIT.
P. W. Dowden Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 13 day of September 1915

Signature of Attesting Officer Ch. Dick Lieut.

†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 SEP 13 1915
Place St. John's } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name).....re-enlisted in the (Regiment).....on the (Date).....

DESCRIPTIVE REPORT ON ENLISTMENT

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

Name William Boland

Apparent age 18 years 10 months. Height 5' feet 8 3/4 inches

Chest Measurement { Girth when fully expanded 35 1/2 inches
Range of expansion 3 1/4 inches

Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Bernard Boland
River Head St Marys 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	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries					
					Years	Days	Years	Days						
Service towards limited engagement reckons from _____														
Joined at _____ on _____														
Total Service forfeited as above.....														
Total Service towards Engagement to _____ [date of discharge] _____ years _____ days														
" " Pensions " _____ [" "] _____ " _____ "														



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THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 1160 Name William Boland Corps R. C.

Questions to be put to the Recruit before Enlistment.

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. What is your name? | 1. <u>William Boland</u> |
| 2. What is your full Address? | 2. <u>River Head</u> |
| | <u>St Marys</u> |
| 3. Are you a British Subject? | 3. |
| 4. What is your age? | 4. <u>18</u> Years <u>10</u> Months |
| 5. What is your Trade or Calling? | 5. <u>Fisherman</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, William Boland, 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.

13. 9. 18, William Boland, SIGNATURE OF RECRUIT.

R. W. S. Dowden, Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

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

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St John on this 13 day of September 1918.

Signature of Attesting Officer, R. B. Dicks Lieut.

†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... SEP. 13 1918

Place... St John's

..... } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name), re-enlisted in the (Regiment), on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

6160

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

Name William Boland
 Apparent age 18 years 10 months. Height 6' feet 8 3/4 inches
 Chest Measurement { Girth when fully expanded 36 1/2 inches
 Range of expansion 3 1/4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Bernard Boland
River Head St. Marys 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	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from _____									
Joined at _____ on _____									
<u>Dischd. Active Jan. 8/1919.</u>									
Total Service forfeited as above.....									

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

C.R. 6160

Extract of Daily Orders Part II, Depot, St. John's, dated
Jan. 8th 1919.

Demobilisation.

The discharge of the undernoted on demobilisation has been
confirmed by the Officer i/s records on noted date.

6160 Pte. Wm. Boland

Discharged 8-1-19

C.R. 6160

Extract from Medical Board held on Wednesday, Nov 27th,
1918.

6160 Pte. Wm. Boland.

Recommended discharge-Permanently Unfit and admission
MM. to JENSEN CAMP.

C.R.

6160
a

Extract from Daily Orders Part 11 Unit The Royal Nfld. Regt.
St. John's, Dec. 13th, 1918.

The undernoted man Discharges on Demobilization has been approved
By O.C. Discharge Depot. He is removed from Depot Strength to
Discharge Depot pending confirmation by Officer I/c Records.

6160 Pte. Wm. Boland.

11-12-18.

C.R. 6160

Extract from Medical Board held Saturday Nov. 23rd, 1918.

6160 Pte. Boland, Wm.

Reports at next Board.

MM.

C.R. 6160

Extract from Daily Orders Part 11 Unit the Royal Wfld.Regt. ,
St. John's, Sept. 14th, 1918.

6160 Pte. Wm. Boland.

Attested for General Service with the Royal Wfld.Regt., 13-9-18.

W A Boland

6160

1875

2

2873/74/R&C

18th February

9

Secretary,
War Office,
Whitehall, S. W.1.

Sir,

No.6160, Pte. W. M. Boland,
Royal Newfoundland Regiment.

I have the honour to acknowledge receipt of your registered No.Mob.5/L&F/Docs. of 7/2/19, enclosing A.F.B.2079, for the above mentioned man.

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

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

HB/S

P.C.

2.

W7932-HP4659 2000 12/18 HWV(cP1212) H2793

Registered No. ~~2 D. R.~~ Mob 5/dt 7/Doc:

(In any reply the above number should be quoted.)

WAR OFFICE,
LONDON, S.W.1,

7th February 1919

Relative to:—

No. 6160 Ft

Wm. Boland.

The Royal
Newfoundland Regt.

