

MEDICAL REPORT  
FINAL EXAMINATION



# First Newfoundland Regiment

## ATTESTATION PAPER

Regimental No. 667

Name in full Alexander Byrne Age 21 years

Address 8 Alexander St

Married  Single  Height 5 ft. 4 in Weight 120

Color Dark Hair Dark Brown Eyes Brown

Other distinguishing marks Scar under left eyebrow

Nearest relative Edward Byrne (father)  
8 Alexander St

Address \_\_\_\_\_

Dependents None

Occupation Shoemaker Present Wage 6.50 a week

Previous service \_\_\_\_\_

Decorations \_\_\_\_\_

General Remarks \_\_\_\_\_

Date of Enlistment 15<sup>th</sup> December

I, Alexander Byrne Alexander, do sincerely promise and swear that I will be faithful and bear true allegiance to His Majesty, and that I will faithfully serve His Majesty in any place where I may be needed (or in the Colony of Newfoundland, as the case may be), against all His enemies and opposers whatsoever, according to the condition of my service.

Alexander Byrne

Declared before me this 15<sup>th</sup> day  
December of 1914

Eric Shyne  
Lieut.

*(Handwritten signatures and notes)*  
Byrne  
Witness



A. Byrne

667

P&R O.



*Original*

# Medical Report on an Invalid.



Station 3rd London General Hospital  
WANDSWORTH, S.W.  
 Date September 30<sup>th</sup> 1916

1. Unit 1st Newfoundland  
 2. Regimental No. 667  
 3. Rank Pte.  
 4. Name Byrne A.

5. Age last birthday 23  
 6. Enlisted { on Nov. 20<sup>th</sup> 1914  
 at St. John's, Newfoundland  
 7. Former Trade or Occupation { Shoe-cutter

## 8. Disability.

P.S.W VIII. 4 Right humerus

## Statement of Case.

*Note.*—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

July 1. 1916

10. Place of origin of disability.

France.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

P.S.W of right arm  
with comminuted fracture  
of lower end of right humerus, with  
injury to musculo-spiral nerve.

12. (a) Give your opinion as to the causation of the disability.

Active Service.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 8).

P.S.W.



(On leaving Corps or Station where invalided.)

Transfer	Date _____	Name of _____	Conveyance _____
	Station _____		Vessel _____
or Embarkation	Date _____	Name of _____	Officer in medical charge _____
	Port _____		

Brief remarks on case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
Hospital or Station \_\_\_\_\_ } Officer in medical charge \_\_\_\_\_

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_  
Arrived from \_\_\_\_\_ Date \_\_\_\_\_

If admitted		If under treatment		Disease	How finally disposed of	Date of Discharge, &c.
Date		From	To			

Detailed statement as to condition on discharge and whether discharged as an invalid, to corps, to station, or to depôt. In cases of discharge from the service it should be stated whether the answers to questions 22, 23 and 24 are concurred in.

Date of final Medical Board, or decision } \_\_\_\_\_

Administrative Medical Officer. \_\_\_\_\_

Army Form B. 179.

MEDICAL REPORT ON AN  
INVALID.

Station St. Helena Depôt  
Corps 1st Regiment Cavalry  
Regimental No. 667  
Rank Plt  
Name Byrme A.  
Disability 9.80 1111. 4 Pthamens  
Date 16/11/16

Hospital or Station transferred to for final disposal }  
Date of final disposal }  
How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.  
Wt. W8530/2774 900M 9-15 M.A.C.I.D.  
Form B. 179. 84

*Handwritten signature/initials*

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

# MEDICAL HISTORY

Surname Byrne

OF Christian Name Alex



Table 1.—GENERAL TABLE.

Birthplace:—Parish..... County.....

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined .....	on 7 <sup>th</sup> day of Dec 191	at St John's	on day of 191	
Declared Age.....	57 1/2 years	days	years	days
Trade or Occupation.....	Shoemaker			
Height .....	5 feet	4 inches	feet	inches
Weight .....		170 lbs.		lbs.
Chest Measurement {	Girth when fully expanded...	34 inches		inches
	Range of expansion..	4 1/2 inches		inches
Physical Development.....				
Vaccination Marks {	Arm .....			
	Number .....			
When Vaccinated .....	1907.			
Vision .....	R.E.—V=		R.E.—V=	
	L.E.—V=		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a) W		(a)	
(b) Slight defects but not sufficient to Cause Rejection	(b)		(b)	
Approved by (Signature)	Cluny Macpherson			
(Rank)	Capt.			
	Medical Officer.			Medical Officer.
Enlisted .....	at St John's	at		
	on 18 <sup>th</sup> day of Decr. 191	on day of 191		
Joined on Enlistment .....	Corps.	Regtl. No.	Corps.	Regtl. No.
	1 <sup>st</sup> Nfld Regt.	667		
Transferred to..				
Became non-effective by.				
	on day of 191	on day of 191		
(Signature)				
(Rank)				



