



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2579 Name Edward J. Byrne Corps

Questions to be put to the Recruit before Enlistment.

- | | |
|--|--|
| 1. What is your name? | 1. <u>Edward J. Byrne</u> |
| 2. What is your full Address? | 2. <u>8. Alexander St. City</u> |
| 3. Are you a British Subject? | 3. <u>yes</u> |
| 4. What is your age? | 4. <u>20</u> Years <u>3</u> Months |
| 5. What is your Trade or Calling? | 5. <u>shoemaker</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> |

FOR THE DURATION OF THE WAR

I, Edward J. Byrne 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.

E at 4/16

Edward J. Byrne SIGNATURE OF RECRUIT.

J. Powell Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward J. Byrne 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 St. John's on this 24 day of Apr. 1916

Signature of Attesting Officer H. G. ... 2nd 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 191 } Approving Officer.
Place

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

* 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 Edward J. Byrne
 Apparent age 20 years 5 months 5 Height 5 feet 7 inches
 Chest Measurement { Girth when fully expanded 37 1/2 inches
 Range of expansion 1 1/2 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Mr. Ed. Byrnes
8 Alexander St | Relationship father
St. John's 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									
" " " Pension " _____ [" "] _____ " _____ "									

2579



FIRST NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 2579 Name Edward G. Byrne Corps

Questions to be put to the Recruit before Enlistment.

- 1. What is your name? 1. Edward G. Byrne
- 2. What is your full Address? } E. Alexander St. City
- 3. Are you a British Subject? 3. Yes
- 4. What is your age? 4. 20 Years 3 Months
- 5. What is your Trade or Calling? 5. Shoemaker
- 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, Edward G. Byrne 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.

Edward G. Byrne SIGNATURE OF RECRUIT.

E at 24/16

J. Paul Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Edward G. Byrne 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 24 day of At 191 6

Signature of Attesting Officer H. H. ... 2nd 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 191 } Approving Officer.
Place

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

* 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 2579
 Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name

Apparent age years months. Height feet inches

Chest Measurement { Girth when fully expanded inches
 Range of expansion inches

Distinctive marks

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin | Relationship

Particulars as to Marriage

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

(a)	(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 24-4-16										
Joined at <i>St John's</i> on <i>April 24th 16</i>										
<i>Discharged August 21 1919</i>										
<i>Embarked</i>	<i>St John's S.I. Section</i>	<i>for duty</i>	<i>1916</i>	<i>Embarked for B.S.F. 11th</i>						
<i>Joined</i>	<i>Battalion</i>	<i>22nd</i>	<i>1916</i>	<i>Admitted</i>	<i>58th</i>	<i>S.I. 11th</i>	<i>14th</i>	<i>1917</i>	<i>Discharged to duty</i>	
<i>Admitted</i>	<i>57th S.I.</i>	<i>St. Paul's Coy.</i>	<i>14th</i>	<i>Invalided to base</i>	<i>18th</i>	<i>1917</i>			<i>Admitted 32nd H. Bandwidth</i>	
<i>PSW</i>	<i>Base</i>	<i>18th</i>	<i>1917</i>	<i>Surgeon then attached</i>	<i>16th</i>	<i>1917</i>			<i>By Hosp. Review 9th</i>	
<i>Dis to camp</i>	<i>21st</i>	<i>1917</i>		<i>Embarked for</i>	<i>B.S.F. 5-12-17</i>				<i>Joined Base 2-1-18</i>	
<i>Admitted</i>	<i>32nd</i>	<i>1917</i>		<i>Admitted</i>	<i>32nd</i>	<i>H. Bandwidth</i>	<i>26th</i>	<i>1918</i>	<i>Wounded 20th</i>	
<i>to duty</i>	<i>Wounded</i>	<i>22nd</i>	<i>1919</i>	<i>So. filed for demobilization</i>	<i>24-6-19</i>				<i>Arrives H.Q. 1-7-1919</i>	
Total Service forfeited as above.....					<i>Demobilization St John's 2-8-1919</i>					
Total Service towards Engagement to					<i>2-8-19</i>	[date of discharge]		<i>3</i>	<i>101</i>	days
Pension					[" "] " " " " "					



This Form is to be used in connection with Pamph. M. E. (1) N. F. 1915

In the spaces below should be entered the findings in the routine of examination set forth in the Appendix. Care should be exercised that each finding be entered after the number below which corresponds to the number of that test.

Examination of ~~Ernest~~ Edward J. Breyer
aged 21 conducted at CLB

Date: Apr. 16/16 Recruiting Officer:

NO OF TEST	FINDING
1	No.
2	No.
3	No.
4	No.
5	No.
6	No.
7	Yes
8	Yes
9	No
10	A
11	A
12	A
13	A
14	A
15	A
16	A
17	A
18	A
19	b/12 Rt. b/6 fl.
20	A
21	A
22	A
23	A
24	A
25	A
26	A
27	A
28	A
29	A
30	A
31	A
32	A
33	No.
34	5'11"
35	140
36	25/37 1/2
37	\$1000 net.
38	parents Mr. Ed. Breyer & Alexander S
39	now

Dose part. open. mt/106

25-79

7/11

Signature of Medical Examiner: William Roberts

C.R. 2579

Extract from Daily Orders Part II Unit The Royal Field. Regt.
St. John's, July 5th 1919.

2579 Pte. E. Byrne.

Reported at Headquarters 1-7-19 ex "Cassandra" which sailed
Glasgow 24th June, 1919.

C.R. 2579

Extract from Nominal Roll of Nfld. Regt. Draft No.12.
From 2nd Bⁿ. Depot, to 1st Bⁿ. B.E.F. Embarked South-
ampton, 11-10-16.

