



# FIRST NEWFOUNDLAND REGIMENT

## ATTESTATION OF

No. 1307 Name Joseph Ryan Corps R.C. 4347

### Questions to be put to the Recruit before Enlistment

- |  |                                    |
|--|------------------------------------|
| 1. What is your name? .....  | 1. <u>Joseph Ryan</u>              |
| 2. What is your full Address? .....  | 2. <u>St Mary's West beach</u>     |
| 3. Are you a British Subject? .....  | 3. <u>Yes</u>                      |
| 4. What is your age? .....   | 4. <u>19</u> Years <u>9</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, Joseph Ryan 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.

H. 18. 2. 19

Joseph Ryan SIGNATURE OF RECRUIT.  
Personnel Signature of Witness.

### OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Joseph Ryan 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 Mary's on this 18 day of Feb 1915

Signature of Attesting Officer

Geor. Learty Major

### †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 18 Feb 1915

Place St Mary'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 Joseph Green  
 Apparent age 19 years 8 months. Height 5 feet 9 inches  
 Chest Measurement { Girth when fully expanded 35 1/2 inches  
 Range of expansion 3 1/2 inches  
 Distinctive marks \_\_\_\_\_

## INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr Johanna Green  
Swamps West Coast | Relationship Wife  
 Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage.  
 (c) Present address. (d) Initials of Officer verifying entry.

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

## Particulars as to Children

Christian Names	Date and Place of Birth

## STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>18-7-18</u>									
Joined at <u>M. S. S. 18</u> on <u>February 18-1918</u>									
<u>Discharged July 4/1919</u>									
<u>Embarked M. S. S. train to Halifax NS 28</u>									
<u>for 1st S. 31-8-18</u>									
<u>Embarked France 31-8-18</u>									
<u>Joined 1st Bn 5-9-18</u>									
<u>Wounded 14-10-1918</u>									
<u>Admitted 3rd Div. C. S. M. H. 14-10-18</u>									
<u>Admitted 2nd Div. 4th Bn. 18-10-18</u>									
<u>Admitted 1st Div. Depot 18-10-18</u>									
<u>Went to 5th Div. camp M. H. 1-11-1918</u>									
<u>Joined 1st Div. Depot 1-11-18</u>									
<u>Returned unit 9-11-1918</u>									
<u>Arrived in M. H. from 1st S. 22-4-19</u>									
<u>1. H. for demobilization 22-5-19</u>									
<u>Arrived home 11-6-1919</u>									
<u>Demobilization M. H. 4-7-1919</u>									
Total Service forfeited as above.....									

Total Service towards Engagement to 4-7-19 (date of discharge) 1 years 137 days  
 " " Pensions " " " " " " " " " " " "

Counter No. 4347

# NEWFOUNDLAND POSTAL TELEGRAPHS.



## Cable Connection with all the World

### All Messages Sent are Subject to the Following Conditions:

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

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

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

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

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

(NOT TRANSMITTED)

Signature of Sender \_\_\_\_\_ Address Dept of Militia

Line Number	Rcd	By	Sent	by	Check
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Dated Oct 25th, 1918

To Mrs. Johanna Breen, St. Mary's West Coast

Regret to inform you that Record Office, London,  
officially reports No. 4347, Private Joseph Breen  
at 2nd Australian General Hospital Wimereux Oct 16th  
suffering from G.S.W. left hand mild.

Upon receipt of further information I shall immediately wire you and trust that next report will be of his convalescence.

J.R. Bennett

Chge Dept of Militia.

Minister of Militia.

FOR TYPEWRITER

C.R. 4347

extract from daily orders Part II Royal Newfoundland Regt.  
Depot St. John's dated July 8th 1919.

The discharge of the undernoted on demobilization has been  
confirmed by Officer i/c records from noted date  
4-7-19.

4347, Pte. Jos. Breen.



C.R.

4347

Extract from Daily Orders Part 11 Unit The Royal  
Nfld. Regt. Depot, St. John's, June 10th, 1919

The discharge of the undernoted on demobilization  
has been APPROVED by O.C. Discharge Depot, with effect  
from 20-6-19.

4347 Pte. Jos. Breen.

C.R. 4347

Extract from Daily Orders Part 11 Depot, St. John's,

Date 9-6-19.

4347 Pte. Jos. Breen

Reported at Headquarters 9-6-19.

RE "Corsican"

which sailed Liverpool May 22/1919.

C.R. 4347

Extract from Nominal Roll from 1st. Battalion  
Royal Newfoundland Regiment dated 30-4-19.