Table II.—Only for admission to hospital or to the sick list in case of Warrant officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number Days in Hospital	Remarks bearing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
3rd London General Hospital, WANDSWORTH, S.W.	6	7	16				G.S.H. VIII. 4 R. Humerus		<p>Board held 16/11/16</p> <p>Disability G.S.H. VIII. 4 R. Humerus. Elbow stiff &amp; flexion &amp; extension limited. The arm is useless owing to musculo spiral paralysis.</p> <p>Cause G.S.H. on Active Service</p> <p>Total Inability to earn a livelihood at present.</p>	<p><i>S. Ramsay</i> Capt Ramet</p> <p>3rd London General Hospital, WANDSWORTH, S.W.</p>





**Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.**

No. 667

Rank Pte

Name (surname first) Byrne - Alexander

Regiment 1<sup>st</sup> Newfoundland

1. State what special qualifications you have for employment in civil life.

Shoe-cutter

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

Auckland Boot Shoe Factory - St. Johns - Newfoundland  
Five - six years - as shoe-cutter.

3. What is the nature and locality of the employment you desire?

wishes to return St. Johns - Newfoundland  
uncertain as to employment - as skilled right-crum.

4. What is the name of your Approved Society? none

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date 18/10/16

Signature Alexander Byrne

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No. .... of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.

To

Mrs E Byrnes

BRANCH

8 Alexander Street

Co

St Johns

ACTED UPON

Newfoundland

BY

Sent

DATE

Approved Wandsworth  
hospital wound right  
arm slight chest worry  
A Byrnes.

From

No 667 Pt A Byrnes

8th London General Hospital  
Wandsworth

539

REGIMENTAL RECORD OFFICE	
244	
Recd	JUL 27 1916
Ack'd.	
Ans'd.	do.
File No.	

N.B.—This Form must accompany any inquiry respecting this Telegram.



# POST OFFICE TELEGRAPHS.

BYANA SPOTTISWOODS, Ltd., Lond.

If the Receiver of an Inland Telegram doubts its accuracy, he may have it repeated on payment of half the amount originally paid for its transmission, any fraction of 1d. less than 3/4d. being reckoned as 3/4d.; and if it be found that there was any inaccuracy, the amount paid for repetition will be refunded. Special conditions are applicable to the repetition of Foreign Telegrams.

Office Stamp.



Office of Origin and Service Instructions.

*Case St Johns n F*

Charges } s. d.  
to pay }

Handed  
in at }

Received  
here at }

*7-21 a*

BY

*MW*

TO

*2.5/16. Wsm Synoptical Ldn*

*For six sixtyseven Byrne wire  
your condition anxious Mother*

*bol Secty*

*329#*

REF. NO.	<i>2600</i>
REC'D.	<i>JUL 25 1916</i>
ACK'D.	
ANS'D.	
FILE NO.	

## 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 Commissioners of Chelsea Hospital.

Statement A should be completed in the Hospital at which the man is attending at the time of his examination by a Medical Board, and 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, to be completed by the Officer i/c Records when received by him, and will be forwarded by him, together with the remainder of the man's documents, to the Secretary, Royal Hospital, Chelsea, London, S.W.

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

**A** Name in full Byrne - Alexander  
 Regiment from which discharged 1<sup>st</sup> Newfoundland  
 Regimental Number 667  
 Intended address 8 Alexander St. St. John's, Newfoundland



Height on discharge 5 Feet 5 Inches  
 Colour of Hair on discharge Dark brown Colour of Eyes Brown  
 Figure on discharge medium  
 Christian name of Father Edward  
 Christian name of Mother Jessie  
 Wife's Maiden name in full \_\_\_\_\_  
 Date and Place of Marriage \_\_\_\_\_  
 Christian names of Children \_\_\_\_\_

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) Alexander Byrne (Rank) Plt.  
 Station Wandsworth Date 16/10/16

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.