2579 Pte. E. Byrne.

C.R. 2579

Extract of DAILY ORDERS PART II ROYAL NEWFUNDLAND REGIMENT
IN FRANCE DATED 21/11/18.

TO ENGLAND.

#2579 Pte. E. Byrne.

26/10/18.

C.R. 2579

Extract of Casualties from P & R.O. London dated Jan. 1919.

The undermentioned was discharged from the 3rd London General Hospital on 8/1/19 and granted furlough to 17/1/19. Marked fit for Duty.

M 2579 PTE. E. Byrne.

A.Fs. W.5016 from 3rd L.G.H.

C.R. 2579

Extract of Casualties from the P & R.O. London dated Dec. 27/12/19.

2579 PTE. E. Byrne

Was granted furlough by the O.C., 3rd Lond. Gen. Hosp. from 24/12/18
to 28/12/18. To return to Hospital.

Memo from 3rd L.G.H.

C.R. 2579

Extract from Daily Orders Part 11 By Lt. Col. B.J.

Barton. D.S.O., Commanding 2nd Bn., Royal Nfld. Regt.

20-1-19.

The following having reported back from the 1st
Bn., is taken on the strength and posted to H? Co.
from 20-1-19.

2579 Pte. J. Byrne.

C.R. 7579

Nov, 6th. 18

Mr. Edward Byrnes,
Lyon's Square,
City.

Dear Sir:-

I beg to inform you that additional information has to-day been received by this Department through the Visiting Committee of the Newfoundland War Contingent Association, to the effect that No. 2579 Private Edward J. Byrnes. is now progressing favourably.

Yours faithfully,
Lieut. Col.,

Chief Staff Officer.

Oct. 30th 18

Dear Mr. Byrne:

I regret to have to inform you that a report has this day been received from the Record Office of the Royal Newfoundland Regiment, London, to the effect that

your son, No. 2579 Private Edward Byrne is at 3rd London General Hospital, Wandsworth suffering from Gun-shot wound back.

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

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

Yours faithfully,

Minister of Militia.

**Mr. Edward Byrne
Lyon's Sq.,**

C.R. 2579

Extract from Nominal Roll of Sick and Wounded from the France
Expeditionary Force to the 3rd., London General Hospital
admitted 26/10/18.

#2579 Pte. E. Byrne.

G.S.W. BACK.

Extract from War Office List. No. H.A. 30683

C.R. 2579

ADMITTED 3 CAN. GEN. HOSPITAL 22 OCTOBER 1918.

#2579 Pte. E. Byrne.

G.S.W. BACK MILD.

BC.

C.R. 2579

Extract from War Office List No. C. 1737 dated 6/21/16.

WOUNDED 20/10/ 14.

#2579 Pte. E. Byrne.

C.R. 2579

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

No.1. RECORD OFFICE - WARWICK

No.H.A.17734

200105	Pte Streeton C.W.	1/5 Warwicks	VDS	Dis to Camp ex 1 Sty H Rouen 21 Dec 17
38599	" Cooper A.R.	14 Glosters	VDG Mild	Adm 1 Sty H Rouen 22 Dec 17
265936	" Laxton V.G.	2/6 "	Epidiymitis	Adm 1 Sty H Rouen 22 Dec 17

No TWO RECORD OFFICE - WARWICK

No.H.A.17734

38348	Pte Tynan W.	1 R Berks att 2 Emp	Herina Ing L Mild.	Adm 3 Sty H Rouen 20 Dec 17
		Base Dep.		

No.TWO RECORD OFFICE - YORK

No.H.A.17734

50563	Pte Ramsden T.	12 W Yorks	Scabies Mild.	Adm 2 Sty H Abbeville 22 Dec 17.
-------	----------------	------------	---------------	----------------------------------

A R T I L L E R Y - ROYAL HORSE & ROYAL FIELD

No.H.A.17734

29511	Pte Ridd J.H.	RFA att Sch of Farriery	Scabies Mild	Adm 2 Sty H Abbeville 22 Dec 17
46291	Cpl Gibson H.D.	D/103 Bde RFA	Acne Mild	Adm 2 Sty H Abbeville 22 Dec 17

NEWFOUNDLAND EXPEDITIONARY FORCE

No.H.A.17734

2579	Pte Byrne E	1 NFLD	VDSC	Dis to Camp ex 1 Sty H Rouen 21 Dec 17
------	-------------	--------	------	--

3306A



C.R. 2579

SICK AND WOUNDED N.C.O.'s AND MEN OF THE EXPEDITIONARY FORCE - FRANCEA U S T R A L I A N I M P E R I A L F O R C E .

No.H.A. 17246.

9533	Pte McNeil J.J.	Aus. ASC att. 4/ASC Repair Bn	W.D.S.C. NV	Dis to duty ex 1 Sty H Rouen 8n Dec'17.
6583	" Pennington H.R.	Aus Med Cps 1 Aus Gen Hos.	V.D.G. Mild	Adm.1 Sty H Rouen 9 Dec'17.
2598	" Deves E	1 Aus Pnr Btn	Scabies	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
131	" Henretty R.H.	44 Aus Inf.	ICT L Foot	Dis to Dtls St Omer ex 10 Sty H 9 Dec'17.

C A N A D I A N E X P E D I T I O N A R Y F O R C E .

No.H.A. 17246.