I am commanded by the Army Council to transmit the accompanying documents as described in the margin, which have been found and forwarded to this office.

Your acknowledgment of the receipt of the documents is requested.

Army Form B. 2079.

The Officer in Charge of

Newfoundland ~~Records~~ Contingent Records.
58. Victoria Street. S.W.1.

R. W. Wade

Boband, William.

6160

Ray Dept

9

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

MEDICAL HISTORY

OF

Surname Beland

Christian Name Williams

Table I.—GENERAL TABLE

Birthplace :—Parish Corn Head St. Marys County Newfoundland.

SPECIAL RESERVE

REGULAR ARMY

Examined	on <u>13</u> day of <u>Sept</u> 191 <u>8</u>	on	day of	191
	at <u>St. Johns.</u>	at		
Declared Age	<u>18</u> years	days	years	days
Trade or Occupation				
Height	<u>5</u> feet <u>8 3/4</u> inches	feet		inches
Weight	<u>143.</u> lbs.			lbs.
Chest Measurement {	Girth when fully expanded	<u>35 1/2.</u> inches		inches
	Range of Expansion	<u>3 1/2.</u> inches		inches
Physical Development				
Vaccination Marks {	Arm	Right	Left	Right
	Number			
When Vaccinated				
Vision	R.E.—V=	<u>1 6/9 49.</u>	R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lamm + Peterson</u>			
(Rank)	<u>2nd Lt</u> Medical Officer		Medical Officer	
Enlisted	at	<u>St. Johns.</u>	at	
	on <u>13</u> day of <u>Sept</u> 191 <u>8</u>		on	day of 191
Joined on Enlistment	Corps	<u>Royal Nfld. Regt.</u>	Corps	
	Regtl. No.	<u>6. 60.</u>	Regtl. No.	
Transferred to				
Became non-effective by	on	day of 191	on	day of 191
(Signature)				
(Rank)				

Riverhead

St Mary's

Jan 11th 1919

6/60 198

W.M.P.
14.11.19

Dear Sir

I was supposed
to report at St Johns
for entrance to Jensen
Camp for treatment
as my Father is
not feeling any better
as I am alright since
I come home I would
like to stay home. Because
I have no one home only
myself to do any work
I want to be all the
time to work. I have
a Father. Mother. Brother
5 live Sisters. all home

(2nd)

I won't be able to go
I have to try to earn
all the money I can
I am catching herring
now

I am
Yours ~~truly~~ sincerely

John W. Bobard 6/60

6/60

Feb. 5/19

Ex-Pte. Wm. Holand,
Riverhead,
St. Mary's.

Dear Sir:-

In reply to yours of Jan. 11th, refusing treatment at the Jensen Camp.

It might be as well that you understand the conditions. The Standing Medical Board, consisting of three medical men, have recommended you for this treatment, not for their interest, but for your interest that you might get fixed up, and that your trouble might be taken in time. In case of refusal the Pensions Act says that the pension allowed is reduced by one-third, this would mean that ~~one-third of~~ your pension which is allowed by the Standing Medical Board is reduced one-third.

I would advise you when you are notified that there is a vacancy at the Hospital, to come in and see the Medical man in charge, and get his advice.

If you still refuse to accept this treatment, the Board will simply have to carry out the Act and deduct the amount stated above.

Yours faithfully,

Asst. Secy.
Board of Pension Commissioners
for Newfoundland.

COPY

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. ... **6160** ... Rank **Pte.** ... Name **William Boland.**

Intended place of residence ... **Riverhead, St. Mary's.**

2. Occupation ... **Fisherman**

Classification of soldier ... **B** ... Medical Category ... **B**

3. The above named man is discharged in consequence of ... **Demobilisation**

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.

Place ... **Sgd. ... C.C. Duley, Capt.**

Date ... **Dec. 10th. 1918** ... **for** **Comanding 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 ... NF** ... **Sgd. ... Wm. Boland,**
Signature of soldier

... **11-12-18** ... **Sgd. ... C.B. Dicks, A/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 ... **St. John's ... NF** ... **Sgd. ... Wm. Boland,**
Signature of soldier

... **10-12-18** ... **Sgd. ... E.F. Peters, Lt.**
Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service ... **13-9-18** ... No of days on Military

Discharged from service ... **11-12-18** ... **plus 28 days,** ... Service **118.**

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer i/c Records, The Royal Newfoundland Regiment, twenty-eight days from date.