L. G. C. C. for Medical Officer i/c Hospital.  
 Station 3rd London General Hospital, WANDSWORTH, S.W. Date 16/10/16

	Regiment	Years	Days	All Service Abroad with Stations	Years	Days
<b>B</b> Period of Service and in what Corps ...				India		
				S. Africa		
Disallowed ...						
Service towards Pension ...						
Date inclusive to which pay has been issued	Sum due on account of advance of Pension }					
Sums due on account of public debts ...	}					

Rank on Discharge  
 Character (as on Certificate of discharge)  
 Where born, and on what date  
 Date and Place of first Enlistment  
 Trade on Enlistment  
 Cause of Discharge  
 Number of G.C. Badges  
 Wounds, and Actions in which received

Medals

Other distinguishing marks

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

Station \_\_\_\_\_ Officer in Charge  
 Date \_\_\_\_\_ Records.

**WARNING.**—If you lose this Certificate a duplicate cannot be issued.

Certificate of discharge of No. 667 (Rank) Private  
 (Name) Byrne, Alexander  
 (Regiment) 1<sup>st</sup> Newfoundland  
 who was enlisted at St. John's Newfoundland  
 on the 15<sup>th</sup> December 1914.

He is discharged in consequence of Gunshot wound of  
right arm with comminuted fracture of lower  
end of right humerus, with injury to musculo spiral nerve  
 after serving \_\_\_\_\_ years \_\_\_\_\_ days with the Colours, and  
 \_\_\_\_\_ years \_\_\_\_\_ days in the Army Reserve.

(Place) \_\_\_\_\_ Signature of }  
 (Date) \_\_\_\_\_ Commanding Officer }

\*Description of the above-named man on \_\_\_\_\_ when he  
 left the colours.

Age \_\_\_\_\_

Height 5 Feet 5 Inches

Complexion \_\_\_\_\_

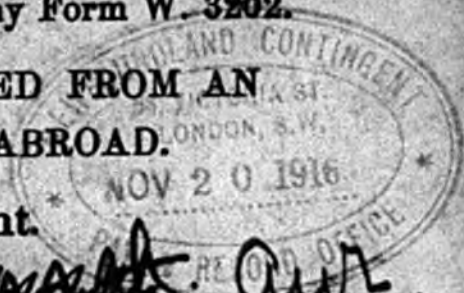
Eyes BrownHair Dark BrownMarks or Scars, whether on face  
or other parts of body.

\* Should agree with the description on Character Certificate, Army Form B. 2067.

N.B.—Any person finding this Certificate is requested to forward it, in an unstamped envelope, to the Secretary, War Office, London, S.W.

Admitted 5716 Army Form W. 3202.

ONLY FOR USE IN THE CASE OF SOLDIERS RETURNED FROM AN EXPEDITIONARY FORCE, OR FROM GARRISONS ABROAD.



1st Med. Regiment.

\*The Officer Commanding Med Com  
The Officer in Charge of Records 58 Victoria St SW  
The Regimental Paymaster 58 Victoria St SW

With reference to No. 667. Pte Byrne. A.  
of the above Regiment, who appeared before a Medical Board and was approved by the D.D.M.S., London. Command, on the 16 11 16 for discharge from the Service as permanently unfit, please note that this man has been sent to his home on warrant with orders to await instructions as to his final discharge; he has been given £1 (one pound) advance and outfit of plain clothes.

He proceeded to 58 Victoria St SW.

on [date] 18 Nov 1916.

Horace Jagan Capt. R.A.M.C.(T.F.) Officer Commanding

Registrar, R.A.M.C.I. Hospital.

Place Wandsworth - 3rd London General Hospital,  
WANDSWORTH, S. W.

Date 18/11/16.

\* In case of Territorial Force "Officer Commanding the Administrative Centre."

Four copies to be made, and one copy sent to each Officer mentioned above, and one copy filed in the Office.





**Notification by President of Medical Board of Approval of a Soldier's Discharge under Paragraph 392 (xvi.) King's Regulations.**

(To be completed and dispatched on the day on which the discharge is approved.)

To the Officer i/c Records 58 Victoria St. - Lu

The Soldier named below has appeared before an Army Medical Board at this station, and his discharge from the Service as "no longer physically fit for War Service" has **this day** been approved. (The discharge will be confirmed for a date 12 days after the date on this notification—see A.C.I. 1623 of 1916.)