281	L/C Farrell A R.	Canad Op Rly Con Co.	V.D.G.	Dis to Rouen ex 1 Sty H 9 Dec'17.
258781	Dvr Brown S.	2 Can Lab Btn	Hydrocele Mild	Trans to Reinf ex 3 Sty H Rouen 7 Dec'17.
187763	Pte Hourd T.	8 Canadians	V.D.G.	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
105656	" Moyer S.E.	52/	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
144376	" Derragh R.B.	13/	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
787012	" Bennett J.	3/	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
177456	" Blue M.	87/	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
416312	Cpl. LaClare T.	22/	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
457718	Pte Gadbois E.	22/	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
500587	Dvr Sutherland H A	CE 1 Can Signals	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
548568	" Potts E	CFA 3 Can DAC	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
58223	Pte Flangan E.	4 Can TMB	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
715565	" Kennedy J.W.	Can Forr Cps	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
1012075	" Paquette A.	do.	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
109610	Spr Smith H.	CE 3 Can Signals	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
436763	" McAra W.	3 Can Rly Trps	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
418982	Pte McLaughlin J.	7 Can MGC	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.
109360	" Grant G.	4 Can Mtd Rif	"	Dis to Dtls St Omer ex 4 Sty H 9 Dec'17.

N E W F O U N D L A N D C O N T I N G E N T .

No.H.A. 17246.

2579	Pte Byrne E.	1 N.F.L.D.	V.D.S.C.Mild	Adm.1 Sty H Rouen 9 Dec'17.
------	--------------	------------	--------------	-----------------------------

O/I.C. RECORDS WOMENS AUXILLIARY ARMY CORPS.

No.H.A. 17246.

6574	Pte Shirt H.	WAAC Hostel Wisques	Amenorrhoea Mild	Adm.10 Sty H St Omer 9 Dec'17.
------	--------------	---------------------	------------------	--------------------------------

C.R. 2579

Extract from Nominal Roll of Draft No.35; 18 Other Ranks from 2/1st
Newfoundland Regiment, Ayr, to 1/1st Newfoundland Regiment, B.E.F.
Emberked Southampton 5/12/17.

2579 Pte. Byrne, H.I. E

MP.

C.R. 2579

Extract of Casualty List received from P&RO.,

London Dated April 29th. 1917.

The following r/b O.C. Unit, 15.4.17 as "Wounded"
14.4.17. No previous reports.

2579 Pte. E. Byrne.

1st. Newfoundland Regiment.

M

April 20, 1917.

Dear Sir,

I regret to have to inform you that a report has this day been received from the Record Office of the First Newfoundland Regiment, London, to the effect that No. 2579, Private Edward J. Byrne, has been admitted to Wandsworth suffering from gunshot wound in the back.

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

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

Yours faithfully,

Colonial Secretary.

Mr. Ed. Byrne,
8 Alexander St.

C.R. 2579

Extract from Nominal Roll embarked St. John's for Liverpool,
per S.S. "Melilla" July 19, 1916.

2579 Pte. Byrne E.T.

Not in mem. Report 2579

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

MEDICAL HISTORY

OF

Surname Byrne Christian Name Edward J.

Table I.—GENERAL TABLE.

Birthplace:—Parish _____ County _____

	SPECIAL RESERVE.		REGULAR ARMY	
	Right	Left	Right	Left
Examined	on 16 day of April 1916		on _____ day of _____ 191	
Declared Age	20 years 3 days		_____ years _____ days	
Trade or Occupation	Shoemaker			
Height	5 feet 7 inches		_____ feet _____ inches	
Weight	140 lbs.		_____ lbs.	
Chest Measurement	Girth when fully expanded... 37 1/2 inches		_____ inches	
	Range of expansion... 2 1/2 inches		_____ inches	
Physical Development				
Vaccination Marks	Arm		Right	Left
	Number			
When Vaccinated				
Vision	R.E.—V= 6/12		R.E.—V=	
	L.E.—V= 6/6		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)	<i>Lamm Peterson</i>			
(Rank)	Major Medical Officer.			
Enlisted	at 8 th Stms		at _____	
	on 16 day of April 1916		on _____ day of _____ 191	
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	1st Nfld Reg. 2579			
Transferred to	<i>Newfoundland</i>			
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 further 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				
3 rd LONDON GENERAL HOSPITAL WANDSWORTH.	19	4	17	7	6	17	G. S. W VI 1 Contusion of Back Shell	49	Wounded in France 14.4.17. Large hematoma left. Furlong	G. C. Hall Capt Rmd.
4 th SCOTLAND GENERAL HOSPITAL ABERDEEN.	20	7	17	1	10	17	Syphilis 42	73	1-10-17 WASSERMANN POSITIVE. 25 th WASSERMANN NEGATIVE. 28 th Next Blood test due 28-XII-17	AdRosen. Capt. Ramsay 1-8-17.
3 rd LONDON GEN HSP WANDSWORTH	26	10	18	8	1	19	G.S.W Back fracture of 11 th rib.	74	wounded in France 21. 10. 18. Satisfactory recovery.	M. W. H. J. Capt. Ramer

Casualty Form—Active Service.

Regimental Number 2549

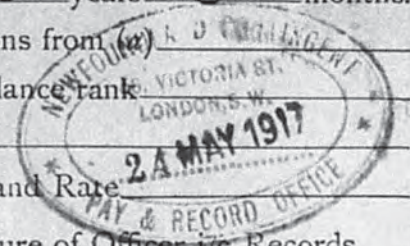
Rank Private Regiment or Corps 21 Newfoundland Regt
 Surname Byrne Christian Name Edward

Religion R.C. Age on Enlistment 20 years 3 months.