Place ... **St. John's ... NF** ... **Sgd. ... R.H. Tait, Capt.**
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.

Date ... **Dec. 11th. 1918**

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.

Place ... **Officer i/c Records**

Date ... **The Royal Newfoundland Regiment**

THE BOARD OF PENSION COMMISSIONERS
FOR NEWFOUNDLAND.

Pension No. _____

Regtl. No. 6160 Rank Pte Name Wm Boland

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Nov. 27th 1918

Pensionable disability 100% for _____ months

Pension granted:

\$ _____ per month for _____ months

or Gratuity granted:

\$ _____ payable in _____ equal monthly insts.

Granted to:

Name William Boland

Address Riverhead

St Mary's

Date case disposed of _____

Approved by:

Members of Board

Chairman

Remarks:

COPY

Form B.
16-10-18-300.

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 work at Fishing.

Sgd.....Wm. Boland.

Signature of Man.

Reg. No. 6160

Sgd.....C. B. Dicks. A/Capt.

Signature of the Vocational Officer or his Representative.

Place St. John's NF.

Date 10-12-18. 191

Dec. 11th 1918

6160 Pte. J. Boland,
City.

Dear Sir:-

This will authorize you to proceed to your home,
St. Mary's, and report at St. John's January 12th,
for ~~treatment~~ entrance to Jensen Camp for treatment.

Yours faithfully,

Dec. 18th 1918

To D. M. S.

From E. D. C.

6160 Wm. Boland

Attention of the Standing Medical Board

Will the Board please state how much this man's
disability has been agravated by service.

Form B. 179 returned herewith.

The Secretary,

er

CCO/LBD.

See
This case amended.

has been amended.
by ~~plaintiffs~~ Please
get original papers
from them. Dues

Feb. 10/19

From: - The Secy. B. B. P.
To : - The Secy. S. M. B.

6160 Pte. Ecland Wm.

In reply to our Memo. of Dec. 18th. The S. M. B.
reply as follows:-

"Reconsideration of this case. The man took
ill two weeks after enlistment. He was at
home at the time. He must have been infected
before enlistment and it was not due to
Military Service, or if aggravated, only to
a slight extent."

Would you please have Sec. 15 b. A.F.B.179 amended
accordingly, please.

Secretary.

WHP/LBD.



DEPARTMENT OF MILITIA

ADDRESS REPLY TO
DEPARTMENT OF MILITIA
AND QUOTE NO.

ST. JOHN'S, NEWFOUNDLAND,

December 26th., 1918

From:- D. M. S.
To :- B. P. C.

6160, Pte. Boland, Wm.

I have laid your memo of December 18th.
re the marginally noted man before the Standing
Medical Board and they reply as follows:-

Reconsideration of this case. The
man took ill two weeks after en-
listment. He was at home at the
time. He must have been infected
before enlistment and it was not due
to Military Service, or if aggravated
only to a slight extent.

Cluny Macpherson

Major, D. M. S.

AMB.

COPY

N.M.D. Form B 179



Department of Militia, Newfoundland

Medical Department

Medical Report on an Invalid

NOTES:—

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

STATEMENT OF CASE

St. John's

Station

Nov. 14th 1918.

Date

- | | | | |
|-------------------|---------------------------|-------------------------------|-------------------|
| 1. Unit | <i>Royal Newfoundland</i> | 5. Age last birthday | 18 years |
| | 6160 | 6. Enlisted on | Sept. 13th |
| 2. Regimental No. | Pte. | | St. John's |
| 3. Rank | | at | Fisherman |
| 4. Name | BOLAND, WILLIAM | 7. Former trade or occupation | |
| | | 8. Disability | |

INCIPIENT PULMONARY TUBERCULOSIS

History
 Joined army in September. On 3rd October whilst on home leave, became ill with pain in side and hemoptysis. For two weeks after this was suffering from hemoptysis, and sweating severely at nights. Returned to Depot about end of October and reported. Since then has been off duty.

10. What is his present condition?

(This is the important question. Be brief—the clearer the case the less need be written. Read note f above.)