Soldier's surname Byrne, Christian names Alexander  
(in full)

Regt. No. and Rank 667 Pte. Regt. or Corps 1st Newfoundland  
(If T.F. this should be stated)

His address on discharge will be 8 Alexander St.  
St. John's, Newfoundland

This information is for the Central Army Pension Issue Office only.

The Soldier states that\* no allowance is being issued in respect of him.

\*Insert "separation," "dependants," "family," or "no," as the case may be. The space must not be left blank.

Army Form D. 400A. and Army Form B. 179 for the above-named Soldier are forwarded herewith.

3rd London General Hospital,  
Station WANDSWORTH, S.W.

Date 16/11/16

A.P. Luff  
President of Board  
(Approving Officer).

A set of three forms will be made out for each soldier whose discharge is approved, and will be dispatched to the officers severally indicated.

Attention is drawn to the fact that Forms A, B and C of each set are not in identical terms.



# 1ST NEWFOUNDLAND REGIMENT

## ALLOTMENTS

I, W. S. [unclear], Regl. No. 17  
 hereby agree, until further notification by me, and in similar official form to make an Allotment of  
       Dollars and        Cents, per diem, from my Pay,  
 to, and for the benefit of the undermentioned Person <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.:

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
				50
<p>Jan: 23rd                      Cancelled                      29/12/16</p>				
Total Allotment, \$				

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.) [Signature]  
 Officer Commanding  
 Company

(Sig.) [Signature]  
 (Rank) [Rank]

687, Pte. Alex. Byrne.

28/10/16

22/12/16

"Scotian"

Glasgow

25th Nov 1916

1.10 29 31.90 6 11 1

50¢ 29 14.50 2 19 7½

27/10/  
16

Balance Credit Last Month.

36 5 10½

: Goods, )  
Suvla Bay )

4 3

Pay & Record Office 38 10 0

1 3 1

£ 42 16 11½

42 16 11½

Pay & Record Office, London.

24th November,

6

Bygone, Alex

667

Pay Dept

STATEMENT OF ACCOUNT

No. 667

Name Byrne A.

Date	Particulars	Ch.No.	Dr.	Gr.	Bal.
Nov. 25	Balance due. by P.M. £1-3-1			5 61	5 61
30	Pay to date 5 day @ 1%			5 50	11 11
Dec 9	" " 9 " 1%			9 90	21 01
29	" " 20 " 1 5/8%			37 00	58 01
	Bonus			12 95	70 96
	b. allowance			25 00	95 96
Dec 11	To Pay	66	10		85 96
20	" "	74	20		65 96
Jan 27	To allotment 5 day @ 50¢		2 50		63 46
	To Pay	104	37 95		25 51
July 1	To Pay	112	25 51		<del>0</del>
	war Service Gratuity 6 mos @ 1% 00			350 00	350 00
	Bonus		12 95		337 05
Dec 17	To Pay	7041	87 15		249 90
March 1	To Pay	10473	70 00		179 90
			266 06	445 96	179 90

Signed A. J. Swaney CSM.

STATEMENT OF ACCOUNT

No. 667

Name Byrne A

Date	Particulars	Ch.No.	Dr.	Cr.	Bal.
	Brought forward		266 06	445 96	179 90
April 1	To Pay	13440	70 00		109 96
May 1	" "	17522	70 00		39 90
June 1	" "	21259	39 90		<del>0</del>
	to Balance from London <sup>3/8</sup>			89	89
	To Pay		89		<del>0</del>
			<u>446 85</u>	<u>446 85</u>	<u>0</u>

Signed A. J. Swaney Esq



DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

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

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

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

Christian name *Alexander* 2. Surname *Byrne*

3. Rank... *Private* 4. Regtl. No... *667*

5. Address in full to which future payments of gratuity are to be forwarded... *23 New Gower Street, St. John's*

6. Date of enlistment in the Regiment... *December 15<sup>th</sup> 1914*

7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge...  
*Not applicable*

8. Relationship of such dependents... *Not applicable*

9. Address in full of such dependent... *Not applicable*

10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?... *Not applicable*

11. Were you on active service only in Nfld. If so, give dates, and particulars of such service... *Not applicable*

12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Two Years and Fifteen days*



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

*Not applicable*

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....

*I have already received Post Discharge Pay from Officer Sp. Records to the amount of \$187.00*

15. Have you been issued with a War Service Badge?.....

*Yes*

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.....