Enlisted (a) 24/4/16 Terms of Service (a) war Service reckons from (a)

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

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____



Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked	Southampton	11 OCT 1916	
		Disembarked	Woolwich	12 OCT 1916	
		Joined Battalion		22 OCT 1916	
			With BATT	23. 1. 17	
17.3.17	O.C. 88FA	Ad. 1 trans. N.Y.O.?	Diphtheria	38 B.L.L.	14.3.17 EA 1500
14.4.17	38 B.L.L.	Discharged to duty	Unit		1.4.17 EA 2368
15.4.17	Unit	Wounded in Action	France	14 APR 1917	B 213
16.4.17	87FA	Ad. 1 trans. sh. w. Back 9	19. G.L.L.	14.4.17	EA 3085
28.4.17	135 N, Boulogne	Ad. do	Boulogne	16.4.17	HA 8638
	"Princess Elizabeth"	Invalided to England		28.4.17	W. 3083

(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.

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 *Loyal Red Lt*
 2. Regtl. No. *2579* 3. Rank *Pte*
 4. Name *Byrne* *Edward J.*
(Surname) (Christian Names)
 5. Age last birthday *21*
 6. Posted for duty on..... at.....
 in category (or grade).....
 7. Former Trade }
 or Occupation }
 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ;
 with Regtl. Nos.
 8. If the disability is an injury was it caused
 (a) in action (b) on field service
 (c) on duty (d) off duty ?
 9. If a Court of Inquiry was held on an injury state :—
 (a) When (b) Date of Discharge ;
 (b) Where (c) Cause of Discharge.
 (c) Opinion of Court (d) Particulars of Pension or Gratuity
 (if any)

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

Statement of Case.

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

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

11. Date of origin of disability.

12. Place of origin of disability.

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

*Q.S.W. Back with fracture
 Paschendale. 7 Feb. 1917.*

*Q.S.W. Back treated at
 Wandsworth, 79 dys.
 discharged cured.*

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?
(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

on right back, a long scar running horizontal.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
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?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

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

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

Repatriation

H. E. Procurner, Capt R.A.M.S.
 Medical Officer in charge of case.

Station Hazley Down Camp Winchester

Date 25-3-19

* 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

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C. 4.
 (656) W5017/2124 1000m 2/155 93 5G
 Forms B. 121.
 29.

Number of Sheet First

Regiment of 1st Newfoundland

Signature of O. C. Company C.R. Aye

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service Pay or Proficiency Pay		
No.	<u>2579</u>	<u>Byrne E. J.</u>		<u>Shoemaker</u>			
Age on	<u>20</u>	years	<u>3</u>	months			
Place and Date of Enlistment	<u>P. Joluis</u>		<u>Apr. 24. 16</u>		Religion	<u>Roman Catholic</u>	
Period of	with Colours		years.	Place of Birth	<u>Newfoundland</u>		
	with Reserve		years.				



Place	Date of Offence	Rank	Cases of Drunkenness.	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensed with	By whom awarded	REMARKS
<u>P. Joluis</u>	<u>June 24/16</u>	<u>Pte</u>		<u>Failing to return to parade when permitted to go for drink.</u>	<u>Sgt Beson</u> <u>L.C. Sherren</u>	<u>5 days C.B.</u>		<u>Cpt. C.R. Aye</u>	<u>200</u>
<u>St. John's</u>	<u>July 11/16</u>	<u>"</u>		<u>Absent from Tattoo till Tattoo 16/7/16</u>	<u>Corp. W. Brown</u>	<u>2 days C.B.</u>	<u>17/7/16</u>	<u>Major Montgomery</u>	<u>forfeit 6 days pay</u> <u>R. W. H. H.</u>
<u>Ayr.</u>	<u>Aug 9/16</u>	<u>"</u>		<u>Absent at Tattoo Roll Call</u>	<u>Cpl Brown</u>	<u>2 days C.B.</u>		<u>Capt. Besnerd</u>	<u>800</u>
<u>Barry Camp.</u>	<u>10/7/17</u>	<u>"</u>	<u>1</u>	<u>Drunk</u>	<u>Sgt. Butekin</u> <u>Sgt. Roberts</u>	<u>7 days C.B.</u>	<u>12/7/17</u>	<u>Lt. Col. Whitaker</u>	<u>200</u>
<u>Abdulla Hospital</u>	<u>29/8/17</u>	<u>"</u>		<u>Not complying with an order</u>	<u>Documentary</u>	<u>14 days detention</u>	<u>16/10/17</u>	<u>Lt. Col. Whitaker</u>	
	<u>3/10/17</u>	<u>"</u>		<u>Not complying with an order</u>	<u>Documentary</u>	<u>14 days detention</u>	<u>16/10/17</u>	<u>Lt. Col. Whitaker</u>	
<u>Abdulla Hospital</u>	<u>3/8/17</u>	<u>"</u>	<u>1</u>	<u>Refusory to obey an order.</u>	<u>Documentary</u>	<u>7 days detention</u>	<u>30/10/17</u>	<u>Lt. Col. Whitaker</u>	<u>100</u>
				<u>Very abusive threatening to the NCO in charge of ward</u>	<u>Documentary</u>	<u>7 days detention</u>	<u>30/10/17</u>	<u>Lt. Col. Whitaker</u>	<u>100</u>
	<u>29/9/17</u>	<u>"</u>		<u>Refusory to obey an order given by the NCO in charge of ward</u>	<u>Documentary</u>	<u>7 days detention</u>	<u>30/10/17</u>	<u>Lt. Col. Whitaker</u>	<u>100</u>
<u>Shearman Barracks</u>	<u>26/10/17</u>	<u>"</u>		<u>Drunk & creating disturbance in canteen</u>	<u>Documentary</u>	<u>7 days detention</u>	<u>30/10/17</u>	<u>Lt. Col. Whitaker</u>	<u>100</u>

Army Form B. 121.