General appearance good. Well nourished. Pulse 100. Temp. 98.
LYMPHATIC SYSTEM--Pest cervical and axillary gland palpable.
CIRCULATORY SYSTEM--Negative
OTHER SYSTEMS-- Negative.

RESPIRATORY SYSTEM-- Chest moves well on inspiration. Vocal fremitus increased on right side of chest
PERCUSSION reveals dullness about left apex otherwise resonant note on percussion of chest. AUSCULTATION left apex expiration prolonged and harsh in character; few fine moist rales heard at height of inspiration, after coughing.

11. Was sanatorium advised and refused?
operation

12. Do you recommend discharge as permanently unfit?

Yes

Signature J. B. O'REILLY.

Rank or Qualification Capt. R.A.M.C.

Remarks if any by Officer i/c Hospital.

Place Signature

Date Rank

Opinion of the Medical Board

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

13. For pension purposes, the disability x **may** be considered as aggravated by:—
~~due to~~

(a) ~~Service during this war~~ (b) ~~Climate~~ (c) Ordinary Military Service
Remarks if any:—

14. Does the Board concur in preceding report? (see Sect. 10) If not give differing opinion and additional findings.

Yes. Also affection of right shoulder. Weight 156 lbs.
Pulse 72. Temperature normal.

15. (a) THE ENTIRE DISABILITY—To what extent is his capacity lessened at present for earning a full livelihood in the general labor market? **Total**

(b) PENSIONABLE DISABILITY—To what extent is his capacity at present for earning a full livelihood in the general labor market lessened by that portion of his disability to or incurred during service? **Total**

(State in percentage.)

Remarks if any:—

16. Is the disability permanent?

17. Has the disability been aggravated by (a) Intemperence **No** (b) Misconduct **No**

18. The refusal of operation is:— (a) Reasonable
sanatorium (b) Unreasonable

Remarks if any:—

19. If fit subject for Hospital do you recommend admittance to { General Hospital,
Naval and Military Con-
valescent Hospital,
Jensen Tuberculosis Camp. **Yes**

20. We recommend discharge from the Army **Permanently Unfit**
retention in

Remarks if any:—

(Sgd) **H. S. FRASER**.....
President

Signatures..... **J. SINCLAIR TAIT**

..... **L. PATERSON, Major**

Place **St. John's, Nfld.**.....

Date **Nov. 27th., 1918**.....

APPROVED

Station

Date



(Sgd) **CLUNY MACPHERSON, Major**
D. M. S. NEWFOUNDLAND.
Administrative Medical Officer

THE BOARD OF PENSION COMMISSIONERS FOR
NEWFOUNDLAND.

Pension No. _____

Regtl. No. 6160

Rank Lt

Name W. Boland

Corps served with ROYAL NEWFOUNDLAND REGIMENT

Date of Medical Board Nov. 27th 1918

Pensionable disability _____ for _____ Months _____

Pension granted:

\$ _____ Per month for _____ Months

or Gratuity granted:

\$ _____ payable in _____ Equal monthly ins.

Granted to:

Name _____

Address _____

Date case disposed of _____

Approved of

Members of Board

_____ Chairman.

Remarks



THE ROYAL NEWFOUNDLAND REGIMENT

HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

Dec. 11th, 1918

From Asst. Adjutant,
Discharge Depot

To Secretary,
Board of Pension Commissioners.

6160 Pte. W. Boland

Above noted man was before the Standing Medical Board on 27-11-18 and was recommended for discharge as permanently unfit and admission to Jensen Camp. His demobilization has been approved from 11-12-18 and he is now passed to you for necessary action.

He is desirous of proceeding to his home for a couple of months before entering Hospital and the annexed copy of telegram received today makes it appear as though his presence there is a necessity. Will you please make any arrangements with him that you think fit.

In case of your granting him leave to enter Hospital at a later date, I may say that he has been supplied with transportation to his home from here. In the event of his immediate admission, will you kindly take transportation warrants from him and return to me.

CCD/C

W. H. King
Asst. Adjutant
Depot The Royal Newfoundland Regiment
St. John's, Nfld.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

Dec. 11th. 1918

Telegram from :-

Riverhead. St. Mary's.

To Capt. Tait.

Can you liberate Wm. Boland # 6106. I very sick. Cant work
He can go in Spring again.

Sgd.....Bernard Boland.