*Not applicable*

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

*Not applicable*

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

*Not applicable*

19. Are you now serving in the Regt.? *No*... If not give: (a) Date of discharge *December 29<sup>th</sup> 1916* (b) Reason for discharge *No*

*longer physically fit for war service on account of wounds*

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.....

*Gallipoli from September 1915 to January 1916  
France from March 1916 to July 1916*

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.....

*Not applicable*

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: *Alexander - [Signature]*  
 Place of Residence: *23 New Lower St. St. Johns.*  
 Declared before me at: *St. Johns.*  
 This *3rd* day of *March* 1919

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

POST DISCHARGE PAY.					
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity		Net amount due
<i>.17.12.18.</i>	<i>100.10.</i>		<i>5 mos.</i>		<i>350.00</i>
			<i>Len. P.D.P.</i>		<i>100.10</i>
					<i>249.90</i>

Certified Correct.

Paymaster.

Signature of Applicant:  
 Place of Residence:  
 Declared before me at:  
 This



Information to be obtained from a Soldier (Regular or Territorial) whom it is proposed to discharge or to transfer to the Reserve Section W or W(T) in substitution for a man fit for General Service.

No. 667 Rank PL  
Name (surname first) Bryne - Alexander  
Regiment 1<sup>st</sup> Newfoundland

1. State what special qualifications you have for employment in civil life.

*Shoe cutter*

2. State the name and address of your last, or any other employer before enlistment, etc., the nature of employment and how long you were employed?

*Avalon Boot & Shoe Factory St Johns Nfld  
For 6 years as shoe cutter*

3. What is the nature and locality of the employment you desire?

*Wishes to return St Johns Newfoundland  
Uncertain as to employment. Disabled Rt. Arm.*

4. What is the name of your Approved Society? None

5. Have you been employed whilst with the Colours? If so, in what capacity?

Date 18.10.16

*Sgt*  
Signature Alexander Bryne

NOTE.—This Army Form will be given to all patients in Hospital to complete who are suffering from a disability sufficiently serious to make discharge probable. In the event of the man being brought before a Medical Board for discharge, this Army Form will be produced to the Board, together with other documents laid down in para. 4 (ii), item 3, of Army Council Instruction No.....of 1916.

When the soldier who is to be brought before a Medical Board is not a patient in Hospital, and in substitution cases, these instructions will be carried out by the man's C.O.



NEWFOUNDLAND CONTINGENT

STATEMENT of ACCOUNT of No. 667, Pte. Alex. Byrne.

(Substituting A.F.O. 1325) N.F.P/Ka

Company. From 28/10/16 To 25/11/16 (Dates inclusive)

Embarked per S.S. "Scotian"

From Glasgow Date 25th Nov 1916

Draft No. 21

CR.

DR.

Classification (See procedure) A

Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d	Date	Pay Book Col.	Particulars	Rate	Dys	£	s	d
	8	Forfeited Pay							1	Pay	1.10	29	31	90	6 11 1
	9	Allotments	50¢	29	14	50	2 19 7½		2	Field Allowances					
	10								3	Other Allowances					
11/12		Total Stoppages							4/5	Total @ \$4.86 2/3					
	13	Fines							6a						
	14	Clothing & Necessaries						27/10/16		Balance Credit Last Month.			36	5	10½
	15	Arms & Accoutrements													
	16	Barrack Damages													
	17	Hospital Stoppages													
	17a	Miscellaneous Stoppages: Goods, ) Suvla Bay)					4 3								
	19	Casual Payments													
	20	1st Payment													
	21	2nd "													
	22	3rd "													
	23	Final " Pay & Record Office					38 10 0								
	24	Balance Debit Last Period													
	28	" Due by Paymaster					1 3 1		27	Balance Due to Paymaster					
							£ 42 16 11½						£	42	16 11½

CHECKED  
[Signature]

Pay & Record Office, London,

24th November, 1916

CERTIFIED CORRECT.

[Signature]  
Paymaster & Officer in Charge

# NEWFOUNDLAND.

## CLAIM FOR PENSION

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

EUROPEAN WAR.