Brought forward

Sturheim School	26/10/17	Rte	i Stalking an R.P. iii Stalking Corp of guard & receiving arrest	Plt. D. D. R.P. " Platoon R.P. Lt. Madon	168 hrs Detention	30/10/17	St. Sgt. Whitaker	Fined 2/6 Wk.
Hogely Down	14 th 19	Phe	I Breaking out of camp when a patient in isolation hut II Stalking an N.C.O. III Imperfectly dressed in town in uniform of a cadet	Cpl Woods Cpl Hall Lt. Flynn Lt. Patten Cpl Barnes Sgt Cox	14 days' Detention	17 th 19	Lt. Col. Burtom RSO	10/6

Sturheim School

SYPHILIS CASE-SHEET.

Regtl. No. *2579* Rank and Name *Pte Byrne E* Corps *H. Newfoundland*
 Placed on Syphilis Register at *Aberdeen* on *25-7-17* No. in Register *86*
 Disease contracted at *Dundee*. Primary sore appeared on (date) *17-6-17*.

CONDITION WHEN PLACED ON REGISTER.

Primary sore—character and site *Large ulcerating area prepuce size 1/2*
 Lymphatic glands *Inguinal much enlarged. Other glands nil.*
 Skin (nature and distribution of rash) *nil.*

Mucous membranes *nil.*

Other symptoms *nil.*

Examination of exudate from sore—Spirochaeta Pallida (present or absent) *not found*

Examination of blood serum—(Method employed (original or modification) *n*)

Wassermann reaction (Result (positive or negative) *Positive ++*)

Station *1st. SCOTTISH GENERAL HOSPITAL, ABERDEEN.* Date *25-7-17* Signature of M.O. *Albray Capt. Ramsay*

Struck off Syphilis Register at _____ on _____

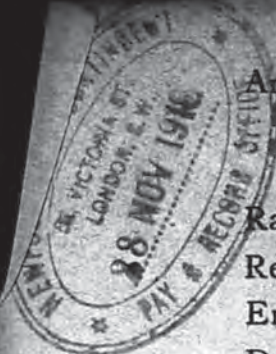
Cause of being struck off Register { (a) Recovered
 (b) Transferred to Army Reserve
 (c) Discharged from Army }

Station _____ Date _____ Signature of M.O. _____

THE SCOTISH GENERAL HOSPITAL
GLASGOW
ADELPHIN.

Station	Date	Symptoms and progress (Date of admission to hospital, and date of discharge from hospital, to be entered in red ink.)	Weight obtained, without boots—lbs	Hemoglobin (Hb.)	Erythrocytes (R.C.)	Leucocytes (W.B.C.)	Treatment					Inj. Galyol gr.	Signature of M.O. (Each M.O. will sign his name in full on this form completed; subsequent entries may be initials)	
							Wassermann Reaction		Arterial	Mercurial				Other Methods
							Original (O.)	Method (M.)	Salvarsan	Neo-Salvarsan	Intramuscular Injection			Dose of Methyl Mercury in grains
	20-7-17	Admitted to Hospital												
	25-7-17	WASSERMANN POSITIVE					M	+						Albion Carb.
	25-7-17		137 N						1			3		ant.
	29-7-17		137 N									3		ant.
	2-8-17		137 N						1			3		ant.
	8-8-17		157 N						1					ant.
	15-8-17		157 N						1			4		ant.
	23-8-17		157 N						1			5		ant.
	30-8-17		157 N						1					ant.
	6-9-17		157 N						1			5		ant.
	13-9-17		157 N						1			5		ant.
	20-9-17		159 N						1			5		ant.
	28-9-17	WASSERMANN NEGATIVE, — No Active Signs					M	-						ant.
	1-10-17	DISCHARGED FROM HOSPITAL												ant.

Next Blood test due 28-XII-17



Army Form B. 103.

Regimental Number **2579**

Casualty Form—Active Service.

Regiment or Corps Newfoundland
 Rank Private Surname Bysue Christian Name Edward
 Religion Roman Catholic Age on Enlistment 20 years 3 months
 Enlisted (a) St Johns Terms of Service (a) duration Service reckons from (a) 24/4/16
 Date of promotion to present rank ✓ Date of appointment to lance rank ✓
 Extended ✓ Re-engaged ✓ Qualification (b) ✓
 Occupation Shoemaker or Corps Trade and Rate ✓
 Signature of Officer J. Seymour

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked <u>Southern</u>	<u>5-12-17</u>	
			Disembarked <u>Rouen</u>	<u>7-12-17</u>	
<u>11th M.P.</u>	<u>Disch'd to camp</u>		<u>Rouen</u>	<u>21.12.17</u>	<u>NA 17724</u>
<u>12th Co BN</u>	<u>Joined BN</u>		<u>—</u>	<u>5-1-18.</u>	<u>B 213</u>
<u>21st O.C.</u>	<u>And 10 days F.P. No 2 for 5 days pay by R.W.</u>			<u>21-8-18</u>	<u>B 2059 B.O. 41P</u>
		<u>Wounded in action</u>	<u>20/10/18</u>	<u>21/10/18</u>	<u>Sp 8538</u>
<u>11 C.S.P.</u>	<u>as G.W. back</u>		<u>Boulogne</u>	<u>21/10/18</u>	<u>NA 3068 3</u>
<u>3rd Coy BN</u>	<u>as G.W. back</u>		<u>W. Boulogne</u>	<u>26/10/18</u>	<u>W 3083</u>
<u>Cadet de</u>	<u>Transfer to England</u>		<u>W. Boulogne</u>		
<u>Bonnicis</u>			<u>W. Boulogne</u>		

For Officer 1/c No 1 Infantry Section
3rd Echelon, General Headquarters

(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.