January 8th., 1919

#6160 Pte. William Boland,
Riverhead,
St. Mary's.

Dear Sir:-

Please find enclosed "Discharge
Certificate No. 345."

Yours faithfully,

Captain.
Paymaster & Officer i/c Records.

Enc' 1 1.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 6160 Rank Private Name Wm Boland
 Intended place of residence Howehead St Marys
 2. Occupation Fisherman
 Classification of soldier B Medical Category F
 3. The above named man is discharged in consequence of Demobilization
 4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place St Johns Howley Capt
 Date DEC 10 1918 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 Johns 11-12-18
Wm Boland Signature of soldier
Edwards 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 St Johns 10-12-18
Wm Boland Signature of soldier
Edwards Capt Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 13-9-18 No of days on Military
 Discharged from service 11-12-18 plus 28 days Service 118

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place ST. JOHN'S R.H. Sait Capt
Officer Commanding Discharge Depot
The Royal Newfoundland Regiment.
 Date DEC 11 1918

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place St Johns, Nfld Howley Capt
January 8/1919 Officer in Charge Records
The Royal Newfoundland Regiment
 Date 2079/345

18
21
50
21
8
178

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6160 Rank Plt Name Boland - Wm
 Date of Enlistment 13.9.18 Address River Head St. Marys Street Plac.
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Total Disability

Passed to Demobilization Officer with following documents:—

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

Date 10.11.18 Wm Boland Capt
 O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Wm Boland

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied Joseph H. Lawrence

Date 10-12-18 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 180 to his home at Weymouth and Release Certificate No. 271 issued.

Date 10-12-18 C. B. Dickson M.C.M.
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 8-1-19

Date 10-12-18 W. H. Key Capt.
Depot Paymaster.

Discharge approved for 11. 12. 18

Forwarded with following documents to O.C Discharge Depot.

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

Date 11. 12. 18 C. B. Dickson M.C.M.
Demobilization Officer.

APPROVED.

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

DEC 11 1918

Date R. H. [Signature]
O. C. Discharge Depot.

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

Date Dec 13/1918



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 **Boland, Wm.**

Regiment from which discharged *1st. Newfoundland*

Regimental number **6160**

Intended address **St Marys , Riverhead**

Height on discharge **5** Feet **8 ins.**

Color of hair on discharge **Brown**

Complexion **Fair**

Color of eye: **Blue**

Descriptive Marks **Birth mark over left hip**

Figure on discharge **Medium**

Christian name of Father **Bernard**

Christian name of Mother **Elizabeth**

Wife's maiden name in full

Date and place of marriage

Christian names of children

Place and date of soldier's birth. **St Mary's Nov. 25th, 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) **William Boland**

(Rank) **Pte.**

Station **St John's** Date **17-11-18**

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.

(sgnd) **J.B.O'Reilly, Capt.**
R.A.M.C.
Medical Officer i/c Hospital,
Unit, or Command Depot.

Station **St John's, Nfld.** Date **Nov. 14th, 1918**



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 **William Boland**
 Regiment from which discharged *1st. Newfoundland*
 Regimental number **6160**
 Intended address **Riverhead, St Mary's**
 Height on discharge **5 Feet 8 $\frac{1}{2}$**
 Color of hair on discharge **Brown**
 Complexion **Fair**
 Color of eyes **Brown**
 Descriptive Marks
 Figure on discharge
 Christian name of Father **Bernard**
 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.
 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)

(Rank)

Station

Date

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.

DEC 11 1918

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 work at Fishing

Wm Boland

Signature of Man.

Chas W. Kip

Reg. No. *6160*

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *10/2/18* 191

E

Placentia

Demobilization Form 1

The Royal Newfoundland Regiment

Class for Demobilization:—
D

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 9.14.18

Regimental No. 6160

Name Bonland William Jt

Address River Head St Mary's
Placentia Dist.

Present Medical Category A# E

Recommended for:—
(a) ~~Immediate discharge~~
(b) ~~Standing Medical Board~~ Standing med. Bd

*Proceedings of Discharge
in file.*

Members of Board
R.H. Last Capt
O.C. Discharge Depot.
J. Paterson
Senior Medical Officer
J.W. Burden
M. O. Depot

73 overland.