**NOTICE:—This Certificate is to be completed and returned IMMEDIATELY you receive it or payment of your pension will be delayed.**

Name in full \_\_\_\_\_ I hereby solemnly declare that my name is Alexander Byrne,  
and that I was \_\_\_\_\_  
Fill in rank and force a (rank) Private (1st. Nfld. Reg.) 1st Regt Reg. in \_\_\_\_\_ or \_\_\_\_\_  
(R. N. R.)  
and that I am entitled to a Pension from the Colony of Newfoundland  
Fill in place giving full postal address I am residing at (Street and number) 52 Lyon Square  
Town of \_\_\_\_\_  
and request my next pension cheque be sent to this address.  
A. Byrne SIGNATURE or mark of Pensioner.  
Witness James J. Shea,

It is only during the months January and July that the following certificate MUST be completed.

This is to certify that the foregoing declaration and signature (or mark) were made by the above named pensioner in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, and I believe him to be the person he represents himself to be

To be signed by a Police, Magistrate or Notary Public, or Justice of the Peace, or Clergyman.

\_\_\_\_\_  
Signature.  
\_\_\_\_\_  
Rank or position.  
\_\_\_\_\_  
Postal Address.

Add any Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_









Receipt for Army Book 64

No.....667..... Name.....Byrne A.....

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

Name.....A. Byrne 667

Date.....July 6/20.....

Place.....2 Lyon Square.....

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

C.R. 667

RECEIPT.

I hereby certify that I have received the 1914-1915

STAR.

No 667 Name A BRYNO

Witness W. Hardy

Date 8/21/19

Place St John's

C.R. 667

RECEIPT FOR ISSUE OF  
RIBAND OF BRITISH WAR MEDAL 1914-1919

---

I certify that I have received a issue of  $\frac{3}{8}$  inches  
of Riband of British War Medal-1914-1919.

667 Name... Alexander Byrne

(Date) Nov 15/19

(Place) 2 Lyons Square

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 Star.

---

CR. 667

I certify that I have received an issue  
of 3 inches of Riband of 1914-15 Star.

667 Name *Ext. P. A. Byrne*

Date *March 21/19*

Place *No. 5 Lyons Square*

RECEIPT FOR ISSUE OF  
RIBAND OF 1914-15 STAR.

---

C.R. 667

CIRCULAR LETTER

St. John's,

March 15th 1919.

Riband of 1914-15 Star.

Please complete the following claim and return it to this Department. If possible, call at Room No. 3 for your issue.

*W. J. Readell*

Lieut. Colonel.

Chief Staff Officer.

CLAIM FOR ISSUE OF RIBAND  
of 1914-15 STAR.

Department of Militia,  
St. John's.

I hereby make claim for issue of Riband of 1914-15 Star.

I certify that I am entitled to this issue, having served on\* *Gallipoli*

from *Sept. 19<sup>th</sup>* 1915 to *Dec. 31<sup>st</sup>* 1915.

(Date) *20.3.19* (IO) *667* (Rank) *Lt.* (Name) *Byrne, A.*

(Place) *St. John's*

*Witness* *W. J. Clancy*

\*Fill in theatre of War where you served in Gallipoli, Mudros, Lemnos, or Western Egyptian Frontier.

C.R. 667

Extract from Casualties List No. H.A. 680.

667 Pte. A. Byrne.

Lst/Infld.R. Adm. 23 Gen.H. Staples 4th.16.

GSW. R. Arm.

C.R. 667

Extract from Roll, of Officers and N. C. O's and Men of the  
Discharged from the Royal Newfoundland Regiment

<u>Regt. #</u>	<u>Rank</u>	<u>Name</u>	<u>date</u>	<u>reason</u>
667	Pte.	Byrne Alec	29/12/16	Med. Unfit.

3605



CASUALTIES.

REPATRIATION.

The undermentioned, ex Hospital was  
repatriated direct from the Record

Office:

No. 667, Private A. Byrne.

Per S.S. "Scotian", 25/11/16.

Pay & Record Office,  
29th November 1916.

C.R. 667



B 147 ✓

TRANSLATION OF MESSAGE SENT TO SYNOPTICAL,  
Nov. 29, 1916.

---

What is address of, report by telegraph nature of wounds of 2370 Thistle, 2297 Kelly; report by telegraph present condition of 1807 Bailey, 260 Ryan, 667 Byrne; relatives anxious for news of 1103 Price, 2098 Dunn, 2080 Taylor, 507 Fillier, 76 Roest; has anything been heard of 1714 Edney.

Col. Sec.

C.R. 667

Extract of Casualties received from Pay & Record Office,  
London, dated July 31, 1916.