J. D. Byrne.

C.R.

2579

P. F. 00



3

1ST. NEWFOUNDLAND REGIMENT

7 8 AUG 1916

ALLOTMENTS

I, Edward J Byrne, Regl. No. 2579

hereby agree, until further notification by me, and in similar official form to make an Allotment of 50 Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz.:

Allotment begins

July 12 1916

Identity Certificate No.	Whether Wife, Child or other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>4815</u>	<u>Mother</u>	<u>Professor Byrne</u>	<u>5 Lyons Lane</u> <u>St Johns</u>	<u>50</u>
<u>Commencing 21/7/16</u>				
Total Allotment, \$				

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

(Sig.) Charles Aye Capt.
Officer Commanding
St Johns
Company
June 30 1916

(Sig.) Edward J Byrne
(Rank) Pte

3352

NEWFOUNDLAND CONTINGENT

N.F.P/33.

Temporary A/c.

Regtl No 2579 Rank

Name

Stey
Byrne P.

Pay	F. Allow	Working	Total
<i>1-</i>	<i>10</i>		<i>110</i>
Less Allotment			<i>50</i>
Net Rate			<i>60</i>

Date	DEBITS	£	s	d	CREDITS	£	s	d
1917								
	Balance				Balance			
	P.M. ADVANCES:							
	A.B. 64							
	Acquittance Rolls	<i>5</i>	<i>18</i>	<i>3</i>	<i>7/16/17 to 7/16/17 = 1 day</i>			
	Hospital Advances	<i>1</i>	<i>7</i>	<i>0</i>	<i>2/60 = \$ 100.20</i>	<i>20</i>	<i>11</i>	<i>9</i>
	STOPPAGES:				<i>7/16/17 to 10/16/17 = 10 days</i>			
	hospital dys =				<i>2/4 = \$ R. allow</i>	<i>1</i>	<i>0</i>	<i>0</i>
	Forfeited pay dys				<i>8/16/17 to 12/17/17 = 8 days</i>	<i>19</i>	<i>9</i>	
	Miscellaneous				<i>2/8 = \$ 60 = \$ 80</i>	<i>28</i>	<i>18</i>	<i>11</i>
	Cables					<i>29</i>	<i>18</i>	<i>8</i>
	P. & R.O. PAYMENTS:							
	Sundry Bills	<i>7</i>	<i>5</i>	<i>3</i>				
	Cash	<i>21</i>	<i>0</i>	<i>0</i>				
	Cash	<i>110</i>	<i>0</i>	<i>0</i>				



~~Chief Registrar
Royal Victoria Hospital~~

OK R-0-0
Receipt 10306
L.V. 12/18

Please pay bearer the sum of two
pounds (£2-0-0) to change the
same to his account

Signature
Call Name 2579

Wm E Byrne

P.S.A.

To The Chief Paymaster

to the
cash office

Ray at 11

11/15/18
AC



Please pay me the sum of

(£5 0/0) & charge the same to my account

C.N. # 500-0. N.R. 17/2/18 Receipt No 10379 2579 The E. Byrne

10/11/18

To The Paymaster
Royal Artillery

Please pay over the sum of
Two pounds
the same to the account



Approved
for the
Capt. R. H. ...

25/7/18
Byrne

O.K. 2000 W.R. 2/18

Receipt No. 10161

P. 20

No. 2579 Rank Pte Name Byrne E. J.

PAY	R.A.	ICE	EC	AA	NET
100	10			110	85
100				50	
				60	

DEBITS	Date	£ s d			CREDITS	Period		Days	Deductions	P	T	S	D
						From	To						
Balance					Balance	2/1/17							179
Acquittance Rolls		16	0	4	Pay @ Net Rate	22/2/17	5/1/19	383	60	229	80	47	45
Hospital Advances		2	8	0	R.A.	5/1/19	17/1/19	10	2/1				10
A.B. 64.													49-13 0
P.&R.O. Payments		9	0	0	Credit Bal								
Stoppages 16 ⁰⁰ + £ 1-12-1		4	19	11	£ 17-4-9								
Cash	317	8/1/19	17	0	0								

£ 32-9-3 ✓

858
8/1/19

MEMORANDUM CONTINUED

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 1st Bn. 1st Div.*
2. Regtl. No. *2579* 3. Rank. *Private*
4. Name *Burns* *Edward*
(Surname) (Christian Names)
5. Age last birthday *21*
6. Posted for duty on..... at.....
 in category (or grade).....
7. Former Trade or Occupation }
- 7a. If the soldier claims previous service in Army, he should state—
 (a) Former Regts. or Corps ; with Regtl. Nos.
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
 (b) Where
 (c) Opinion of Court
 (d) Particulars of Pension or Gratuity (if any)

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (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. *20 Oct 1918* *G. S. W. Back fractures of 11th Rib*
12. Place of origin of disability. *Passchendaele*
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.
G. S. W. back treated in 3rd S. G. H. 79 days discharged cured

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

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, &c., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

on right side a long scar running longitudinal

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

17. If not, was an operation advised and declined?

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?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

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

Refused

W.R. Greenier Capt MC

Medical Officer in charge of case.

Station Hazley Lewis

Date 25-3-19

* 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

Byrne. L.

2579

Pay 201

August 2nd 1919.

#2579, Pte. R. Byrne.

2, Lyon's Square.