Substitute for
A. 9. 1



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 14 / 11 1918

Regimental No. 6160

Name Island H

Address London St. Wm.

Disease or Disability Inoperant. Tuberculosis

3rd Lt. [unclear]
21/11/18

Finding of last Standing Medical Board,
held on _____ 19____

Present Condition ~~Not due to military service~~

Recommendation S.M.B. for discharge.

Category _____

Members
of
Board

}	_____	O. C. Depot
	<u>J. Parker</u>	D. D. M. S.
	<u>J. O. Kelly Capt</u> <u>Ramey</u>	M. O. Depot

COPY



The Royal Newfoundland Regiment

REPORT OF HEADQUARTERS TRAVELLING BOARD HELD ON SOLDIER ON REGIMENTAL STRENGTH

Depot: Headquarters, Royal Newfoundland Regiment

Date 4-11-18 19.....

Regimental No. 6160

Name Boland, W.

Address Riverhead, St Mary's

Disease or Disability Incipient Tuberculosis

Finding of last Standing Medical Board,

held on 19.....

Present Condition.....

Recommendation S.M.B. for discharge

Category.....

Members
of
Board

(sgnd) L. Paterson

O. C. Depot

D. D. M. S.

(sgnd) J. B. O'Reilly, Capt.
RAMC.

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/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 *Boland, William*
 Regiment from which discharged *1st. Newfoundland*
 Regimental number *6160*
 Intended address *St. Marys (Riverhead)*
 Height on discharge *5* Feet *8"*
 Color of hair on discharge *Brown*
 Complexion *Fair*
 Color of eyes *Blue*
 Descriptive Marks *Birth mark over left hip.*
 Figure on discharge *Medium*
 Christian name of Father *Bernard*
 Christian name of Mother *Elizabeth*
 Wife's maiden name in full
 Date and place of marriage
 Christian names of children

Place and date of soldier's birth. *St. Marys — Nov. 25 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)

William Boland

(Rank) *Private*

Station

St. John's

Date

Nov 14th 1918

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.

W. J. G. Giff
 Medical Officer i/c Hospital.
 Unit, or Command Depot.

Station

St. John's nfld.

Date

Nov. 14/18.

93

COPY

ROYAL N F L D. REGIMENT

Medical Examination held at Headquarters on Sept. 13th, 1918

Name Wm. Boland Age 18

Do you know of anything wrong with you? No.

What severe illnesses have you had? None

Eyes Blue
Birth mark on left hip

Height 5ft. 8½ Weight 143 lbs.

Eyesight (a) Left 6/9 (b) ORight 6/9

Physical Defects --

Examination of lungs -- Expiration 32 Inspiration 35½

Examination of heart --

Examination of urine --

Examination of mouth --teeth --
throat --
nose --
Ears (Otorrhoea) --
(Deafness) --

Have you been successfully vaccinated and when? Yes, 9 years, 1 scar left arm

Name and address of next of kin Father, Bernard, Riverhead, St Marys

Remarks All

(sgnd) ARCH TAIT
F.W.BURDEN

Medical Examiners

ROYAL NEWFOUNDLAND REGIMENT.

Medical Examination Held at St. Johns on Sept 13 1918

1. Name William Boland Age (a) Declared 18
 (b) Apparent

2. Do you know of anything wrong with you? no

What severe illnesses have you had? none

eyes Blue
Complexion Fair
Marked Birth mark on left hip

3. Height 5-8 3/4 Weight 143

4. Eyesight (a) Left 4/9 (b) Right 4/9

5. Physical Defects (Examine after strenuous exercise) 7
6160

6. Examination of Lungs 7
 Measurement (a) Expiration 32 (b) Inspiration 35 1/2

7. Examination of Heart 7

8. Examination of Urine ✓

9. Examination of Mouth—(Defective Speech)

- Teeth
- Throat
- Nose
- Ears (Otorrhea)
- (Deafness)

10. Have you been successfully vaccinated, and when? yes 9 years 1872 arm

11. Name and address of next of kin Father Bernard River Head St. Mary's

REMARKS—

H. H.

Archibald
W. Burden

Medical Examiners.



THE ROYAL NEWFOUNDLAND REGIMENT
HEADQUARTERS

ST. JOHN'S, NEWFOUNDLAND,

November 30th. 1918.

From Officer Commanding,
 Discharge Depot.

To Paymaster & Officer i/c Records,
 Militia Department.

6160 Pte. Wm. Boland.

The marginally noted man has been recommended for discharge as permanently unfit and admission to Jensen Camp by Medical Board held on Wednesday Nov. 27th. 1918

I am sending him herewith for your attention and necessary action, please, and have given him verbal instructions to report to Director Medical Services after they have finished their business with you.

Copy to D.M.S..

*Pay at square 30-11-18
 about 50¢ per day.*

W. J. C. [Signature]
 Deput The Royal Newfoundland Regiment
 St. John's, Nfld.

Trans. Rec.
7660

December 26th. 1918.

The Royal Newfoundland Regiment,

To Mr. G. Besaw,

Holyreed.

To Driving Pte. M. Beland from Holyreed to Salmonier. \$9.00.

(as per voucher).

R. J. Besaw
R. J. Besaw

Conc'd
C. B. Dickson
Demobilisation Officer
Discharge Depot-Newfoundland

DISTRICT OFFICE,
NEWFOUNDLAND.
DEC 26 1918
COMMANDING

No. 947

TRAVELLING WARRANT

W. Boland
\$ 9.00

Date 10/12/18 The Royal Newfoundland Regiment

G. Basaw
J. Crawley

Please issue 1st Class Passage and Meals for

No. 6160 Rank Pte

Name Boland. Wm

From ST JOHN'S

To River Hd St Marys

The Royal Newfoundland Regiment
DEPOT ST. JOHN'S, N.F.

PLEASE QUOTE THIS WARRANT NUMBER
ON STATEMENT AND MEAL CHECKS

Asst. Dir. Camp

SIGNATURE OF ISSUING OFFICER.

Lieut.
Demobilisation Officer
Discharge Depot-Newfoundland

J. Crawly refused to drive

I hired Mr. Beaman

Wm. Beaman

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B 121.
39.

Regiment of Royal Newfoundland Regt.

Number of Sheet One
Signature of G. C. Company [Signature]

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>6160 William Boland</u>	Age on <u>18</u> years <u>11</u> months	<u>18.9.18</u>	<u>Fisherman</u>	
Joined _____ Date _____		Place and Date of Enlistment } <u>St John's Nfld.</u>	Religion	<u>R.C.</u>	
Joined _____ Date _____			Period of } with Colours <u>118</u> years.	Place of Birth	
Joined _____ Date _____		with Reserve <u>365</u> years.			

Place	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Name of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
				<u>Demobilized</u>	<u>St John's</u>	<u>8</u>	<u>19</u>		

To be carried over.

Squadron, Troop, Battery and Company Conduct Sheet

Army Form B. 121

COPY

Form
B 121
39Number of Sheet OneRegiment of Royal Nfld. RegimentSignature of O. C. Company (sgnd) C. B. Dick, Lt.

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay
No	<u>Wm. Boland</u>	Age on	<u>18</u> years <u> </u> months	<u>Fisherman</u>	
<u>6160</u>		Place and Date of Enlistment	<u>St John's</u> <u>13-9-18</u>	Religion <u>R.C.</u>	
Joined	Date	Period of	with Colours years with Reserve years	Place of Birth	
Joined	Date			<u>Riverhead, St Marys</u>	
Joined	Date				

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

To be carried over

Army Form B. 121

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 6160 Rank Pte Name Boland - Wm
 Date of Enlistment 13.9.18 Address Riverhead St Marys Dist District Plac.
 Occupation Fisherman Classification for Discharge B Medical Category E
 Recommendation S.M.B. Permanently unfit Disability Rating Total Disability
 Passed to Demobilization Officer with following documents:—

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

Date 10.11.18

W. A. Cup
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

i. Civil Re-Establishment.

I am.....in a position to resume civilian occupation.

Wm Boland

Particulars passed to Vocational Officer for information and action.

Date.....

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied Joseph H Snowling

Date 10-12-18

O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. R 180 to his home at Hollywood and Release Certificate No. 271 issued.

Date 10-12-18

C. B. Dick 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 8-1-19

Date 10-12-18

W. H. Rowley Capt.
Depot Paymaster.

Discharge approved for 11-12-18

Forwarded with following documents to O.C Discharge Depot.