(Extract from Army Form B 215, from G.C. 1st. Bfld. Regt.  
dated 11/7/16.)

#667 Pte. A. Byrne. ✓

Wounded in Action 1/7/16.

# NEWFOUNDLAND POSTAL TELEGRAPHS.

## Cable Connection with all the World

B(95)



**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 Ed M. King Address \_\_\_\_\_

Line Number	Rcd	by	Check
	<u>for dep</u>	<u>Ed M. King</u>	

Dated July 24, 1916.

To Synoptical,  
London.

WSM for six sixtyseven Byrne - Wire your condition. Anxious. Mother.

COLONIAL SECRETARY.

C.R. 667

Extract of Casualties received from Pay & Record  
Office, London, dated July 18, 1916.

#667 Pte. A. Byrne. ✓

Gunshot wound Right Arm.  
Admitted 23 General Hospital, Staples, 4th July 1916.

C.R. 667

Extract of Casualties received from Pay & Record Office,  
London, dated July 6th, 1916.

#~~667~~ Pte. A. Byrne. ✓

667

Gunshot wound Right Arm.

Admitted 3rd London General Hospital, Wandsworth, S.W.,  
July 6th, 1916.

C.R. 667

Extract from Nominal Roll of 60. 1st Bn. Nfld. Regt.  
Embarked at Devenport for Active Service 20-8-15.

667 Pte. A. Byrne.

Disembarked Alexandria, 31-8-15. Proceeded to Abbassia,  
Cairo, same date. Embarked Alexandria for Gallipoli  
13-9-15.

C.R. 667

Extract from Nominal Roll Embarked St. John's, per S.S. "Dominion"  
O<sup>th</sup> Company Feb. 2nd, 1915.

667 Pte. Byrne A.

Aled. Byren

C.R. 667  
was attested for General Service

with the NEWFOUNDLAND REGIMENT on ..Dec..15th..1914

Regimental No 667 was allotted to Pte Alex. Byrne.

AUTHORITY:

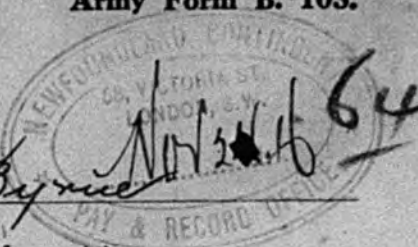
Record Officer

Dept. of Militia,

March 20th 1919.



Casualty Form—Active Service.



Regiment ~~or Corps~~ Newfoundland  
 Regimental No. C.R. 667 Rank Pte Name W. Connor O. Byrne  
 Enlisted (a) 15/12/14 Terms of Service (a) one year Service reckons from (a) \_\_\_\_\_  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N.C.Os. }  
 Extended \_\_\_\_\_ Re-engaged 15/8/15 Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked St. John's, NFLD.		3/2/15.	
		Disembarked Alexandria		1/9/15.	
		Embarked for Gallipoli		13/9/15.	
		Embk'd Port Suez		14/3/16.	
		Disembk'd MARSEILLES		27/3/16.	
		<del>sent to</del> 3500 ad. G. SW Area	France	17/16	E.D 11963.
		Hospital ship		67.16	ad 3083 all back CAPTAIN. FOR 0.10 INFANTRY RECORDS G.H.Q.; 3 <sup>rd</sup> ECHELON.
		transferred to England			

*Handwritten initials/signature*

(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) e.g., Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



DEPARTMENT OF VETERANS AFFAIRS  
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION  
AVIS DE DÉCÈS

Ottawa 4, Ont.  
Dec 9, 1969  
Date .....

Copy for H<sup>U</sup> file

TO:  
À:

Attention of:  
Compétence de:

CPC No. 260148  
CCP N<sup>o</sup> .....

NAME BYRNE Alex Service No. 667 WWL WVA No. 220450  
NOM ..... Matricule N<sup>o</sup> ..... AAC N<sup>o</sup> .....

Information received from: PME CPC St John's Nfld Date Dec 5, 1969  
Information reçue de: .....

Date of Death Dec 3, 1969  
Date du Décès .....  
Cause .....  
Place Not stated  
Endroit .....

Name and address of next-of-kin (if known)  
Nom et adresse du plus proche parent connu .....

Distribution: WSR - VI - DO - HO  
DASG - ASS - ~~BD~~ - BC

Pour le chef,  
*C. MacKenna*  
for Chief, Central Registry Division.  
Dépôt central des dossiers.