Dear Sir:

Enclosed please find Discharge Certificate # 3440.

Yours truly,

Capt. & Paymaster.

RS/.

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 2579 Rank Pte Name Byrne E
 Intended place of residence 2 Lions Sq

2. Occupation Shoemaker
 Classification of soldier B Medical Category E

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 JUL 19 1919

[Signature]
 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, ST. JOHN'S

Date JUL 19 1919

[Signature]
 Signature of soldier

[Signature]
 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, ST. JOHN'S

Date JUL 19 1919

[Signature]
 Signature of soldier

[Signature]
 Signature of witness

STATEMENT OF SERVICE

7. Enlisted for service 24-4-16 No. of days on Military
 Discharged from service JUL 19 1919 Plus 14 days Service 1196

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

Date JUL 19 1919

[Signature]
 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

Date August 2/1919

[Signature]
 Officer i/c Records
 The Royal Newfoundland Regiment

[Handwritten] Aug B 2079 / 3440

7
31
34
2
21

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 2579 Rank Sgt Name Byron E
 Date of Enlistment 24-4-16 Address 2 Lomb Sq District St John's
 Occupation Shoemaker Classification for Discharge B Medical Category E
 Recommendation S. M. B. formally unfit Disability Rating Total while in Hosp
 Passed to Demobilization Officer with following documents:—

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

Date 28-7-19 O. C. Discharge Depot. 11/11/19

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

Particulars passed to Vocational Officer for information and action.

Date 19-7-19

2. Clothing.

Certified that Clothing Regulations have been complied with:—

(a) Clothing Allowance payable \$60.00

(b) Clothing Supplied while in Hosp

Date 19-7-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. _____ to his home at 2 Leams Sq and Release Certificate No. 3748 issued

Date 19-7-19

[Signature]
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

Date 19-7-19

2-8-19
Mrs H.
Depot Paymaster.

Discharged approved for 19-7-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	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
B179c	B 120	M 93		

2 Form B

Date 19-7-19

[Signature]
for O.C. Discharge Depot

APPROVED.

Documents as above forwarded to:—
Officer in Records,
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 19 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date

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 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... *Edward* 2. Surname... *Byrne*
3. Rank... *Pte* 4. Regtl. No. *2579*
5. Address in full to which future payments of gratuity are to be forwarded... *Edward Byrne 2. Lions Square St. Johns*
6. Date of enlistment in the Regiment... *24th April 1916*
7. Name of dependent, if any, to whom Separation Allowance is being issued or was being issued, immediately prior to your discharge.....
Mother Mrs. E. Byrne not applicable
8. Relationship of such dependents... *not applicable*
9. Address in full of such dependents... *No. 2 Lions Square St. Johns*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *Yes*
11. Were you on active service only in Mfld. 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 Mfld. or Overseas... *11:99 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.

..... *not applicable*

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.

..... *not applicable*

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?

not applicable

19. Are you now serving in the Regs.? .. If not give: (a) date of discharge. (b) Reason for discharge.

Demobilisation

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. From Oct. 19.16 to April. 19.17. & from Dec 19.17 to Oct. 19.19.

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: *Edward J Byrne*
 Place of Residence: *N. 9 Gibbons Square St. Johns N. J.*
 Declared before me at: *St. Johns, N. J.*
 This *1st* day of *August* 19*17*...

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.				Net amount due
Date paid	paid Soldier.	paid Dependents.	War Service Gratuity.	
.....
.....
Certified correct.				Paymaster

The Royal Newfoundland Regiment

Class for Demobilization:—

B

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

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date

18.7.19

Regimental No.

2579

Name

Byrne Ed.

Address

2 Lions Square.

Present Medical Category

E

Recommended for:—

- (a) ~~Immediate discharge~~
- (b) Standing Medical Board

Members of Board

O.C. Discharge Depot.

W. Paterson
Senior Medical Officer

Sec. Burden
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 Office 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 *Byrne, Edward*

Regiment from which discharged **Royal Newfoundland**

Regimental number *2579*

Intended address *2 Doy's Square*

Height on discharge *5 feet 7 in.*

Color of hair on discharge *Dark Brown*

Complexion *Fair*

Color of eyes *Brown*

Descriptive Marks _____

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 _____

Place and date of soldier's birth *St Johns 19 6 - 1894*

Nature and locality of civil employment required _____

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

(Soldier's signature in full) *Edward Byrne* (Rank) *Alie*

Station **ST. JOHN'S** Date *15-7-19*

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 in Charge Hospital, Unit, or Command Depot.

Date

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.

E. Byrne

Signature of Man.

McCloush

Reg. No. 2679

Signature of the Vocational Officer or his Representative.

Place *St Johns*

Date *19-7-19* 191



3 1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

7
2579

I, Edward J. Byrne, Regl. No. 2579

hereby agree, until further notification by me, and in similar official form to make an Allotment of Dollars and 50 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and} _{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and} _{or} Persons concerned, viz.:

Allotment begins July 1st 1916

Identity Certificate No.	Whether Wife, Child or other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
<u>5815</u>	<u>Mother</u>	<u>Mrs Jessie Byrne</u>	<u>St Johns Square St Johns</u>	<u>50</u>

Total Allotment, \$

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

(Sig.) Chas. H. Aire Capt.
Officer Commanding Company
St Johns
June 20 1916

(Sig.) Edward J. Byrne
(Rank) Pte

ST. JOHN'S, JUL 16 1919

Royal Newfoundland Regiment.