The undermentioned of the 1st. Battalion left  
Rouen Camps 22/4/19, embarked at Havre 22/4/19,  
disembarked at Southampton 23/4/19 and reached  
Hazeley Down Camp 23/4/19.

#4347 Pte. J. Brwene.

C.R. 4347

Extract from War Office List No. H.A. 31407.

Disg to 5 Rest Camp St. Martins Boulogne ex 10 Gen. Dep 1. Nov. 1918.

4347  
~~4247~~ Pte. J. Hreen

G.S.W. HEND.





C.R. 4347

SICK AND WOUNDED N.C.O's AND MEN OF THE EXPEDITIONARY FORCE - FRANCE.

A.R.T.I.L.L.E.R.Y. - R.O.Y.A.L. G.A.R.R.I.S.O.N.

No.H.A. 30652

ADM.10 CON.DEP.ECAULT 20 OCT'18

181673 Gnr.Brooks F.H.....RGA.237 S.B.....Scabies.

DIS.TO 5 REST CAMP ST.MARTINS BOULOGNE EX 10 CON.DEP.ECAULT 20 OCT'18

195594	Gnr.Marker C.J.....	RGA.1/1	Londs.....	Wd.Gassed.
120957	" Pettitt R.V.	" 118	Sge.	Pleurisy.
284668	" Smart J.T.	" 279	Sge.	Wd.Gassed Must.
353887	Pte.Hall J.	" 154	H.B.	Boil Periteum.
189188	Gnr.Winfield S.....	" 164	Sge.....	Aphonia Funtional.
197734	Gnr.Wallis P.....	" 520	H'hld.Sge....	Gassed YX.
19776	" Lister W.	" 49	Bde.521 SB.	Crushed Toe.R.
140455	" Lacy A.W.	" 261	S.B.	Trench Fever.

F.O.O.T. - G.U.A.R.D.S.

No.H.A. 30652

ADM.10 CON.DEP.ECAULT 20 OCT'18

14871 Sgt.Walters W.....3 Gren Gds.....P.U.O.

DIS.TO 5 REST CAMP ST.MARTINS BOULOGNE EX 10 CON DEP.ECAULT 20 OCT'18

17656 Pte.Wilton A.....2 Cold Gds.....GSW Back.

N.E.W. F.O.U.N.D.L.A.N.D. EXPEDITIONARY FORCE.

No.H.A. 30652

ADM.10 CON.DEP.ECAULT 20 OCT'18

4347 Pte.Breen J. 'G'.....1 R.N'lands.....GSW Hand L.Wd.Mild.

g116

C.R. 4347

Extract from W. O. List # H. A. 30571

#4347 Pte. J. Breen

ADMITTED TO 7 GEN. DEP. BOULOGNE 18 Oct. 1918.

GSW. HAND L.

C.R. 4347

Extract from War Office, List No. G. 1733. dated 1. 11. 17.

#4347 Pte. J. Breen.

Wounded 14. 10. 18.

BC.

C.R. 4347

Sept. 13th 18

Mrs. Johanna Breen

St. Mary's

Dear Mrs. Breen:-

Your wire of 10th Sept. regarding your son, No. 4347, Private Joseph Breen, has been received; and I am directed to reply and state that, as is known by this department, this soldier is still at Winchester, England, as his name was not among of the drafts which have lately proceeded from England to France.

If you address a letter to him in care of the Pay & Record Office, of the Royal New Southland Regiment, 58 Victoria Street, London, S.W.1., it will be forwarded to him.

Yours faithfully,

*M. V. C.*  
Lieut

for Chief Staff Officer.



12, 3 P. D., C.R. 4347

## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. \_\_\_\_\_ Sent by \_\_\_\_\_

Paid by \_\_\_\_\_

Check \_\_\_\_\_

No. \_\_\_\_\_

Place from \_\_\_\_\_

To \_\_\_\_\_



Is #347 Pte. Joseph  
 Breen England gone  
 to France kindly  
 reply anxious.

Mrs Johanna Breen

C.R. 4347

Extract from O.R.D.E.R.S. by Lt. Col. G. Mathias, D.S.O.,  
Commanding 1st Battalion Royal Newfoundland Regiment,  
dated 5\_9-19.

The following arrived today and is posted to the following  
~~COMPANY~~ Company.

B. COMPANY.

4347, Pte. J. Breen.

C.R. 4347

Extract from Nominal Roll Draft #51 to B.M.F. Embarked  
Felkstone, 31-8-18.

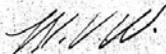
4347 Pte. Breen J.

June 4th, 1918

Dear Mrs. Breen:-

In answer to your telegra of the  
4th inst., I beg to state that we have received no  
farther news of your son, any further news that we  
do receive will be immediately sent to you.

Yours faithfully,



Lieut.

Mrs. Johanna Breen,

St. Mary's.







## NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. \_\_\_\_\_ Sent by St Marys Rec'd by \_\_\_\_\_  
 Place from Lieut R B Henderson No. \_\_\_\_\_  
 To Dept of Militia



Received letter and further  
 news 4347 ple Jos Breen  
 anxious

Mrs Johanna Breen  
 no further news, cannot not  
 remove

C.R. 4347

June 1st, 1918.

Dear Mrs. Breen:-

I regret to inform you that your son #4347 Pte. J. Breen was admitted to Haslewood Hospital, suffering from Measles.

This report was received by mail from our Recrd Office, London, and if it was at all serious we would receive news by cable.

Yours faithfully,



Lieut.

For Lieut. Col. S. S. S.

Mrs. Johanna Breen,  
St. Mary's.

C.R. 4347

Extract from Nominal Roll Embarked St. John's for Overseas,  
Mar. 28th, 1916.

4347 Pte. Breen.P.

C.R. 4347

Extract of Daily Orders part 11, from Unit The Royal  
Newfoundland Regiment, dated February 19, 1918.

#4347 Pte. J. Green.

Attested for General Service with the 1st Newfoundland  
Regiment with effect from 18/2/18.

J. Green

C.R. 4347

~~1890~~



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 Newfoundland.* 7. Former Trade or Occupation } *fisherman*
2. Regt. No. *4047* 3. Rank. *Pte* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ;  
with Regt. Nos.
4. Name *Brown* (Surname) *J* (Christian Names)
5. Age last birthday. *22.*
6. Posted for duty on *22/1/18* 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  
(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 No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
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. *nil*

14. State whether the disabilities are

(a) attributable to

(b) aggravated by

- (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 }  
 man's part. } .. .. .

14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

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.)

*He complains of no disability*

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.

*Repatriation*  
*signed W. C. Ramsay*  
*W. C. Ramsay*  
 Capt Ramsay  
 Medical Officer in charge of case.

Station *Stanley Down*

Date *28/3/18*

\* 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.

FORM **K**

No 3988 <sup>A</sup>



1ST. NEWFOUNDLAND REGIMENT

**ALLOTMENTS**

I, Joseph Breen, Regl. No. 4347  
hereby agree, until further notification by me, and in similar official form to make an Allotment of  
..... Dollars and Fifty Cents, per diem, from my Pay,  
to, and for the benefit of the undermentioned Person <sup>and</sup> <sub>or</sub> Persons, such payment to be made on proof  
of identity of, and production of the relative Identity Certificates by the Person <sup>and</sup> <sub>or</sub> Persons  
concerned, viz.:

Allotment begins March 1st 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3741	Mother	Mrs Johanna Breen	St. Marys	50
Total Allotment, \$				50

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

Sig.) Monley Sr  
Officer Commanding  
H Company  
St. John's  
July 27 1918

(Sig.) Joseph Breen  
(Rank) Private

EO,- The Chief Quartermaster,  
Royal Newfoundland Regiment,  
53 Victoria Street,  
London, S.W.

Sir:-

Please charge the amounts set opposite my name to my account and pay it to the R.N.C.A. "Prisoners of War Fund" in quarterly instalments for the period of one year.

Commencing on the 1st July 1916.

Regtl. No.	Rank	Name	Amount	Signature
4547	Private	Green, J.	\$2.50	

I have the honour to be, Sir,  
~~Yours faithfully,~~  
Your obedient servant.

Date

June 20<sup>th</sup> 1916

J. Brown



Breen, J

4347

May Sept.



July 4, 1919

#4247 Pto. Josepa Breen,

St. Mary's,

West Coast.

Dear Sir:-

Please find enclosed "Discharge  
Certificate No. 2318."

Yours truly

Paymaster & Officer i/c Records.  
Captain.

# The Royal Newfoundland Regiment

## PROCEEDINGS ON DISCHARGE

1. No. 4347 Rank Plt Name Bruce Joe

Intended place of residence ST. JOHN'S

2. Occupation Fisherman

Classification of soldier E Medical Category A1

3. The above named man is discharged in consequence of..... DEMOBILIZATION.

### Eligible for War Service Gratuity

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

Place ST. JOHN'S

Date JUN 6 1919 for Mrs H. 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

JUN. 6 1919

J. Bruce  
Signature of soldier

James O. Newman  
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

JUN. 6 1919

J. Bruce  
Signature of soldier

James O. Newman  
Signature of witness

### STATEMENT OF SERVICE

7. Enlisted for service 18-2-18 No of days on Military

Discharged from service 20-6-19 plus 14 days Service 402

### APPROVAL OF DISCHARGE

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

Place ST. JOHN'S

JUN 20 1919

R. H. Lait 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 July 4/1919

M. Bowley Capt  
Officer in Charge  
The Royal Newfoundland Regiment

A 4 B 2079/2318

12  
31-  
30-  
31-  
30-  
4  
138

## 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 resume former occupation*

*J. Breen*

Signature of Man.

*J. A. Snow Capt.*

Signature of the Vocational Officer or his Representative.

Reg. No. *4847*

Place *H. Johns*

Date *6-6-19*

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# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 434 Rank Plt Name Breen, J  
 Date of Enlistment 8-2-18 Address St. Johns District P. M. H.  
 Occupation Postman Classification for Discharge 1st Medical Category H. 1  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 5-6-19

[Signature]  
O. C. Discharge Depot.

### PARTICULARS FOR DEMOBILIZATION

#### 1. Civil Re-Establishment.

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

J Breen

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.....

[Signature]

Date 6-6-19

O i/c. Re-clothing.





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

# MEDICAL HISTORY

OF

Surname Green Christian Name John

Table I.—GENERAL TABLE.

Birthplace:—Parish St Mary's West Coast County

	SPECIAL RESERVE.		REGULAR ARMY.	
	on	day of	on	day of
Examined	at	<u>St John's</u>	at	
Declared Age	<u>19</u>	years		
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u>	feet		
Weight	<u>131</u>	lbs.		
Chest Measurement	Girth when fully expanded	<u>35 1/2</u> inches		
	Range of Expansion	<u>3 1/2</u> inches		
Physical Development	Right	Left	Right	Left
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R. E.—V=	<u>6/6</u>	R. E.—V=	
	L. E.—V=	<u>6/6</u>	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>Samuel Paterson</u>			
(Rank)	<u>Major</u>			
Enlisted	at	<u>Headquarters</u>	at	
	on	<u>19</u> day of <u>July</u>	on	
Joined on Enlistment	Corps.		Corps.	
	Regtl. No.		Regtl. No.	
Transferred to	<u>Royal Field</u>	<u>4347</u>		
Became non-effective by	on		on	
(Signature)				
(Rank)				



al or to the sick list in case of Warrant Officers treated in quarters.

Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In case of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, etc., will be given in the special syphilis case sheet.

Signature of Medical Officer

*Treatment, Isolation, Dist. Med. Returned, Discharged & Fit*

*H. A. Ferguson Capt. R.M.C.*





**Casualty Form—Active Service.**

Regiment or Corps *Royal Newfoundland* *18-10-1898*  
 Rank *Pte.* Surname *Breen* Christian Name *Joseph*  
 Religion *R. C.* Age on Enlistment *19* years *8* months  
 Enlisted (a) *18/1/18* Terms of Service (a) *Duration* Service reckons from (a) *18/1/18*  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and Rate .....  
 Occupation *Fisherman* Signature of Officer *W. K. Wong Capt*

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.113, 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.113, Army Form A.36, or other official documents.
<i>26. 8. 18</i>	<i>W. K. Wong</i>	<i>AT</i>	Embarked ...	<i>31 AUG 1818</i>	
			Disembarked...	<i>31 AUG 1918</i>	
			ARRIVED D. I. B. D.	<i>2 SEP 1918</i>	
			Joined Detachment	<i>5 SEP 1918</i>	
			Wounded in Action	<i>14/10/18</i>	
	<i>3 Am. Col.</i>	<i>St. Owen's</i>		<i>15-10-18</i>	<i>No. 30441</i>
	<i>2 Am. Co. Sp</i>		<i>Boalogue</i>	<i>15/10/18</i>	<i>No. 30591</i>
	<i>7 Am. Regt</i>			<i>3/11/18</i>	<i>Hall</i>
	<i>10th Bde</i>	<i>arrived</i>	<i>Raven</i>	<i>5/11/18</i>	<i>B-13</i>
	<i>O/C</i>	<i>Regt Bn</i>	<i>Fleet</i>	<i>27/11/18</i>	<i>B. 13, 24/11/18</i>
		<i>Appl's Coy Cook</i>			

NEXT OF KIN: *Mother: Mrs. Johanna Breen St. Mary's West Coast Hospital*

(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, Shoeing-Smith, &c.







## 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 *Joseph Breen*

Regiment from which discharged **Royal Newfoundland**

Regimental number *4347*

Intended address *St Mary's*

Height on discharge *5* Feet *10*

Color of hair on discharge *light*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks \_\_\_\_\_

Figure on discharge *medium*

Christian name of Father \_\_\_\_\_

Christian name of Mother *Johannah*

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, May 1<sup>st</sup> 1898*

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) *Pte. Joseph Breen*

*Pte*  
(Rank)

Station *St Johns*

Date *4-6-19*

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

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

Station

Date

# The Royal Newfoundland Regiment

Class for Demobilization:—

*1/1*

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date ..... *4.5.19* .....

Regimental No. *4347* .....

Name *Brown Joseph* ..... *SG* .....

Address *St. Marys* .....

Present Medical Category ..... *A1* .....

Recommended for:— { (a) Immediate discharge .....

(b) ~~Standing Medical Board~~ .....

Members of Board {

*R. H. East Capt*  
.....  
O.C. Discharge Depot.

*H. Palmer*  
.....  
Senior Medical Officer

*D. W. Burden*  
.....  
M. O. Depot

**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 Newfoundland*. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4247* 3. Rank. *Plt.* 7a. If the soldier claims previous service in Army, he should state—  
(a) Former Regts. or Corps ; with Regtl. Nos.
4. Name *Breen* (Surname) *J.* (Christian Names)
5. Age last birthday. *22*
6. Posted for duty on *22. 1. 18* 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. *nil*
12. Place of origin of disability. *nil*
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. *nil*  
*nil*



14. State whether the disabilities are
- |  | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war .. .. .                | } na                | .....             |
| (ii.) Previous active service.. .. .                       |                     | .....             |
| (iii.) Climate in pre-war service .. .. .                  |                     | .....             |
| (iv.) Ordinary military service before the war .. .. .     |                     | .....             |
| (v.) Serious negligence or misconduct on the man's part. } |                     | .....             |
- 14 (a). If not due to any of these causes, to what specific condition do you attribute it ? } na.

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., 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.)*

He complains of no disability

16. Was an operation performed ? If so, when and what was its nature ? na.
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 ? na.

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.

Repatriation

*A. J. Proctor*      *Capt. M. M. C.*  
 Medical Officer in charge of case.

Station *Harley Down Camp*  
 Date *29. 11. 19*

\* 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



July 5, 1919

#4347 Pte. Joseph Breen,

St. Mary 's Bay.

Dear Sir :-

Referr ng to your application I enclose  
cheque for seventy dollars (\$70.00), being amount of  
first payment due you on account of the War Service  
Gratuity.

Yours truly

Paymaster & O.i/c Captain.  
Records.

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. 1918.

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

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

Christian name *Joseph* ..... Surname *Breen* .....

3. Rank *Pvt.* ..... Regt. No. *4347* .....

4. Address in full to which future payments of gratuity are to be forwarded, *St. Marys Bay, Newfoundland* .....

6. Date of enlistment in the Regiment. *Jan 5th 1918* .....

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None* .....

8. Relationship of such dependents. *None* .....

9. Address in full of such dependents. *None* .....

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

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

12. Give total length of time which you served on active service, whether in Nfld. or Overseas. *2 1/2 years & 7 months* .....

..... 1. <sup>2</sup> .....

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

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

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *Yes*.....

*#74 by Clothing & Ration money*.....  
.....

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? *No*.....

19. Are you now serving in the Regt? *No*..... If not give:- (a) Date of discharge *June 28th 1918*..... (b) Reason for discharge.....  
*on account of demobilization*.....  
.....

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....

*France Belgium Germany*.....  
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee. *No*.....  
.....

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.



Signature of Applicant: *Joseph Keenan*  
 Place of Residence: *St. Marys Bay N.F.S.D.*  
 Declared before me at: *St. John's*  
 This *1<sup>th</sup>* day of *June* 1947.....

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

POST DISCHARGE PAY.

Date paid	Paid Soldier.	Paid Dependant	War Service Gratuity.	Net amount due
.....	.....	.....	<i>4 mos</i>	<i>280 00</i>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
Certified correct.			Paymaster	<i>[Signature]</i>





## 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.

1. Name in full of soldier. Rank. Regt. or Unit. Regt. No.

Joseph Breen Private R. N. Regiment. 434700

2. Age of soldier. Married or single.

21 yrs - 1/5/98 Single

3. Name in full of Mother. Age. Occupation. Permanent Address.

\* Johanna Breen 60 yrs. housework St. Mary's

4. Give name of your husband. Age. Occupation. Where employed.

Edward Breen 64. Fisherman ~~St. Mary's~~

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

My husband is dead.

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

*Account commencing  
Friday commencing  
March 1/98*

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

July 9<sup>th</sup> 1914 at St. Mary's

8. Names of your other children. Address in full. Age. Occupation. Married or single.

Mary Ellen Breen, Gov't House, St. John's, 27. ~~Servant.~~ ~~single.~~ single.

Michael Breen, St. Mary's, 25. Fisherman single

James Breen, " 23. Invalid single.

\* Right hand very badly hurt.

State amount earned by (a) yourself *none*  
(b) your husband, —

11. State amount and source of any other income.

12. State value of real property belonging to you and your husband.

*None*

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.

*about \$ 100 00*

15. Actual amount contributed by soldier during the year prior to enlistment.

*\$ 100.00*

16. Was this amount contributed weekly or monthly.

*Two months - at fishing*

17. Did this amount include payment of son's Board etc.

*yes.*

18. State your son's trade or occupation prior to enlistment.

*Fisherman.*

19. State amount of his wages per week.

*He was paid at the end of the fishing voyage*

20. State name and address of his last employer.

*James Gibbons, St Vincent's, St Mary's Bay.*

21. State amount of monthly support from son since enlistment.

*his allotment as at no. 22*

22. State amount of allotment received by you from son monthly.

*\$ 16. 00*

23. State from what date did you receive allotment?

*received 1st allotment in April 1918*

24. Actual amount contributed by other children.

*Grant his salary*

*Weekly*

*Monthly.*

*none*

25. Are any of these children in the employ of you or husband?

*No.*

26. If not receiving support from other children state cause. Explain fully.

*They earn only enough for themselves*

27. With whom are you residing at present.

*My sons Michael Green & Jose James.*

28. Have you made a previous claim for Separation allowance? If not, why? Give particulars.

*No*

*did not claim before, since my son has not been serving very long.*

29. Are you already in receipt of Separation Allowance from any source? If so, how much?

*No.*



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

No.

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

No.

32. In what capacity and in what place?

No.

33. Is he in receipt of a salary as much while serving in the Mfld. Regt.

If so, how much?

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

Signature of applicant, *Johanna <sup>for</sup> Green* .....

*Witnesses J. D. Smith*

Place of Residence, *St. Marys* .....

Declared and subscribed before me at, *St. Marys* .....

this, *12<sup>th</sup>* day of, *June* 191*8* .....

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

This application must be signed by two responsible Parties one 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, *S. Driscoll* .....

Signature of Member of Patriotic Fund Committee, *Stephen Gibbons* .....

.....





# NEWFOUNDLAND POSTAL TELEGRAPHS.

CABLE CONNECTION WITH ALL PARTS OF THE WORLD

Line No. 32 sent by \_\_\_\_\_ Rec'd by Ed No. \_\_\_\_\_  
Check

Place from St. John's 26

To J. M. Hawley Esq  
Paymaster



Kindly send my cheque war  
 service gratuity needed

4347 pte Joseph Breen

July 5<sup>th</sup> May 7000  
 Aug 5<sup>th</sup> 7000  
 Sept 5<sup>th</sup> 7000  
 Oct 5<sup>th</sup> 7000

bal due \$2800

St Marys

Mrs. Mary Wotton Ennis 14 18  
1620 Mr. C. Nassell.

4347

Major Brody

Dear Sir

I am mailing  
by this mail my papers for  
allotment money. I got my son  
Joseph Breen in the 27 Regiment  
I am a Widow Woman I got another  
son at fishery and I also got  
crippled son (he is over 22 years of  
age poor fellow he cannot do  
anything my daughter Mary is  
at Fort Stairs. Mr. Johns would wish  
you to interest yourself and get  
the amount for me as I know  
you can do good lot

Oblige Yours

Respectfully.

Mrs Johanna Breen

H. Maddock.

Excusely for pay Dept.

3-7-18. Asp.

4347

July 3rd. 1916.

Mrs. Johanna Breen,  
St. Mary's.

Dear Madam:

With reference to your letter of June 14th. I beg to state that it is unnecessary for you to return your allotment papers, as the allocation made by your son will be continued each month, and it is only necessary for you to notify us if at any time you should not receive your cheque.

The allotment cheques are posted from this office on the 7th. of each month in payment for the preceeding month.

Yours truly,

For Paymaster





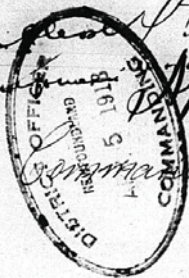


~~Sidepat~~

~~To the attention of~~

Holywood.  
April 4. 1918

Officers Commanding W. F. Regt.



Dear Sir  
Some time ago I sent you a  
bill for £7. 50. for driving  
Pte. Joseph Breen of St. Marys  
from Holywood to St. Josephs.  
I would like to hear from you  
and get this amount due me.

I Remain

yours truly  
James Crawley Holywood

*Tru Post Agency*  
ACCO. NO. *2473* INITIALS *JRS*  
CH. NO. *1* INITIALS *JRS*  
IND. LEDGER *1* INITIALS *JRS*  
PAY LEDGER *1* INITIALS *JRS*  
GEN. LEDGER *1* INITIALS *JRS*

April 15th. 18.

James Grawley, Esq. Jr.,

Holyrood, C.B.

Dear Sir,-

I enclose herewith cheque for \$7.50, being the amount due you for driving No. 4347, Private Joseph Breen from Holyrood to St. Joseph's.

Yours faithfully,

Capt. & Paymaster.

Enclosure  
JMH/JH.



DEPARTMENT OF MILITIA.  
REGIMENTAL PAY BRANCH.

PAY VOUCHER.

\$ 5 <sup>50</sup>/<sub>4</sub>

Jan 9 19 20

Received from the First Newfoundland Regiment  
the sum of Five <sup>50</sup>/<sub>4</sub> Dollars.  
~~on account~~ of Pay.  
Breen

Ch. No.	25879	Initials	EW
Pay Ledger	96	Initials	WR
Gen. Ledger		Initials	

Regtl. No.

4647

Rank

Private

No. 4347

Rank

Ot

Name

J. Breen

1501  
258  
REC'D  
SP 27  
NEWFID  
Fold Here

**ON HIS MAJESTY'S SERVICE**

To the Officer in Charge of Records,

*Royal Nfld. Regt.*

*Dept. of Militia,*

*ST. JOHN'S. Nfld.*

1. MARY  
SP 21 01  
NEWFID  
Fold Here  
Address  
1.01

SEP 12 1921

1921.

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

Joseph Breen

in respect of his service as No. 4347 Rank Pte.

Name J. Breen Royal Nfld. Regt.  
Nfld. Forestry Corps.

Receipt of the same should be acknowledged hereon.

Received War. Medals

Signature Joseph Breen

Date Sep. 19. 1921

Address St Marys

[P.T.O.]

A





# The Royal Newfoundland Regiment

## DEMOBILIZATION OF

Reg. No. 4247 Rank Plt. Name Green, J.  
 Date of Enlistment 18-2-18 Address St. Mary's District P. St. Mary's  
 Occupation Inspector Classification for Discharge 1st Medical Category H.I.  
 Recommendation S.M.B. \_\_\_\_\_ Disability Rating \_\_\_\_\_

Passed to Demobilization Officer with following documents:—

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

Date 5-6-19 O.C. Discharge Depot [Signature]

### PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

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 [Signature]

Date 6-6-19 O i/c. Re-clothing.

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrant No. *R.15079.592* to his home at *St Marys* and Release Certificate No. *2384* issued.

Date ..... *J.A. Snow 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 *4 months*

Date *1-6-19* ..... *H.M. Smith*  
Depot Paymaster.

Discharge approved for *20-6-19* .....

Forwarded with following documents to O.C Discharge Depot.

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

Date *6-6-19* ..... *J.A. Snow Capt*  
Demobilization Officer.

APPROVED.

Documents as above forwarded to:-

Officer i/c Records.  
Board of Pension Commissioners.

with following additional documents.

**Eligible for War Service Gratuity**

Date *JUN 20 1919* ..... *TRUST*  
O. C. Discharge Depot.

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

Date *June 11/1919* ..... *A.S. Smith*

January 25th.1926

The Secretary,  
Great War Veterans' Association.

Dear Sir:-

re Joseph Breen, St. Mary's.

With reference to your letter of December 31st., will you kindly obtain for the information of the Patriotic Fund Committee, a certificate from his medical attendant, setting forth the nature of Breen's disability, its probable cause, its duration (past and future), and the percentage of his disability.

Yours truly,

Asst. Secretary





The Great War Veterans' Association of Newfoundland  
(INCORPORATED)



MEMBER BRITISH EMPIRE SERVICE LEAGUE.

PUBLISHERS OF THE "VETERAN" MAGAZINE

TELEPHONE 609  
CABLE "WARVETS"

DOMINION COMMAND

G.W.V.A. BUILDING  
St. John's,  
NEWFOUNDLAND

OFFICE OF  
SECRETARY-TREASURER

IN REPLY REFER  
TO HWQ-HMN-2344.

December 31, 1925.

Major J. M. Howley, M.B.E.,  
Hon. Secretary,  
The Newfoundland Patriotic Association.

Dear Sir,-

I have a letter from Joseph Breen of St. Mary's, who has been endeavouring, through this Office, to establish a claim for pension, which, however, is not allowed by the Board.

Accordingly I shall be glad if you will have this case considered by the Patriotic Association, with a view to obtaining a temporary allowance for this worthy case.

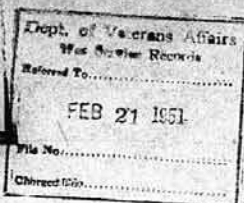
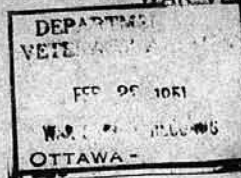
I enclose a Relief application form completed by him, just to show you the particulars in connection with this man.

Yours faithfully,

*M. Quintan*  
Dominion Secretary.

## DEPARTMENT OF VETERANS AFFAIRS

## WAR VETERANS' ALLOWANCE DISTRICT AUTHORITY



P. O. BOX H-242  
 Address.....  
 ST. JOHN'S, NEWF.

MARK YOUR REPLY:

For attention of:

Director,  
 War Service Records,  
 Department of Veterans Affairs,  
 Ottawa, Ontario.

Re: BREEN, JOSEPH ✓ Regt. No. 4547 ✓  
 (Surname) (Christian Names)

Veteran is stated to have served in the following units in:

W.W. I THE ROYAL NEWFOUNDLAND REGIMENT.

W.W. II

S.A. WAR

Dear Sir:

To enable this War Veterans' Allowance District Authority to determine the eligibility of the above named, will you kindly furnish the following particulars concerning his service. **25 February, 1951.**

DVA. 95-2-5. (R)(a)

1. Theatre of Service in W.W. I

nfld. UK &amp; France.

Disemb. France 31 Aug 1918. ✓

W.W. II

S.A. WAR

2. If service in S.A. WAR: (a) Port of disembarkation.....

(b) Date of disembarkation.....

Day Month Year

3. Date and place of all enlistments.

18 Feb. 1918

St. John's nfld.

4. Date of all discharges and reason.

4 Jul 1919

demob.

5. Rank on discharge:

Pte

6. Date and place of birth as per attestation paper.

May 1 1898.

St. Mary's nfld.

7. Marital status: If married, name in full of wife.

Single

8. Any prior military service.

no.

9. Decorations, if any.

nil.

23-2-51  
CDH

*[Signature]*  
 Director of War Service Records.

*write to help from patriotic association*



# The Great War Veterans' Association

of Newfoundland  
(INCORPORATED)

DOMINION COMMAND G.W.V.A. BUILDING  
156 WATER STREET, ST. JOHN'S.

## G. W. V. A. RELIEF FUND

Meetings will be held on the Thursday of each week. Applicants may attend in person.

The purpose of the above Fund is to assist, principally, with coal and groceries, ex-Service Men and Dependents. Applicants in receipt of a reasonable pension or allowance from the Patriotic Association or from any other fund, or, who through their own fault do not obtain work, will NOT be considered by the Committee, as its definite purpose is to assist only those cases whose circumstances warrant assistance being granted. All applicants must be prepared to permit the necessary enquiries to be made by the Investigation Committee. Claim is hereby made for consideration from the above Relief Fund, by reason of the circumstances given below.

1. Full name *Joseph Breen* ..... Official Number *4347*

2. Address *St Marys* .....

3. Are you a member of the G. W. V. A.? *Yes* .....

4. Total amount of pension including wife's and Children's \$ *None - application has in* .....

5. Are you in receipt of allowances from Patriotic Association or any other charitable organization? *None* .....

6. If so what organizations, and amounts received? .....

7. Where were you employed last? *unable to work thro illness* .....

8. How long unemployed? *3 years* .....

9. Are you married? *No* ..... How many children? *None* .....

10. Explain fully why you make application for assistance  
*I am ill and have been ailing for years. my widowed mother is unable to work any longer for me* .....

11. What is required? *help in kind - groceries* .....

12. Name of resident Clergyman, Magistrate, Doctor or reliable person that can confirm your statement  
*Dr Hogan. St Marys* .....

*Joseph Breen* .....  
Signature of applicant.

**IMPORTANT:**

This claim must be signed in the presence of a Clergyman, Doctor or a Justice of the Peace, who will make the following declaration:

I solemnly declare that I was present and saw the applicant (described above) sign this claim for assistance from the G. W. V. A. Relief Fund, and to the best of my knowledge the facts as given are a true statement.

Date .....

*Case found before board*

*Dr Hogan* ..... Signature  
..... Address  
..... Occupation

(FOR USE OF CHAIRMAN ONLY)

Claim approved and assistance granted to the amount of \$ .....

Recommendations .....

What further particulars required, if any? .....

Folio ..... Date .....

..... Chairman