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

Date 11-12-18

C. B. Dick Capt.
Demobilization Officer.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

DEC 11 1918

Date

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

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

Date Dec. 13/1918

W. H. Rowley Capt.
Depot Paymaster.

Reg. No. 6160 Rank Pfc Name Boland was the boy
Attested 13-9-18 Address River Head St Marys
Allotment 504 Allottee (Mother) Mrs Elizabeth Boland
Date of Allotment 1-11-1918 Returned from Overseas.....
Embarked for Overseas Cause.....

Vacc 14-9-18 19/5 28-9-18
S. Leave 2-10-18 to 12-10-18. Returned 15-10-18.
23-11-18
27-11-18 Recommended discharge permanently unfit
and admission to Jensen Camp.
10-12-18. PASSED TO DEMOBILIZATION OFFICER
11-12-18 DISCHARGE APPROVED ON DEMOBILISATION.

Dec. 11th, 1918

From Asst. Adjutant,
Discharge Depot

To Secretary
Board of Pension Commissioners.

6160 Pte. W. Boland

Above noted man was before the Standing Medical Board on 27-11-18 and was recommended for discharge as permanently unfit and admission to Jensen Camp. His demobilization has been approved from 11-12-18 and he is now passed to you for necessary action.

He is desirous of proceeding to his home for a couple of months before entering Hospital and the annexed copy of telegram received today makes it appear as though his presence there is a necessity. Will you please make any arrangements with him that you think fit.

In case of your granting him leave to enter Hospital at a later date, I may say that he has been supplied with transportation to his home from here. In the event of his immediate admission, will you kindly take transportation warrants from him and return to me.

CCD/C



NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 40 Sent by JOS Rec'd by _____ Check 19 No. _____

Place from Riverhead



To Capt J. J. Smith
Saint

Can you liberate com Boland
6/06 I very sick cant
work he can go in
Spring again

Bernard Boland

November 30th. 1918.

From Officer Commanding,
Discharge Depot.

To Paymaster & Officer i/c Records,
Militia Department.

✓ 6160 Pte. Wm. Boland.

E The marginally noted man has been recommended for discharge as permanently unfit and admission to Jensen Camp by Medical Board held on Wednesday Nov. 27th. 1918

I am sending him herewith for your attention and necessary action, please, and have given him verbal instructions to report to Director Medical Services after they have finished their business with you.

Copy to D.M.S..

RECEIPT FOR A SOLDIER'S DOCUMENTS

HEADQUARTERS NEWFOUNDLAND REGIMENT

To *Pension's Board*

Please receive documents as indicated below

No.	RANK AND NAME	N.F.P. 36 Non-effective account	B. 178 Medical history sheet	B. 178a Mfd. medical history sheet	B. 179 Medical report on an invalid	B. 268 Proceedings on discharge	W. 3494 Civil life qualifications	D. 400A Descriptive return	B. 103 Active service casualty form	B. 120 Regimental conduct sheet	B. 121 Company conduct sheet	B. 122 Field conduct sheet	Report of Newfoundland Medical Boards					B. 1915 Attestation paper	Form L Identity certificate	Form K Allotment papers	Form I Kit issue on payment	Headquarters Travelling Board		
													1st Board	2nd Board	3rd Board	4th Board	Board							
6160	<i>Alie Boland. W.</i>				<i>1/1</i>																			<i>1. 1. 1.</i>

Received above noted documents,

Date 19



Signature of officer forwarding documents:

Date *15-12-18*



NEWFOUNDLAND CONTINGENT.

C.R. 6160

Memorandum.

No. 3205/115/ R & C.

From

To

Pay & Record Office,
58, Victoria Street,
London, S.W.1.

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

25th February 1919.

I enclose A.Fs. B. 2079 relating

Certificates received, please.

to

5833 Pte. M. Boland, Serial No. 345.
6160 " W. Boland " No. 555.

which have been forwarded to this Office
by the Secretary War Office. They were
posted (in Newfoundland) to London.

MINISTER OF MILITIA.

Would it perhaps be advisable to stamp
on the reverse of Discharge Certificates
issued within the Dominion, that a finder
should return it to the Dept. of Militia,
St. John's, please?

H.A. ANDERSON Dept.
for Chief Paymaster & O. i/c Records.

For Original See File 5833