Billeting Account,

To Mt. E. Byrne

Billeting Soldiers as undermentioned

from July 1st /19 to July 16th /19

2579 - Mt. E. Byrne 16 60

ACCOUNT	<u>B. M. C. R.</u>
CH. NO	<u>3127</u> INITIALS <u>Ed</u>
IND. LEDGER	INITIALS
PAY LEDGER	INITIALS
REV. LEDGER	<u>60</u> INITIALS

Certified correct for \$ 60

R. J. McBlown
Billeting Officer.
E. Byrne

C.R. 2279

Edward J. Byrne was attested for General Service with
the NEWFOUNDLAND CONTINGENT on April 24th 1916
Regimental No. 2279 was allotted to Pte E.J. Byrne.

AUTHORITY:

Record Ledger,

Dept. of Militia,

March 25th 1919

The Royal Newfoundland Regiment

D 2579

DEMobilIZATION OF

Reg. No. 2579 Rank Sgt. Name Byrne E
 Date of Enlistment 24-11-16 Address 2 Lonsdale St. District St. John's
 Occupation Shoemaker Classification for Discharge E Medical Category E
 Recommendation S.M.B. formally M/pt Disability Rating Total while in Shop
 Passed to Demobilization Officer with following documents:—

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1	1
B 178	W 3494	B 122	Board 1st	" 2	
B 178a	D 400A	B 1915	do 2nd	" 3	3
B 179	D 400B	Form L	do 3rd	" 4	
B 179a	D 400C	Form K	do 4th	" 5	
B 179b	B 108	ME 2		" 6	
B 179c	B 120	M 93			

Date 28-7-19

[Signature]
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

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

E. Byrne

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~~ while in shop

Date 19-7-19

O i.c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. 10 to his home at 2 Lakens Sq and Release Certificate No. 3748 issued.

Date 19-7-19

Ambleton

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 1-8-19

Date 19-7-19

Ambleton
Depot Paymaster.

Discharge approved for 19-7-19
Forwarded with following documents to O.C. Discharge Depot.

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
B179c	B 120	M 93		

2 Form B

Date 19-7-19

Ambleton
O.C. Discharge Depot

APPROVED.

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

with following additional documents

Eligible for War Service Gratuity

Date JUL 19 1919

L. R. COOPER, CAPT.
O. C. Discharge Depot.

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

Date Aug 11 19

Ambleton

C.R. 2579

extract from daily orders part II Royal Newfoundland
Regiment Depot St. John's dated July 22nd 1919.

The discharge of the undernoted demobilization has been
APPROVED by U.C. Discharge Depot with effect from following
date 19-7-19.

2579, Pte. E. Byrne.

C.R. 2579.

extract from daily orders part II Royal New Zealand Regt.
Depot St. John's dated dated Aug. 8th 1919.

The discharge of the undernoted on demobilisation has been
confirmed by officer i/c Records from noted date
2-8-19.

2579, Pte. E. Byrne.



British Great War Veterans of America, Inc.



New York Branch of BRITISH LEGION

Under the patronage of H. B. M. AMBASSADOR

His Excellency

The Right Hon. SIR RONALD LINDSAY, G.C.M.G., K.C.B., C.V.O.

RELIEF SECRETARY
MR. HARRY WALTERS

HEADQUARTERS

115 BROAD STREET, NEW YORK

Telephone Whitehall 4-2982

CHAIRMAN
RELIEF COMMITTEE
MR. GERALD P. COFFEY

February 26, 1934.

Secretary of State,
St. John's,
Newfoundland.

Dear Sir:-

On behalf of the man whose service particulars are listed herewith, we wish to apply for a copy of his discharge paper to replace the original which has been lost.

BYRNE. Edward Joseph, Enlisted in April 1916 at St. John's, Newfoundland in the First Newfoundland Regiment, #2579 and served in France. He was discharged about April or May 1919 at St. John's, Newfoundland.

The document, when issued, may be addressed to him in care of this office.

Yours very truly

Relief Secretary.

HEW-LMA.

DEPARTMENT OF



THE SECRETARY OF STATE
ST. JOHN'S, NEWFOUNDLAND

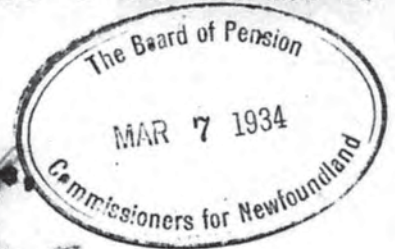
March 6, 1934.

Sir,

I beg to enclose letter under date 26th February, from the Relief Secretary, British C.W.V. of America, 115 Broad Street, New York, asking a copy of the discharge paper from the Regiment of Edward Joseph Byrne. Will you kindly have the records searched, and if possible, forward a copy of the discharge paper in question to Mr. Byrne care of the address as above.

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

Deputy Secretary of State.



Dr. J. St. P. Knight,
Chairman,
Board of Pension Commissioners.

March 9th., 1934.

TO WHOM IT MAY CONCERN:

This is to certify that #2579 -
Edward J. Byrne, enlisted with the Royal
Newfoundland Regiment on April 24th.,
1916, and was discharged, under demobili-
zation, on August 2nd., 1919, having served
three years and one hundred and one days.



Secretary.

BT:

March 9th., 1934.

Harry E. Walters, Esq.,
Relief Secretary,
British Great War Veterans' of America,
115, Broad Street,
New York.

Dear Sir:-

Your letter of February 26th., addressed to the Secretary of State, written on behalf of #2579, Ed. J. Byrne, has been referred to this Department.

I regret that I am unable to furnish a copy of this man's Discharge Papers, but I am enclosing herewith a Certificate of his Service, which I trust will serve the purpose.

Yours very truly,

Secretary.

BT: